Cost-Sharing Has Negative Effects on Biologics

By Sandy Paton

Based on a poster titled "Linking Pharmacy Benefit Changes to Patient Willingness to Pay" by Peter Mazonson, MD, MBA; Denise Globe, PhD; Regina Murphy, MBA; Annie Cheng; Xingyue Huang, BPharm, PhD; Vaishali Patel, PharmD, MS; John Loeb, MD, presented at the Academy of Managed Care Pharmacy Annual Meeting, April 18, 2008, in San Francisco, CA.

Recent increases in pharmacy spending have led health plans to adopt new benefit structure, resulting in benefit changes that require increased patient cost-sharing. Improvement of patient symptoms, higher income, and drug efficacy drive patients' willingness to pay for pharmacy benefit changes, according to Peter Mazonson, MD, MBA, and colleagues. In this study, face-to-face interviews and a 30-item questionnaire were administered to 217 patients with rheumatoid arthritis (RA) from 15 rheumatology practices in the United States to determine patients' willingness to pay for changes in their RA symptoms since starting to take etanercept (Enbrel). Patient data were then correlated with patients' income levels.

Patients were at least 18 years old, had a diagnosis of moderate-to-severe RA, and had been taking etanercept for at least 3 months but not more than 24 months before the study. Eligible patients were interviewed in person for 30 minutes at their respective rheumatologists' offices by members of the research team.

Patients were asked how much they would be willing to pay out-of-pocket on a monthly basis for the positive changes they have experienced in their RA since starting etanercept. Patients were then shown a card divided into 6 willingness-to-pay ranges and were asked to select one of these ranges: $0-$49, $50-$99, $100-$149, $150-$199, $200-$249, and $250 or more. Patients were then shown a second card with 2 subranges of the first range and were asked to select one of these subranges (eg, if a patient selected $50-$99 for the first range, the second card would have the 2 ranges $50-$74 and $75-$99). After selecting a subrange, patients were asked to provide a precise willingness-to-pay value within the final range chosen.

Willingness-to-Pay Factors

Based on median willingness-to-pay value, patients were willing to pay out of pocket for a 1-month supply of etanercept based on their income level:

- Those making less than $40,000 were willing to pay $65
- Patients earning $40,000-$79,000 were willing to pay $130
- Patients earning $80,000 or more were willing to pay $200.
- Improvement of symptoms while using etanercept also increased patients' median willingness to pay:
- Patients with worse or no symptom changes were willing to pay $43
- Patients with minimal improvement were willing to pay $75
- Patients much improved were willing to pay $100
- Patients very much improved were willing to pay $150/mo.

The investigators concluded that if the current average out-of-pocket payment of 3% of the annual cost of the drug were to increase to 6%, the percentage of patients who would be willing to pay could drop by 20%. With an out-of-pocket payment level of 10%, 37% of patients with an income of $80,000 or more; 50% of those with income of $40,000 to $79,000; and 80% of those with income of less than $40,000 may no longer be willing to pay for etanercept.

Thus, increases in cost sharing could have an adverse effect on access to biologics such as etanercept for patients with low household incomes; however, even patients with higher incomes bristled at having to pay higher out-of-pocket costs. ■