

# A National Report Card for Health Insurance Plans that Cover Medications for Autoimmune Diseases: WHY MANY FAIL TO MAKE THE GRADE



## Overview

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Across the United States, individuals living with autoimmune-related conditions rely upon their insurance plans to access needed medicines. Unfortunately, many Americans are forced to deal with health insurance policies such as prior authorization, step therapy, and tiering before they can get access to their medications. These utilization management tools are used by insurance companies to manage costs and spending on prescription drugs by controlling access. These management efforts restrict access to prescription drugs and often lead to delays in treatment with potentially health-damaging effects.

Step therapy, also known as “fail first,” has been criticized for the way in which it negatively impacts patients. Under this policy, patients are required to try – and fail on – medicines preferred by the insurer before their insurer will cover the cost of the drug that the individual’s doctor initially prescribed. A change in insurance can mean patients may have to revert back to a drug they previously failed on even when they were stable on the non-preferred medication with positive results. The policy impedes the doctor’s decision-making authority and makes it hard for patients to get medicines when they need them.

There are currently proposals being considered at the federal level that would allow plans to expand step therapy policies within the Medicare program. One such proposal from the Centers for Medicare and Medicaid Services (CMS) would allow Medicare Part D plans to cover fewer medicines, use prior authorization, step therapy, or put other restrictions on access for drugs within the program’s six therapeutic classes – under which the law requires “all or substantially all” medicines be covered. These proposed changes would extend to patients who are already stable on certain medications. None of the autoimmune conditions studied in the following analysis fall within the six protected classes, but provide an example of access issues for serious diseases outside of these protections. Another proposal from CMS would expand the use of step therapy within Medicare Advantage, allowing the practice to be used for physician-



administered and other Medicare Part B drugs – similar to the way drugs are used in Medicare Part D. Imposing such policies on seniors, one of our nation’s most vulnerable populations, would only lead to greater restrictions on their ability to access medicines they need on a daily basis.

New research from Dr. Kenneth E. Thorpe and Manasvini Singh of Emory University examines how much insurers and pharmacy benefit managers (PBMs) restrict access to medicines for patients with autoimmune disease who are covered under private insurance or Medicare. The autoimmune community is one of the many groups that is often forced to navigate step therapy. Let My Doctors Decide has pulled out the key points of the study to demonstrate the impact that step therapy and related insurance practices have on patient access to medicines. The following report card provides a timely case study of how the aforementioned federal policy proposals could potentially impact patients on a national scale.



## Methodology

The team from Emory University evaluated the formularies of thousands of private and Medicare health plans across the U.S. on their overall access to medicines indicated for each of five autoimmune conditions analyzed (Crohn’s disease, multiple sclerosis, psoriasis, psoriatic arthritis, and rheumatoid arthritis). The team evaluated both the medical benefit (drugs administered in a doctor’s office) and pharmacy benefit (drugs received through a pharmacy) of each of the plans for each condition. Thorpe and Singh’s analysis relied 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 My 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 1	A
The plan covers fewer drugs and/or has more restrictions on access	Less than 2 and greater than/ equal to 1	B
The plan has far fewer drugs covered and/or places significant restrictions on access	Less than 3 and greater than/ equal to 2	C
The plan covers significantly fewer drugs and/or places severe restrictions on access	Greater than/equal to 3	F

# Key Findings

## 1 Key Finding #1: Medicare Part D – Pharmacy Benefit

Medicines under Medicare that a patient receives through a local or mail-order pharmacy

- Across all conditions studied, the vast majority of Medicare Advantage and Medicare Part D plans (86%) achieved failing grades for access to medicines at the pharmacy.
- Not a single plan within Medicare Advantage and Medicare Part D achieved an “A”.

**Table 1:**

Condition	Medicare Advantage & Part D Plan Pharmacy Benefit Access Grades			
	A	B	C	F
Crohn’s Disease	0	2%	11%	87%
Multiple Sclerosis	0	6%	13%	81%
Psoriasis	0	2%	9%	89%
Psoriatic Arthritis	0	2%	9%	89%
Rheumatoid Arthritis	0	3%	13%	84%
<b>Across All Conditions</b>	<b>0</b>	<b>3%</b>	<b>11%</b>	<b>86%</b>

## 2 Key Finding #2: Medicare Part B – Medical Benefit

Medicines under Medicare that are administered in a doctor’s office

- For every autoimmune condition studied, traditional Medicare (fee-for-service) achieved an “A” for access to medicines under the medical benefit (Medicare Part B).
- Though coverage is not as good as fee-for-service, most Medicare Advantage plans (96%) scored at least a “B”.
- Under Medicare, physician-administered drugs had the opposite level of coverage as compared to receiving medicines through a pharmacy, where most plans received “F” grades.

**Table 2:**

Condition	Access to Medicines Grades				
	Medicare FFS		Medicare Advantage		
	A	A	B	C	F
Crohn’s Disease	100%	71%	21%	8%	0
Multiple Sclerosis	100%	73%	27%	0	0
Psoriasis	100%	74%	18%	8%	0
Psoriatic Arthritis	100%	76%	24%	0.6%	0
Rheumatoid Arthritis	100%	74%	24%	2%	0
<b>Across All Conditions</b>	<b>100%</b>	<b>73%</b>	<b>23%</b>	<b>4%</b>	<b>0</b>

### Key Finding #3: Commercial Pharmacy Benefit

Medicines under private insurance that a patient receives through a local or mail-order pharmacy

- For medicines received through a pharmacy under commercial insurance, there was not a single plan across all conditions that scored an “A” grade for access, with only 2% achieving a “B”.
- Ninety-eight percent of plans received grades of “C” or worse (50% received a “C” and 48% received an “F”).

**Table 3:**

Condition	Commercial Pharmacy Benefit			
	Access Grades			
	A	B	C	F
Crohn’s Disease	0	1%	30%	69%
Multiple Sclerosis	0	4%	68%	28%
Psoriasis	0	1%	68%	31%
Psoriatic Arthritis	0	0.4%	53%	47%
Rheumatoid Arthritis	0	1%	33%	66%
<b>Across All Conditions</b>	<b>0</b>	<b>2%</b>	<b>50%</b>	<b>48%</b>

### Key Finding #4: Commercial Medical Benefit

Medicines under private insurance that are administered at a doctor’s office

For drugs administered in the doctor’s office under commercial insurance, health plans trusted physician decisions and imposed fewer coverage barriers. Across all conditions and health plans, the majority of plans achieved at least a “B”.

**Table 4:**

Condition	Commercial Medical Benefit			
	Access Grades			
	A	B	C	F
Crohn’s Disease	4%	89%	7%	0
Multiple Sclerosis	21%	65%	14%	0
Psoriasis	17%	80%	3%	0
Psoriatic Arthritis	16%	61%	23%	0
Rheumatoid Arthritis	15%	82%	3%	0
<b>Across All Conditions</b>	<b>14%</b>	<b>76%</b>	<b>10%</b>	<b>0</b>

Findings within Medicare’s medical and pharmacy benefit demonstrate what coverage would look like if the Administration’s proposals are adopted. If protections are removed for medicines within Medicare’s “six protected classes,” we may see an increase in access restrictions since the vast majority of plans within Medicare Advantage and Part D received a failing grade in terms of access to medicines at the pharmacy (Table 1).

Furthermore, the data in Table 1 shows that Part D has greater access restrictions than Part B (Table 2), thus the proposal to treat Part B drugs more like Part D and expand step therapy practices would likely lead to greater access restrictions.

Here’s a closer look at how the largest 25 plans by enrollment for each category (Medicare pharmacy benefit, Medicare medical benefit, private pharmacy benefit, and private medical benefit) scored with regards to access to medicines. The following lists includes well-known insurers like Humana, Aetna, Cigna, and AARP:

**Table 5: Medicare Advantage & Part D Pharmacy Benefit Access Scores: Largest 25 Plans by Membership**

Plan Name	Crohn’s Disease	Multiple Sclerosis	Psoriasis	Psoriatic Arthritis	Rheumatoid Arthritis
SilverScript Choice	F	F	F	F	F
AARP Medicare Rx Preferred	F	F	F	F	F
Humana Walmart Rx Plan	F	F	F	F	F
Humana Preferred Rx Plan	F	F	F	F	F
Aetna Medicare Rx Saver	F	F	F	F	F
Humana Gold – Plus	F	F	F	F	F
Express Scripts EQWP Premier Access 4 Tier	F	F	F	F	F
WellCare Classis PDP	F	F	F	F	F
Humana Enhanced (PDP)	F	F	F	F	F
Symphonix Value Rx	F	F	F	F	F
AARP Medicare Rx Saver Plus	F	F	F	F	F
Humana Choice – National-5	F	F	F	F	F
AARP Medicare Rx Walgreens	F	F	F	F	F
Cigna-HealthSpring Rx Secure	F	F	F	F	F
SilverScript Copper EQWP	F	F	F	F	F
Express Scripts Medicare – Value	F	F	F	F	F
Express Scripts EQWP High Performance 3 Tier	C	C	F	F	F
Envision Rx Plus PDP	F	F	F	F	F
First Health Part D Value Plus PDP	F	F	F	F	F
Kaiser Permanente Senior Advantage	F	C	F	F	C
SilverScript Platinum 3T EQWP	F	C	F	F	F
AARP Medicare Complete Plan 1	F	F	F	F	F
AARP Medicare Complete Secure Horizons Plan 1	F	F	F	F	F
Humana Choice - Regional	F	F	F	F	F
Empire Plan Medicare Rx EGWP	F	C	F	F	F

**Table 6: Medicare Fee-for-Service & Medicare Advantage Medical Benefit Access Scores: Largest 25 Plans by Membership**

Plan Name	Crohn's Disease	Multiple Sclerosis	Psoriasis	Psoriatic Arthritis	Rheumatoid Arthritis	Across All Conditions
Medicare FFS*	A	A	A	A	A	A
Humana Gold – Plus	B	B	B	B	B	B
HumanaChoice – National-5	B	B	B	B	B	B
Kaiser Permanente Senior Advantage	A	A	A	A	A	A
AARP Medicare Complete Plan 1	A	A	A	A	A	A
AARP Medicare Complete SecureHorizons Plan 1	A	A	A	A	A	A
Humana Choice – Regional	B	B	B	B	B	B
AARP Medicare Complete	A	A	A	A	A	A
United Healthcare Dual Complete SNP	A	A	A	A	A	A
Cigna-Health Spring Preferred	A	B	A	A	A	A
Kaiser Permanente Senior Advantage LA, Orange Co.	A	A	A	A	A	A
Care Improvement Plus Medicare Advantage	A	A	A	A	A	A
Humana Gold Plus – Plus 5	B	B	B	B	B	B
AARP Medicare Complete Plan 2	A	A	A	A	A	A
AARP Medicare Complete Choice Plan 2	A	A	A	A	A	A
AARP Complete Choice	A	A	A	A	A	A
Anthem MedBlue Essential	A	B	A	A	A	A
AARP Medicare Complete Secure Horizons Plan 2	A	A	A	A	A	A
United Healthcare Dual Complete SNP AZ/PA/NY	A	A	A	A	A	A
Care Improvement Plus Gold Rx SNP	A	A	A	A	A	A
AARP Medicare Complete Plan 1 AZ/NV/NC	A	A	A	A	A	A
AARP Medicare Complete Plan 2 AZ/OR/WA	A	A	A	A	A	A
Humana Choice Florida	B	B	B	B	B	B
Care Improvement Plus Dual Advantage SNP	A	A	A	A	A	A
AARP Medicare Complete Secure Horizons Plan 2 CA	A	A	A	A	A	A
Humana Gold Plus SNP-DE National-5	B	B	B	B	B	B

\* Represents average access grade across 12 MAC Regions for Medicare Part B

**Table 7: Commercial Health Plans Pharmacy Benefit Access Scores: Largest 25 Plans by Membership***Variations in Employer Coverage Scores by Condition*

Employer/Plan Name	Crohn's Disease	Multiple Sclerosis	Psoriasis	Psoriatic Arthritis	Rheumatoid Arthritis	Across All Conditions
Express Scripts National Preferred with Advantage Plus	C	B	C	C	C	C
Express Scripts National Preferred with Advantage	C	B	C	C	C	C
UnitedHealthCare Advantage 3 Tier PPO	C	C	C	C	C	C
TRICARE East	C	C	C	C	C	C
BCBS FEP Standard	F	F	F	F	F	F
CVS Caremark Performance Standard Control W/Exclusions & Adv Specialty Control	C	B	B	C	C	B
OptumRx Premium Highly Managed with UM	C	C	C	C	C	C
BCBS FEP Basic	F	F	F	F	F	F
TRICARE West	C	C	C	C	C	C
UnitedHealthCare Traditional 3 Tier PPO	C	C	C	C	C	C
OptumRx Select Covered	C	C	C	C	C	C
CVS Caremark Performance Standard Opt-Out Formulary	C	C	C	C	C	C
Express Scripts National Preferred with Limited	B	B	B	C	B	B
Express Scripts Basic with Advantage Plus	C	B	C	C	C	C
Express Scripts National Preferred	B	B	C	C	B	B
Kaiser Foundation Health Plan Southern California PPO	C	F	C	C	C	C
OptumRx Select Highly Managed	C	C	C	C	C	C
Express Scripts Basic with Advantage	C	B	C	C	C	C
Anthem BCBS National PPO 3 Tier	C	C	C	C	C	C
Cigna Healthcare Performance PPO 3 Tier	C	C	C	C	C	C
Cigna Healthcare Standard PPO	C	C	C	C	C	C
Kaiser Foundation Health Plan Southern California	C	F	C	C	C	C
Envision Rx Standard	F	F	F	F	F	F
Blue Cross Blue Shield of Texas PPO Enhanced Three Tier	C	C	C	C	C	C
Wal-Mart	F	C	C	C	C	C

**Table 8: Commercial Health Plans Medical Benefit Access Scores: Largest 25 Plans by Membership***Variations in Employer Coverage Scores by Condition*

Employer/Plan Name	Crohn's Disease	Multiple Sclerosis	Psoriasis	Psoriatic Arthritis	Rheumatoid Arthritis	Across All Conditions
United HealthCare Advantage 3 Tier PPO	<b>B</b>	<b>B</b>	<b>A</b>	<b>A</b>	<b>B</b>	<b>B</b>
TRICARE East	<b>A</b>	<b>A</b>	<b>B</b>	<b>A</b>	<b>A</b>	<b>A</b>
UnitedHealthCare Advantage 4 Tier PPO	<b>B</b>	<b>B</b>	<b>A</b>	<b>A</b>	<b>B</b>	<b>B</b>
BCBS of Texas PPO Enhanced 3 Tier	<b>B</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>
BCBS Federal Employee Plan Standard	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>
Anthem BCBS National PPO 3 Tier	<b>B</b>	<b>B</b>	<b>B</b>	<b>C</b>	<b>B</b>	<b>B</b>
BCBS of Illinois PPO Enhanced 3 Tier	<b>B</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>
Cigna Healthcare Performance PPO 3 Tier	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>
Cigna Healthcare Standard PPO	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>
BCBS of Tennessee 3 Tier PPO	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>
Anthem BCBS National PPO 3 Tier w/1a-1b	<b>B</b>	<b>B</b>	<b>B</b>	<b>C</b>	<b>B</b>	<b>B</b>
BCBS Federal Employee Plan Basic	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>
United HealthCare Traditional 3 Tier PPO	<b>B</b>	<b>B</b>	<b>A</b>	<b>A</b>	<b>B</b>	<b>B</b>
TRICARE West	<b>A</b>	<b>A</b>	<b>B</b>	<b>A</b>	<b>A</b>	<b>A</b>
BCBS of Michigan PPO 3 Tier	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>
Highmark BCBS Comprehensive PPO	<b>B</b>	<b>A</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>
United HealthCare Advantage 3 Tier HMO	<b>B</b>	<b>B</b>	<b>A</b>	<b>A</b>	<b>B</b>	<b>B</b>
BCBS of Illinois PPO Basic 3 Tier	<b>B</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>
Anthem BCBS National PPO 4 Tier	<b>B</b>	<b>B</b>	<b>B</b>	<b>C</b>	<b>B</b>	<b>B</b>
Anthem BCBS National PPO 4 Tier w/1a-1b	<b>B</b>	<b>B</b>	<b>B</b>	<b>C</b>	<b>B</b>	<b>B</b>
Cigna Healthcare Performance PPO 4 Tier	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>
Horizon BCBS of New Jersey PPO	<b>B</b>	<b>A</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>
BCBS of Massachusetts Blue Care Elect 3 Tier	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>
United HealthCare Traditional 4 Tier PPO	<b>B</b>	<b>B</b>	<b>A</b>	<b>A</b>	<b>B</b>	<b>B</b>
Medical Mutual PPO	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>