

Is Your Health Insurer Restricting Access to Prescription Drugs?



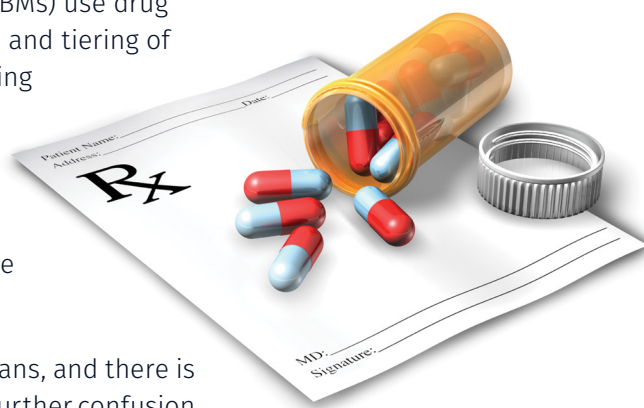
RATING THE STEP THERAPY PRACTICES OF TOP MICHIGAN PLANS

Overview

Almost all health insurers and pharmaceutical benefit managers (PBMs) use drug formulary access policies, such as step therapy, prior authorization and tiering of medicines in an effort to help manage costs. These policies, including step therapy – also commonly referred to as “fail first” – require patients to try a number of drugs chosen by an insurer or PBM before the medication originally prescribed will be covered. Unfortunately, such requirements all too often result in delayed access to treatments, compromised patient health, and wasted time and resources within our health care system.

The requirements can vary significantly among prescription drug plans, and there is often little transparency into how they are determined. This causes further confusion and challenges for both patients and doctors. Therefore, when patients are making decisions on which plan to choose, patients and medical providers need to be informed on how insurers and PBMs are managing their drug formularies. Simply because a medicine is “covered” by an insurer or PBM does not mean patients will get immediate and affordable access to the medicine that is prescribed.

New research from Dr. Kenneth E. Thorpe and Manasvini Singh of Emory University sheds light on how leading Michigan-based health insurance plans and PBMs compare with one another in terms of access to medicines for patients with autoimmune diseases. These patients are often among those most commonly subjected to restrictions such as step therapy. In conjunction with the release of this analysis, **Let MI Doctors Decide** has applied an average “grade” to each of the health plans analyzed across therapeutic areas to help Michigan consumers better understand how health plans and PBMs impact patient access to needed treatments. The resulting resource aims to provide increased clarity and transparency so that step therapy does not compromise the health of patients or our health care system.



Methodology

The team from Emory evaluated the top 25 private and Medicare health plans in Michigan on their overall access to medicines indicated for each of five autoimmune conditions (Crohn’s disease, multiple sclerosis, psoriasis, psoriatic arthritis, and rheumatoid arthritis). The top 25 were determined by the number of lives covered under each plan. Thorpe and Singh’s analysis was based on criteria related to access and barriers including formulary status, tier placement, prior authorization requirements, and step therapy requirements.

The researchers developed a point system based on these restrictions – one point was assigned if the plan had a step therapy requirement and another point for a prior authorization restriction. Points were also assigned based on where a drug appeared on a plan’s formulary, which dictates what a patient ends up paying out of pocket for a prescription. Each formulary received a score on a scale from 0 to 4, with lower scores reflecting fewer access restrictions and higher scores reflecting multiple access restrictions. The health plans were then matched to the formulary they used to determine a condition-specific score.

Let MI Doctors Decide used these numeric scores to assign letter grades to plans as follows:

Criteria	Plan Score	Letter Grade
The plan covers a variety of drugs and has few restrictions on access	Less than/equal to 1	A
The plan covers fewer drugs and/or has more restrictions on access	Less than/ equal to 2 and greater than 1	B
The plan has far fewer drugs covered and/or places significant restrictions on access	Less than/ equal to 3 and greater than 2	C
The plan covers significantly fewer drugs and/or places severe restrictions on access	Greater than 3	F

Key Findings

The research by the Emory team found that people living with autoimmune diseases face substantial hurdles in accessing medicines (whether insured by commercial insurance or through Medicare) – with few exceptions. The vast majority of the top 25 PBMs/health plans in Michigan received low grades because of the number of access restrictions imposed on those suffering from autoimmune diseases.



Key Finding #1: Of the top 25 largest health plans in Michigan, none of them scored higher than a C in terms of their overall average of access restrictions and drugs covered across the five autoimmune diseases analyzed.

When looking at the top 25 health plans in Michigan (this includes both commercial and Medicare plans), not a single one would make the A or B honor roll for its overall coverage of the five autoimmune conditions analyzed. Most plans scored just a C average, and almost a quarter (24%) of plans received a failing grade.

Health Plan	Lives Covered	Average Score Across Autoimmune Conditions	Grade
Blue Cross Blue Shield of Michigan PPO 3 Tier	843,890	2.24	C
Express Scripts National Preferred with Advantage Plus	288,269	2.36	C
Express Scripts National Preferred with Advantage	235,188	2.35	C
Priority Health Michigan PPO	231,100	3.63	F
UAW Retiree Medical Benefit Trust	228,322	2.57	C
Express Scripts EGWP High Performance 3 Tier	200,465	2.92	C
UnitedHealthCare Advantage 3 Tier PPO	163,594	2.44	C
Department of Veterans Affairs	150,055	2.72	C
Health Alliance Plan Michigan PPO Three Tier	128,877	3.16	F
Blue Care Network of Michigan FEHBP	126,136	3.50	F
CHE Trinity Health Employees	124,722	2.82	C
University of Michigan	108,513	2.73	C
Chrysler Group LLC	104,767	2.86	C
BCN Blue Essentials	88,004	2.03	C
Blue Care Network of Michigan HMO 3 Tier	88,004	2.47	C
State of Michigan Employees	87,574	2.47	C
SilverScript Choice	93,530	3.76	F
CVS Caremark Performance Standard Control w/ Exclusions & Adv Specialty Control	82,729	2.82	C
BCBS Michigan PPO 5 Tier	77,422	3.54	F
BCBS MI PPO 2 Tier Clinical	77,422	2.03	C
BCBS Michigan PPO 2 Tier Closed	77,422	2.59	C
OptumRx Premium Highly Managed with UM	76,563	2.65	C
TRICARE East	74,669	2.44	C
UnitedHealthCare Traditional 3 Tier PPO	71,919	2.42	C
Priority Medicare Value	75,587	3.72	F



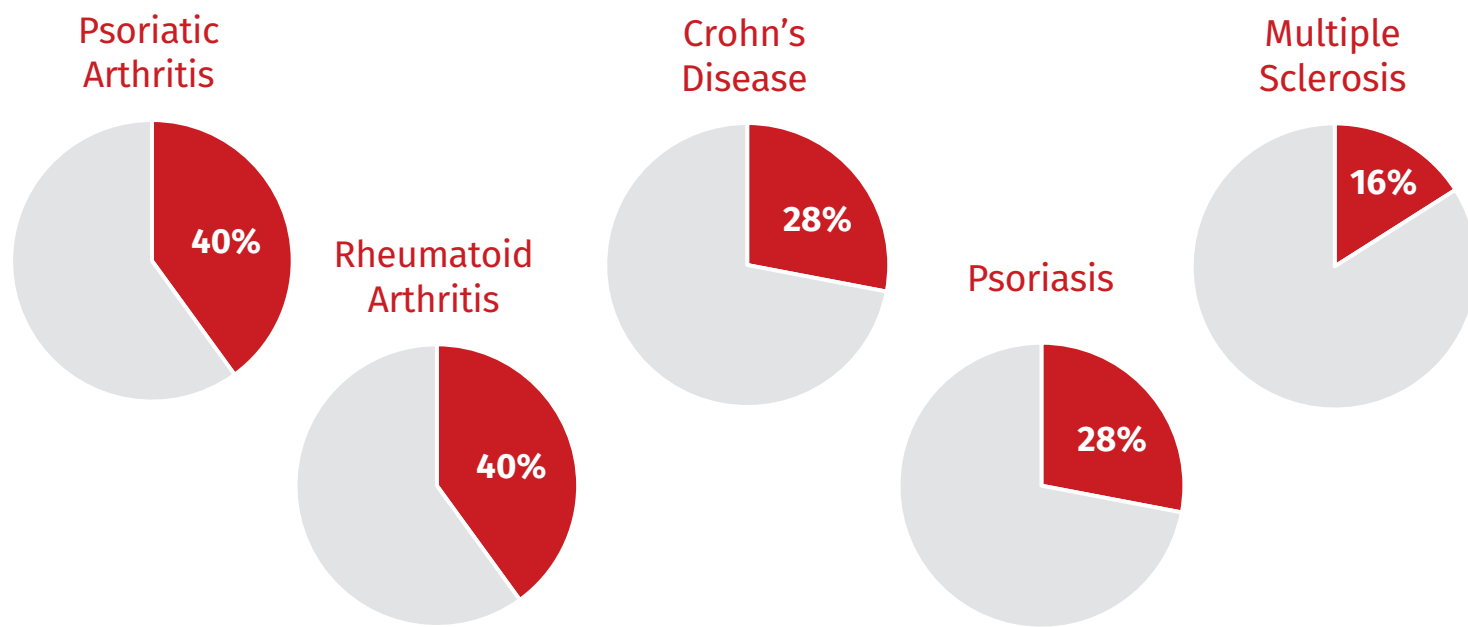
Key Finding #2: The overall average grade for each of the five autoimmune conditions within the top 25 health plans is a C.

Across the board, patients suffering from the five autoimmune diseases analyzed can expect to encounter significant restrictions on access from the top 25 health plans in Michigan. Together, these plans received an average score of C in terms of access restrictions and drug coverage.

Crohn's disease = 2.89	C
Multiple sclerosis = 2.45	C
Psoriasis = 2.80	C
Psoriatic arthritis = 2.92	C
Rheumatoid arthritis = 2.88	C

Key Finding #3: Patients suffering from psoriatic arthritis and rheumatoid arthritis appear to face the most severe restrictions on access to treatment.

Ten out of 25 (40%) of the plans in the top 25 largest plans in Michigan received failing grades for access restrictions for treatments for psoriatic arthritis and rheumatoid arthritis. Patients with Crohn's disease and psoriasis also face a high number of restrictions, with almost a third (28%) of plans in the top 25 receiving failing grades for access restrictions to treatment for these conditions.



Key Finding #4: Medicare plans impose far greater access restrictions on medicines for the autoimmune diseases analyzed than private, commercial coverage.

People with autoimmune diseases who are living in Michigan have few options for Medicare coverage that offers easy access to treatment for their conditions. The three Medicare plans that are included in the top 25 largest health plans in Michigan all received failing grades for access restrictions for psoriasis, psoriatic arthritis, and rheumatoid arthritis. Among all conditions considered, only two plans achieved a score higher than an **F**.

Ratings for Medicare Plans					
Medicare Plan	Crohn's Disease (CD) Grade	Multiple Sclerosis (MS) Grade	Psoriasis Grade	Psoriatic Arthritis (PsA) Grade	Rheumatoid Arthritis Grade
Express Scripts EGWP High Performance 3 Tier	C	B	F	F	F
SilverScript Choice	F	F	F	F	F
PriorityMedicare Value	F	F	F	F	F

Key Finding #5: Enrollment size does matter sometimes, as the largest plans tended to allow better access.

For all five autoimmune conditions, the three largest commercial plans tended to have better access scores relative to other plans. None of these large plans, however, achieved the best scores for access. Instead, coverage offered by private employers with fewer lives covered achieved the best scores for access.

Key Finding #6: Among employers, plans covering federal employees imposed far greater access restrictions than other private and public employers in Michigan for all five autoimmune diseases.

Michigan plans covering federal employees received more failing grades for imposing access restrictions than plans for state employees and private plans, with the federal employee plans often scoring a full letter grade lower than other employers in terms of the restrictions on access imposed. Despite achieving better scores on access, most employer plans studied still imposed significant restrictions on access to medicines treating autoimmune disorders.

Variations in Employer Coverage Scores by Condition Compared to Federal Employee Benefit Plan Coverage

Employer/ Plan Name	Grade on Access Restrictions in Pharmacy Benefit for Prescription Medicines Across Conditions
Federal Employees: Blue Care Network of Michigan FEHBP	F
Federal Employees: BCBS FEP Standard	F
UAW Retiree Medical Benefit Trust	C
Microsoft – A2	C
University of Michigan	C
Chrysler Group LLC	C
State of Michigan Employees	C
DOW Corning	B
General Motors	B
Memorial Healthcare	B
Genesee County	B
Calhoun, Newaygo & Sanilac Counties	B