Rheumatoid Arthritis 2016 Prevalence, Drug Treatment, and Total Medical and Pharmacy Claims Expense in a 15 Million Member Commercially Insured Population

Conclusions

- RA prevalence. This study found an overall RA prevalence of about 0.75% of the insured population. The prevalence was highest among males aged 55 to 64 years.

- Total annual medical and pharmacy claims expense by category. The mean total cost of RA-related pharmacy claims in 2016 was $19,845 PPPY. The largest expenses were due to medical costs, followed by pharmacy costs.

- Methods

- Objective

- Limitations

- Background

- In 2016, there was an average of 32.5 million members per month with a diagnosis of RA. The prevalence was 0.75% of the 15 million members.

- RA prevalence per 100,000 members 18 to 64 years old was 741 (0.74%) in 2010; 763 (0.76%) in 2015; and 793 (0.79%) in 2016.

- RA members were stratified into three 2016 drug treatment groups:
  - b/tsDMARD +/- csDMARD,
  - b/tsDMARD only,
  - csDMARD only.

- All RA members using only conventional DMARDs were included in the csDMARD only group.

- Conclusions

- As this study refers completely to administrative claims data, some members may be misclassified in categories. For example, some members classified as having RA may not have a RA diagnosis.

- Pharmacy providers (RX) and non-prescriptions (NP) account for many RA prescription and some non-prescription costs for members with RA. Some of these providers were found, using searches, in the socioeconomic survey (BRASS). However, the researcher had no method for consistently assigning RA to members based on their claims data.

- Summary%20Report%20FINAL.pdf.

- Rheumatoid Arthritis & Rheumatology 2016; 76:960-977.

- The mean age, years, on Dec. 31, 2016, was 52.3 years old for females and 51.6 years old for males.

- Total annual medical and pharmacy claims expense is for RA medical care management or articular or other damage that can be attributed to RA.

- In this study, RA members using only conventional DMARDs was defined as a claim with one or more of these inflammation monitoring tests — the expected finding if members with RA followed the “target” strategy with frequent evaluation for disease activity.

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