Real-World Infliximab Biosimilar Adoption Strategy Success in a Commercially Insured Population of 1.6 Million Lives

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BACKGROUND

- Biologics account for a large and increasing share of drug spend, with higher spend growth than non-biologics.[1] The Food and Drug Administration requirements for biosimilar approval include evidence that there are no clinically meaningful differences between the biosimilar and its reference product. Prime Therapeutics and Regence Health Plans have taken the stance that a biosimilar product may be used in place of the reference drug in most clinical circumstances and extrapolates all indications of the reference product to the biosimilar.[2]
- Biosimilars have seen increased adoption nationally over the past several years, which experts anticipate will generate cost savings due to greater competition and expected pricing to be 15% – 30% lower than their reference products.[3]
- Three infliximab biosimilars are currently available in the U.S. market; however, their utilization has lagged other provider-administered biosimilars.[3,4] One reason for the lag could include limited information on real-world implementation strategies and tactics for infliximab biosimilar adoption success.

OBJECTIVE

- To assess the utilization shift and financial savings resulting from a preferred infliximab biosimilar strategy implemented Jan. 1, 2022, by Regence Health Plans.

METHODS

- Infliximab medical benefit drug claims were analyzed from January 2021 through March 2022 for a population of 1.6 million commercially insured members. The pre-period, January 2021 through December 2021, was compared to the post-implementation period, January 2022 through March 2022.[5]
- Data included biosimilar infliximab claims utilization as a percentage of all infliximabs and infliximab-related net cost savings (claim total allowed, net of any rebate).[5]
- Additional information, such as member counts, ICD-10 codes and site of care locations, was collected for sub-analysis.[5]

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INTERVENTION

- Biosimilar adoption strategy was as follows:
  - ⇢ Develop core messaging about the benefits of biosimilars
  - ⇢ Distribute coordinated and repeated communications to eligible members and their health care providers
  - ⇢ Adopt prior authorization configuration for a seamless transition based on members' health plan benefits
- To support a coordinated message and positive member/provider experience, internal communication to key stakeholder groups such as customer service, network management, prior authorization review and appeals teams was essential.
  - ⇢ An additional resource was allocated for outreach to providers who submitted a prior authorization for a non-preferred product to avoid issuing denials
- While removing a prior authorization on the preferred product was a strategic consideration, quantity limits and site of care management is achieved through this approval process and deemed essential to keep the medical policy.
- Continuation of therapy was generally not allowed. Development of an exception pathway was critical to allow consistent review of individual circumstances such as authorizations for pregnancy or completion of loading doses prior to switching to the preferred product.
- Previously issued prior authorizations were terminated and new prior authorizations were automatically pre-loaded for the preferred product, requiring no member or provider action if they changed to the preferred product.

DATA ANALYSIS

- For the full year 2021 and 1Q2022, infliximab utilization by HCPCS[6] quantity and member count was determined to identify volume and product market share.
- Site of care (professional, facility and home) and diagnosis were determined by respective medical claim field indicators.
- Exception request approvals were reported on any remaining members that did not use the preferred product and their associated diagnosis code.
- Financial impact was determined by identifying the actual total net cost across infliximab products in the post-period and comparing against what the total net cost would have been if no preferred product change was made, using the same 1Q2022 utilization volume and provider reimbursement assumptions.

RESULTS

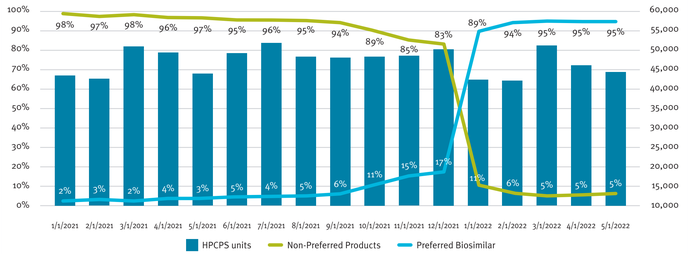
- Pre- and post-implementation infliximab preferred biosimilar utilization was 7.2% (41,034 of 573,722 infliximab HCPCS units) and 93% (125,989 of 135,407 HCPCS units) in 1Q2022, respectively. **(Figure 1)**
  - ⇢ This trend continues as noted by early reports of 2Q2022 data, although incomplete.
- Average monthly utilization of infliximab products was 47,810 HCPCS units in the pre-period and 45,136 units in the post-period.
- Utilization across professional, facility and home sites of care by unit quantity was 55%, 22% and 23% in the pre-period and 54%, 20% and 26% in the post-period, respectively.
- 11% of members received a non-preferred infliximab product.
- Initial infliximab savings over the three-month post period was $2 million.

DISCUSSION

- Limited attrition of overall infliximab units occurred due to this preferred product management. A decrease in utilization at the beginning of the calendar year is anticipated in commercial payer coverage, and utilization increased back to 2021 levels by March 2022.
- Slight increase in biosimilar utilization 4Q2021 coincides with required provider network or member communications of the upcoming coverage changes. Proactive communication was determined to be a critical component to minimize provider and member disruption.
- The ICD-10 indication for infliximab did not impact members remaining on a non-preferred product. **(Figures 2a and 2b)** The percent of members remaining on non-preferred products were similar across indications, suggesting the indicated use of infliximab did not warrant any predictable exclusions from preferred product management.
- There was minimal impact to site of care after the implementation of a preferred product strategy. **(Figure 3)** As different places of service have different reimbursement and payment methodologies, shifting to a more expensive site of care was another risk to implementation. Fortunately, there was not an increase in utilization at hospital facility sites in the post-period.

FIGURE 1

Market Share Units



Demonstrates the infliximab market share utilization shift resulting from a preferred infliximab biosimilar strategy implemented 1/1/2022. Each infliximab product is shown as a percent of the total infliximab units for that month timeframe for the commercial population on the medical benefit. The total HCPCS units are also shown with the note that 4/1/2022 and 5/1/2022 are potentially under-represented due to the lag in medical claims submission.
HCPCS = healthcare common procedure coding system

FIGURE 2a

Number of Infliximab Distinct Members Based on Indication

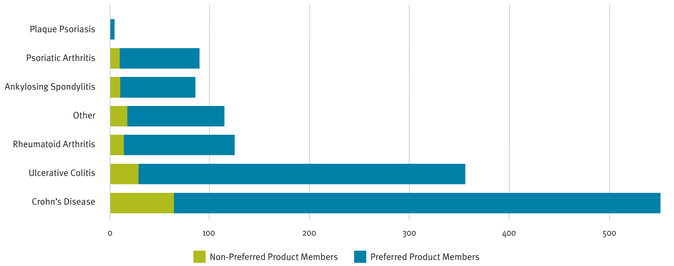
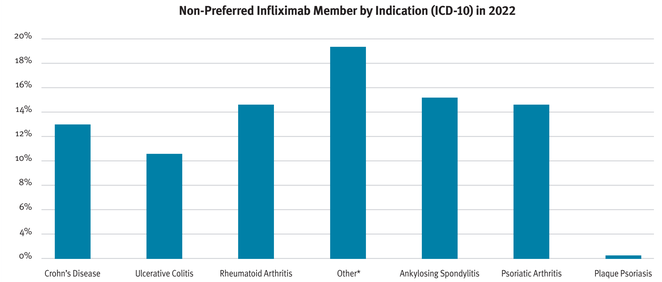


FIGURE 2b

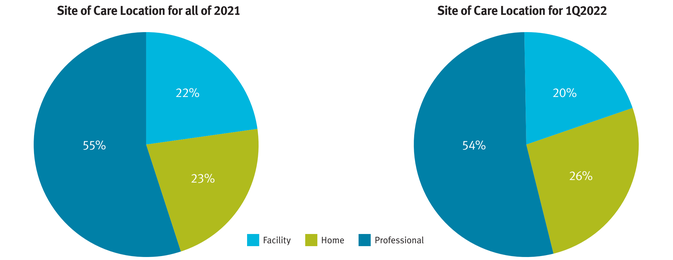
Percent of Total Non-Preferred Infliximab Distinct Members Based on Indications



* ICD-10 codes under Other reference rheumatologic, gastrointestinal, and inflammatory conditions including but not limited to Hidradenitis suppurativa, Inflammatory polyarthropathy, Unspecified iridocyclitis

FIGURE 3

Place of Service



Site of care uses place of services codes defined by CMS specify where services were rendered. Facility includes site 21 and 22; Home is site 12; and Professional is sites 11 and 49. Additional site designations could be used; however, these three locations make up the vast majority of medical claim sites of care.
CMS = Centers for Medicare & Medicaid Services

LIMITATIONS

- There was a relatively short post-implementation timeframe in our analysis.
- Claim data does not always have the expected ICD-10, so the largest percent of exceptions was seen in Other (unknown).

CONCLUSIONS

- Regence achieved >90% biosimilar adoption and an associated $0.42 PMPM (conservatively estimated) infliximab savings for 2022.
  - ⇢ The update in estimation from the abstract is based on a more conservative approach on the impact of BlueCard claims resulting in a savings range from $0.40 – $0.60 PMPM.
- Numerous communication channels to members and providers, a clinically appropriate and thoughtful medical policy, and a prior authorization management plan were critical to the process and to achieving early results.
- Implementation of this strategy was not impacted by member attrition, indication or site of care.
- Collaboration between Regence Health Plans and Prime's MedDrive program enabled optimization of manufacturer relationships, analytics, and provided a platform to discuss and share important learnings among Regence and Prime's other BCBS health plan clients.
- Further follow-up time and evaluation are needed to determine long-term strategy, savings and success.

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