

Action Brief

WHAT EMPLOYERS NEED TO KNOW ABOUT RHEUMATOID ARTHRITIS

Helping employees be their healthy best, understanding treatment options, maximizing the value of prescription drugs



Rheumatoid arthritis (RA) is the most common autoimmune inflammatory disease in the U.S., affecting about 1.3 million people, and resulting in well over \$19 billion in direct (*all costs related to medical visits and prescriptions to treat RA*) and indirect costs (*includes healthcare costs for family members, work-loss costs, formal and informal caregiving, home adaptations, and other costs related to the consequences of RA*).

Because RA most frequently appears between ages 40-60—the prime of working life—employers can play an important role in helping employees and their family members get the care and treatment they need to lead healthier, happier, more productive lives, while reducing costs for all.

ABOUT RHEUMATOID ARTHRITIS: TREATABLE, BUT NOT CURABLE

► **RA is a painful, chronic and usually progressive disease** that occurs when the body's immune system inexplicably starts attacking and damaging joints and soft tissue surrounding the bones. About 75 percent of RA patients are women.

RHEUMATOID ARTHRITIS: an autoimmune inflammatory disease

OSTEOARTHRITIS: causes wear-and-tear over time on joints and cartilage

► **The main symptoms are joint pain, stiffness and swelling.** Some people have trouble sleeping and feel intensely tired. RA patients also have an increased risk of cardiovascular disease, lymphoma, anemia, osteoporosis, and depression.

Because cartilage damage and bone erosions frequently occur within the first two years of disease, rheumatologists now move aggressively to DMARDS early in the course of disease, usually as soon as a diagnosis is confirmed.

ACTION STEPS FOR EMPLOYERS:

- 1. Work effectively** with key stakeholders
- 2. Design benefits** that account for high-cost conditions
- 3. Tackle the high cost** of prescription drugs
- 4. Provide resources and services** to better manage RA fatigue and pain



► **There is no pattern to symptoms; each patient experiences RA differently.** For example, some have regular “flares,” or periods when symptoms become suddenly worse, then subside; others have long periods of time when the disease is quiet and there are no symptoms.

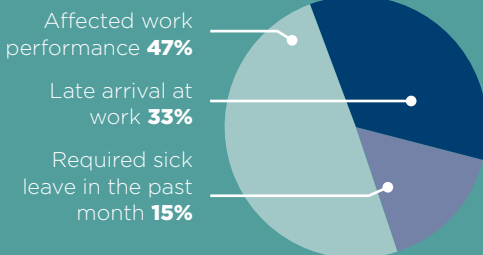
► **It’s important to diagnose and address the disease as early as possible** so symptoms can be effectively managed, joint and other damage can be minimized, and patients can remain active and enjoy satisfying, productive lives. Optimal treatment requires a comprehensive program that combines medical, social and emotional patient support.

► **There are three general classes of drugs** commonly used to treat RA:

- Non-steroidal anti-inflammatory agents (NSAIDs)
- Corticosteroids
- Disease-modifying anti-rheumatic drugs (DMARDs) that come in the form of non-biologics/conventional synthetics (cDMARDs) and the newer, targeted biologics (bDMARDs)

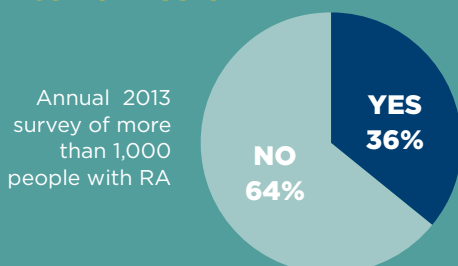
The newer bDMARDs often rank among the **most costly** for employers — some are \$50,000 or more per patient, per year. That’s why it’s important to consider step therapy and other tactics in benefit design planning and management. Employers have the power to drive collaboration with their vendors to control costs, reduce waste, and maximize effectiveness of RA drugs on behalf of their employees. This Action Brief offers several strategies to consider.

Impact of RA-related morning stiffness



Mattila K, et al. Rheumatol Int. 2014;34(12):1751-8.

Has your RA ever gone into remission?



Health Union, LLC. Flares and remissions. <http://rheumatoidarthritis.net/ra-in-america-2013/frequency-of-flares-andremissions/>

Employers may want to share the National Alliance’s “[Five Rights Framework](#)” with their vendor partners. It targets critical issues and opportunities for drug manufacturers, providers, health plans, and pharmacy benefit managers to address.

The framework also raises purchaser expectations and enables them to better understand, evaluate and improve the specialty drug marketplace.

ACTION STEPS FOR EMPLOYERS

1. WORK EFFECTIVELY WITH KEY STAKEHOLDERS

- ▶ **Know the needs and numbers of employees** and covered family members who are being treated for RA so the formulary aligns with established prescription regimens.
- ▶ **Focus on long-term formulary stability for RA** (and other high-cost conditions) to ensure continuity of care, which can lead to better cost and condition management, and result in less waste, and better outcomes
- ▶ **Ensure that personalized patient support is available** to assist with medication adherence, multiple-symptom management, and appropriate use of potentially high-risk medications such as opioids and sleep aids.

2. DESIGN BENEFITS THAT ACCOUNT FOR HIGH-COST CONDITIONS

- ▶ **Consider value-based benefit design** for those with chronic and/or high-cost conditions to remove barriers to care by lowering or eliminating copayments, deductibles and coinsurance, and limiting out-of-pocket costs.
- ▶ **Ensure benefit design reflects the up-to-date Clinical Practice Guidelines** of the American College of Rheumatology (ACR), e.g., step therapy where csDMARDs are tried for a period of time before more costly bDMARDs are prescribed. *ACR recommends switching to a new MOA when current therapy is not working.*
- ▶ **Work with health plans, PBMs, specialty pharmacies, disease management vendors** and others to meet the full range of RA

patient needs (e.g., preventive care visits, medication adherence, care coordination).

- ▶ **Offer workplace policy and environmental changes** that help employees with RA avoid or return from disability leave, using the [Job Accommodation Network](#) as a resource.

3. TACKLE THE HIGH COST OF PRESCRIPTION DRUGS

Nearly nine in 10 employers have identified managing pharmacy spending as their top priority over the next three years, according to a recent [study](#) by Willis Towers Watson. Common strategies employers are using today include:

- ▶ **Evaluating and renegotiating pharmacy contracts to obtain better pricing.** Today, **63%** of employers do this; another **31%** are planning or considering this by 2018.
- ▶ **Ensuring appropriate utilization.** Today, **61%** of employers have added programs to ensure appropriate use of prescription drugs, up from **53%** in 2015; **85%** are considering doing so by 2018.
- ▶ **Restricting or excluding the use of certain drugs when equally effective, lower-cost alternatives are available.** For example, **52%** of employers exclude compound drugs; another **13%** are considering this action by 2018.

With regard to specialty drugs, strategies growing in popularity include:

- ▶ **Making changes to coverage to influence where and how specialty drugs are administered.** Today, **19%** of employers have made such changes; another **43%** are considering this action in 2018.

DID YOU KNOW?

Drugs infused in a hospital outpatient setting can cost twice as much as if they were administered in a doctor's office. Smart plan design can help direct RA patients to the right care, in the right place, at the right time, for the right price.

- ▶ **Establishing different copays for specialty drugs to promote the use of lower-cost alternatives such as biosimilars.** Today, **18%** of employers have done this, a number that could triple over the next two years.
- ### 4. PROVIDE RESOURCES AND SERVICES TO BETTER MANAGE RA FATIGUE AND PAIN
- ▶ **Obtain data from health plans, PBMS, specialty pharmacies, employee assistance programs (EAPs), and workers' compensation programs** to determine opioid use among RA patients.
- ▶ **Develop a comprehensive care management strategy** with vendors to address opioid use, as well as the use of medications to treat fatigue (e.g., anemia medicine, sleep aids, psychoactive medicines).
- ▶ **Create a culture of inclusion** by allowing needed exercise, therapy and rest breaks.
- ▶ **Provide ongoing employee education** to raise awareness of RA signs and symptoms, as well as the importance of receiving appropriate care, using benefits wisely, and understanding coworkers living with RA.



RESOURCES FOR EMPLOYERS:

- [American College of Rheumatology Clinical Practice Guidelines](#)
- [PowerPoint presentation: How Effective Treatments Can Mitigate Productivity Losses Due to Rheumatoid Arthritis](#)
- [Occupation and Risk of Developing Rheumatoid Arthritis: Results from a Population-based Case-control study](#)
- [Job Accommodation Network \(JAN\): Employees with Arthritis](#)

RESOURCES FOR EMPLOYEES:

- [American College of Rheumatology Patient and Caregiver Resources](#)
- [Choosing Wisely: Treating Rheumatoid Arthritis](#)
- [Rheumatoid Arthritis in the Workplace](#)
- [How to Beat Arthritis Fatigue](#)
- [Drug-pricing Tiers: How Insurance Companies Determine Which Drugs They'll Cover—and How Much Their Customers Will Pay](#)

ENDNOTES:

1. What is RA? www.rheumatoidarthritis.net
2. <http://www.mayoclinic.org/diseases-conditions/rheumatoid-arthritis/symptoms-causes/dxc-20197390>
3. <http://www.arthritis.org/about-arthritis/understanding-arthritis/arthritis-statistics-facts.php>
4. <https://www.hopkinsarthritis.org/arthritis-info/rheumatoid-arthritis/>
5. <https://rheumatoidarthritis.net/what-is-ra/stages-and-progression/>
6. <http://www.arthritis.org/about-arthritis/types/rheumatoid-arthritis/treatment.php>
7. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5020678/>
8. <https://www.willistowerswatson.com/en/press/2016/11/us-employers-step-up-efforts-to-manage-high-cost-of-drugs>



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