Specialty Drugs in Workers' Compensation

Continuing Education Webinar

November 12, 2024

3:00 PM ET

All attendees are in listen-only mode.

MyMatrixx
By EVERNORTH

Continuing Education Credits

Specialty Drugs in Workers' Compensation

This course has been approved for 1-hour of CE for the following license types: Pre-approved Adjuster (AK, AL, CA, DE, FL, GA, ID, IN, KY, LA, MS, MT, NC, NH, NM, NV, OK, OR, TX, UT, VT, WY); National Certified Case Manager (CCM); National Nurse; Certified Disability Management Specialists (CDMS), and Certified Rehabilitation Counselor (CRC) for CE accreditation. For states that do not require prior approval, the adjuster is responsible for submitting their attendance certificate to the appropriate state agency to determine if continuing education credits can be applied.

CE credits are only available for those who qualify during the **LIVE** version of the webinar taking place on **November 12, 2024, at 3:00 PM ET**.

CE credits for our courses are administered by the CEU Institute. If you have any issues or questions regarding your credits, please contact rosters@ceuinstitute.net.

To qualify for Continuing Education Credits…

Attend the LIVE version of this webinar

Remain logged in to the entire webinar

Answer all three poll questions.
(Questions will appear on the screen and will be read loud.)

MyMatrixx
By EVERNORTH

After the webinar, if you qualify for continuing education credits…

Within 48 hours, you will receive an email from The CEU Institute on our behalf.

(Check your junk mail!)

The email includes a Credit Submission Link

Use that link to submit for your credits within **72 hours**.

If you will miss the 72-hour window, or have questions about the CE course, email us at mymatrixxCE@mymatrixx.com.

Once you submit, for CE credits, it can take up to **30 days to process** before credits are reported or you receive a certificate.

Ask a question

Questions for our speakers will be answered as time allows.

For the questions we do not get to, we will respond via email after the webinar.

Medical disclosures and disclaimers

Disclosure

No planner, presenter or content expert has a conflicting interest affecting the delivery of this continuing education activity. MyMatrixx does not receive any commercial advantage nor financial remittance through the provided continuing education activities.

Medical disclaimer

Within this presentation, the authors have checked with sources believed to be reliable in their efforts to provide information that is complete and generally in accord with the standards accepted at time of publication. In case of human error or changes in medical sciences, neither MyMatrixx nor any other party involved in the preparation or publication of this work warrants the information contained herein is in every respect accurate or complete and are not responsible for errors or omissions or for the results obtained from the use of such information. Readers are encouraged to confirm the information contained herein with other sources.

This educational activity may contain discussion of published and/or investigational uses of agents that are not approved by the Food and Drug Administration (FDA). We do not promote the use of any agent outside of approved labeling. Statements made in this presentation have not been evaluated by the FDA.

Disclaimer

The display or graphic representation of any product or description of any product or service within this presentation shall not be construed as an endorsement of that product by the presenter or any accrediting body.

Accreditation of this continuing education activity refers to recognition of the educational activity only and does not imply endorsement or approval of those products and/or services by any accrediting body.

CE credits for this course are administered by the CEU Institute. If you have any issues or questions regarding your credits, please contact rosters@ceuinstitute.net.

Today’s presenter

ELJANA ANGJELLARI, PharmD
Clinical Account Executive

Objectives

- Define specialty drugs and biosimilars
- Review common conditions that require specialty drugs in workers' compensation
- Identify the place in therapy of specialty drugs according to society guidelines
- Analyze cost trends
- Understand the importance of compliance

What are Specialty Drugs?

Common characteristics of specialty drugs

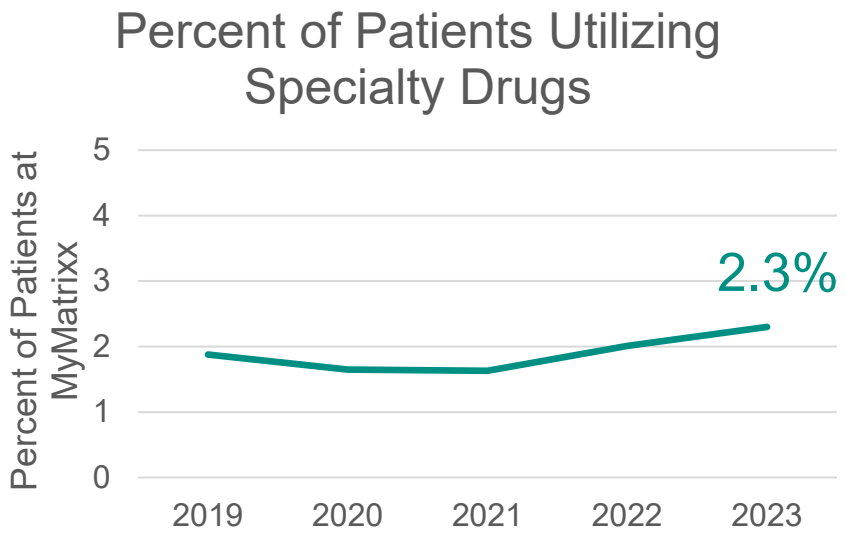
+ Intense clinical monitoring to manage severe side effects
+ Specialized patient training for handling and/or administration
+ Clinical pharmacist oversight to ensure patient compliance
+ The need for regular or frequent dosage adjustments
+ Limited distribution through specific channels

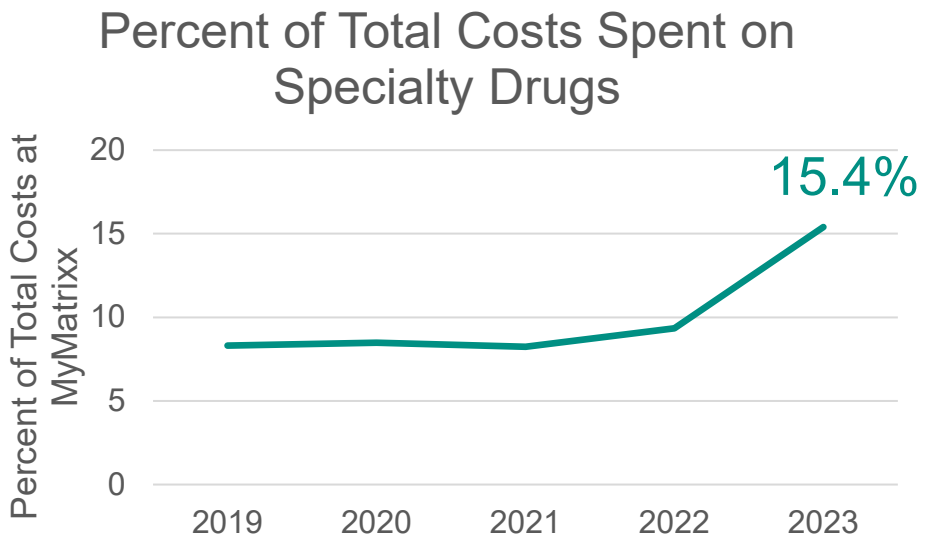
Developed for specific patient groups to treat chronic and complex conditions

Demystifying Drug Pricing in Workers' Compensation. Part Three: The Impact of Specialty Drugs

Specialty drugs in the market

Since 2019, the number of injured workers utilizing specialty medications has remained steady, but the percent of total medication costs continues to rise.





Why are specialty drugs so expensive?

+ High research cost to create new treatments
+ Smaller patient populations
+ Special manufacturing, handling, and management
+ No competition due to patent protection and market exclusivity

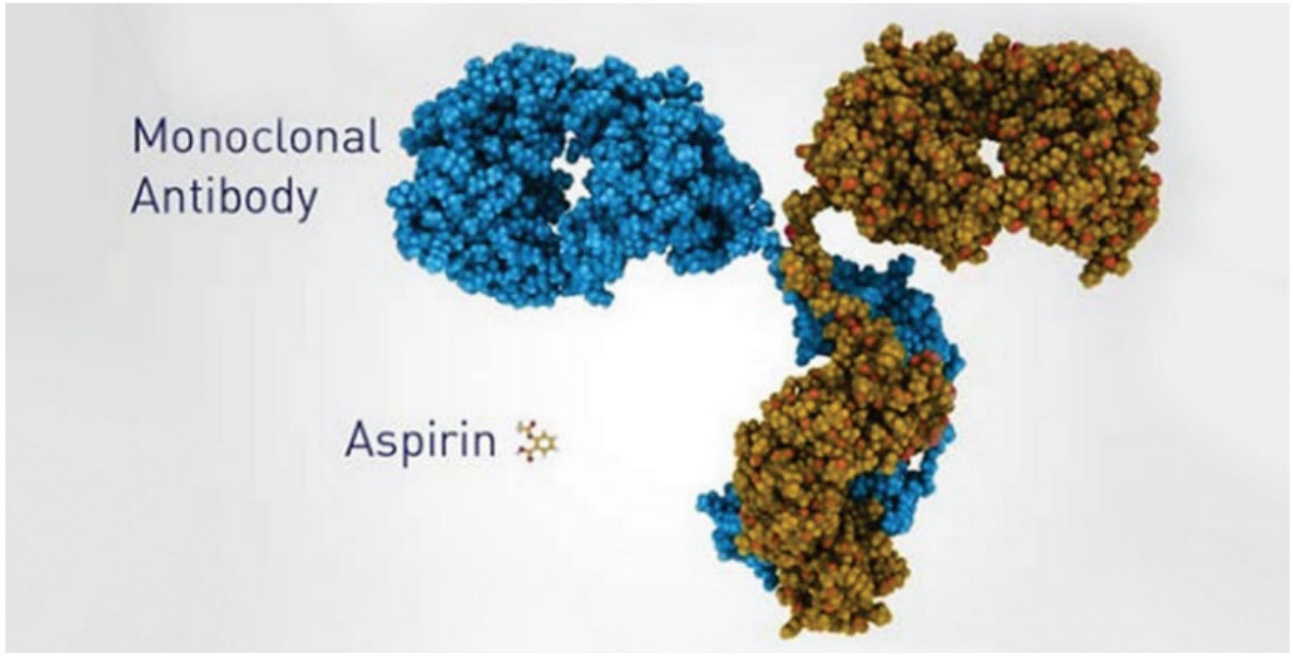
Demystifying Drug Pricing in Workers' Compensation. Part Three: The Impact of Specialty Drugs

Biologics & Biosimilars

Biologics vs. Biosimilar drugs

Biologic Drugs

+ Consist of large complex molecules
+ Produced using biotechnology by modifying a living system
    - Includes microorganisms, plant or animal cells
    - Can include monoclonal antibodies or gene therapies
+ Complexity of reference products means NO generic version



The monoclonal antibody (blue) is a large molecule. A single monoclonal antibody weighs more than 800 times what an aspirin molecule (gold) weighs.

Demystifying Drug Pricing in Workers' Compensation. Part Three: The Impact of Specialty Drugs.

Biologics vs. Biosimilar drugs

Biologic Drugs

+ Consist of large complex molecules
+ Produced using biotechnology by modifying a living system
    - Includes microorganisms, plant or animal cells
    - Can include monoclonal antibodies or gene therapies
+ Complexity of reference products means NO generic version

Biosimilar Drugs

+ No clinical differences from reference product
+ Made with the same type of living sources
+ Have the same strength, dosage, potential treatment benefits, and potential side effects

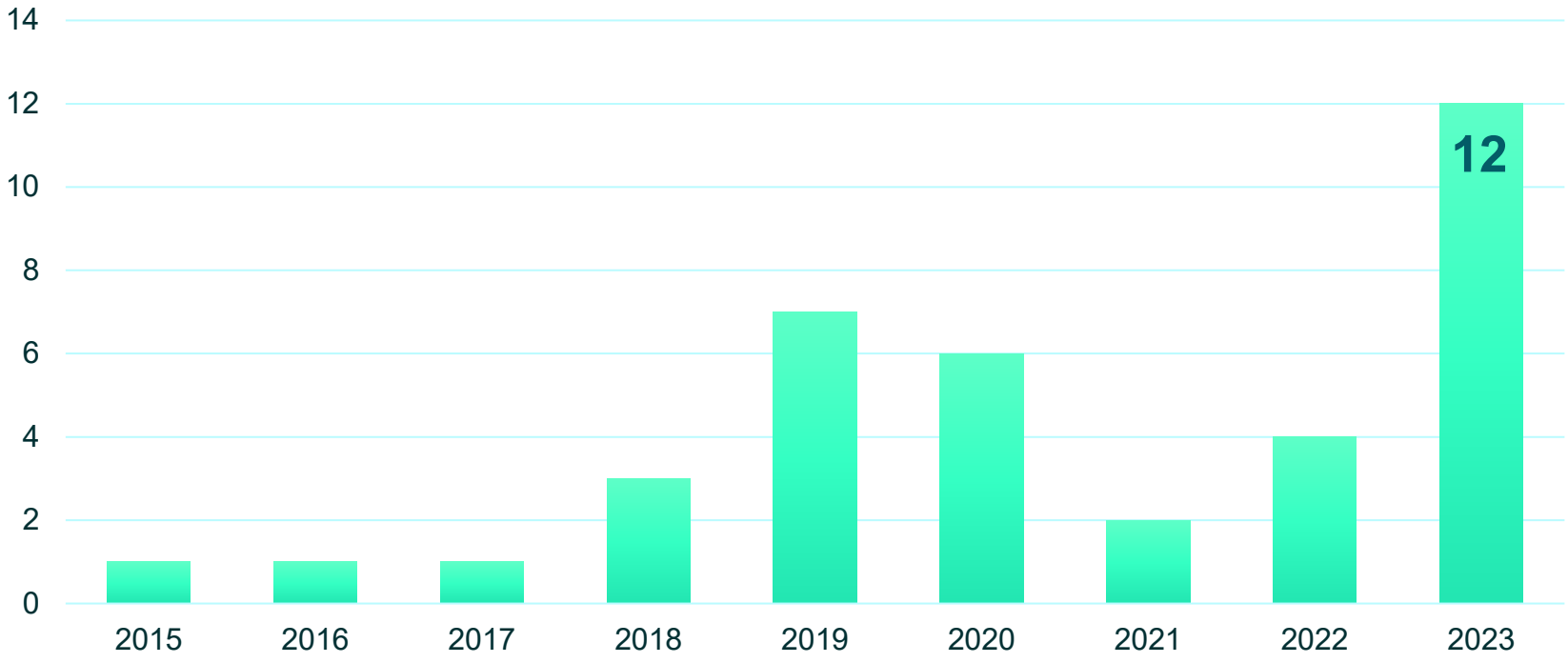
Demystifying Drug Pricing in Workers' Compensation. Part Three: The Impact of Specialty Drugs.

Overview for Health Care Professionals. U.S. Food & Drug Administration.

Demystifying Drug Pricing in Workers' Compensation. Part Three: The Impact of Specialty Drugs.

MyMatrixx
By EVERNORTH

Biosimilars Launched in U.S. Per Year



>90

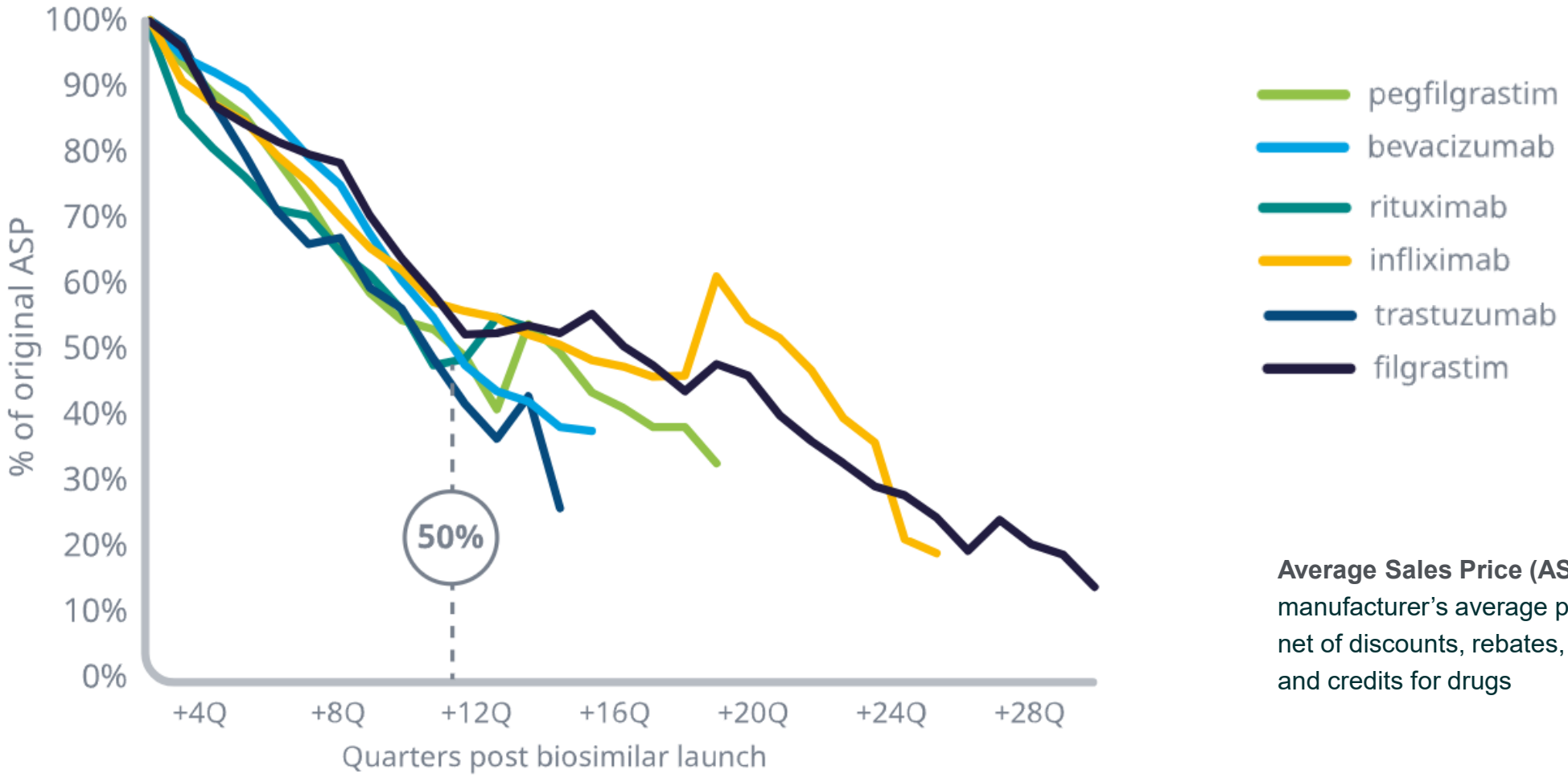
biosimilars
in development

Overview for Health Care Professionals. U.S. Food & Drug Administration.

Demystifying Drug Pricing in Workers' Compensation. Part Three: The Impact of Specialty Drugs.

MyMatrixx
By EVERNORTH

Biosimilar ASPs decline average of 50% within first three years



Average Sales Price (ASP) =
manufacturer's average price to all purchasers, net of discounts, rebates, chargebacks, and credits for drugs

Long-term Market Sustainability for Infused Biosimilars in the U.S. Foundational Analytics on Emerging Risks to Sustainability. IQVIA. 2024

MyMatrixx
By EVERNORTH

Biosimilar Potential Launch Dates

Biosimilar	Reference Biologic	Indication(s)	Potential Launch Date
Eculizumab	Soliris®	Atypical hemolytic uremic syndrome, Paroxysmal nocturnal hemoglobinuria, Myasthenia gravis, Neuromyelitis optica spectrum disorder	Settlement: 03/01/2025
Aflibercept	Eylea®	Age-related macular degeneration, Diabetic macular edema, Diabetic retinopathy, Macular edema, Retinopathy of prematurity	TBD (2024-2032)
Ustekinumab	Stelara®	Crohn's disease, Plaque psoriasis, Psoriatic arthritis, Ulcerative colitis	Settlement: 01/01/2025
Denosumab	Prolia®	Osteoporosis/bone loss	TBD (May 2025?)
Etanercept	Enbrel®	Ankylosing spondylitis, Juvenile idiopathic arthritis, Plaque psoriasis, Psoriatic arthritis, Rheumatoid arthritis	2029
Natalizumab	Tysabri®	Crohn's disease, Multiple sclerosis	Launch Pending

Poll Question #1

Common conditions that require specialty drug coverage in workers' compensation

Venous Thromboembolism	HIV	Hepatitis C
Inflammatory Conditions	Osteoarthritis	Chronic Migraines

Venus Thromboembolism

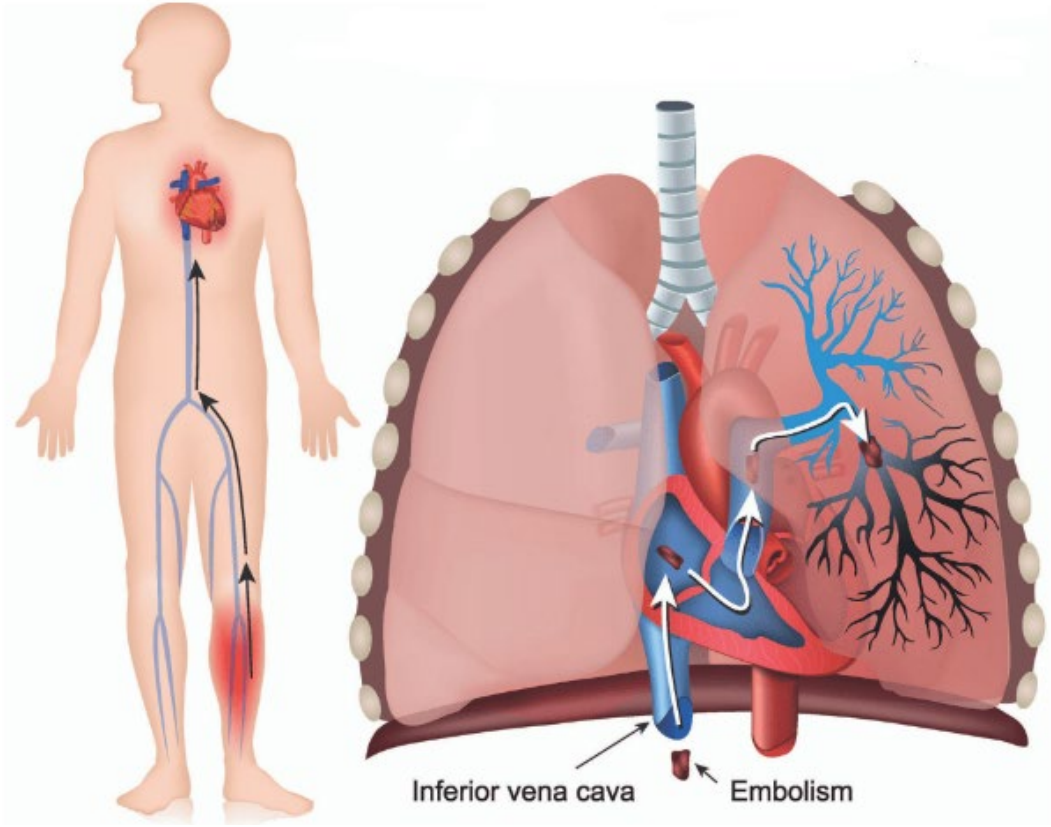
Anticoagulants

Venous Thromboembolism (VTE)

Blood clot in the veins

Deep vein thrombosis (DVT):
Blood clots form in the deep veins, commonly post knee or hip surgery

Pulmonary embolism (PE):
DVT may break off and travel through the veins to the lungs



https://myvascularhealth.org/vascular-education/pulmonary-embolism/

CHEST 2021 Antithrombotic Therapy Treatment Guidelines

+ Anticoagulation treatment is to prevent blood clots post-surgery
+ Recommends direct oral anticoagulants (DOACs) as first-line for prophylaxis
  - Do not require enhanced clinical monitoring
  - Not considered specialty medications
  - Provide significant cost savings
  - Therapy may range from 12-42 days post-surgery

Eliquis® (apixaban)

Pradaxa® (dabigatran)

Xarelto® (rivaroxaban)

Stevens SM. Woller SC, Kreuziger LB, et al. Antithrombotic Therapy for VTE Disease: Second Update of the CHEST Guideline and Expert Panel Report. Chest. 2021;160(6):e-545-e608.

Specialty Anticoagulants

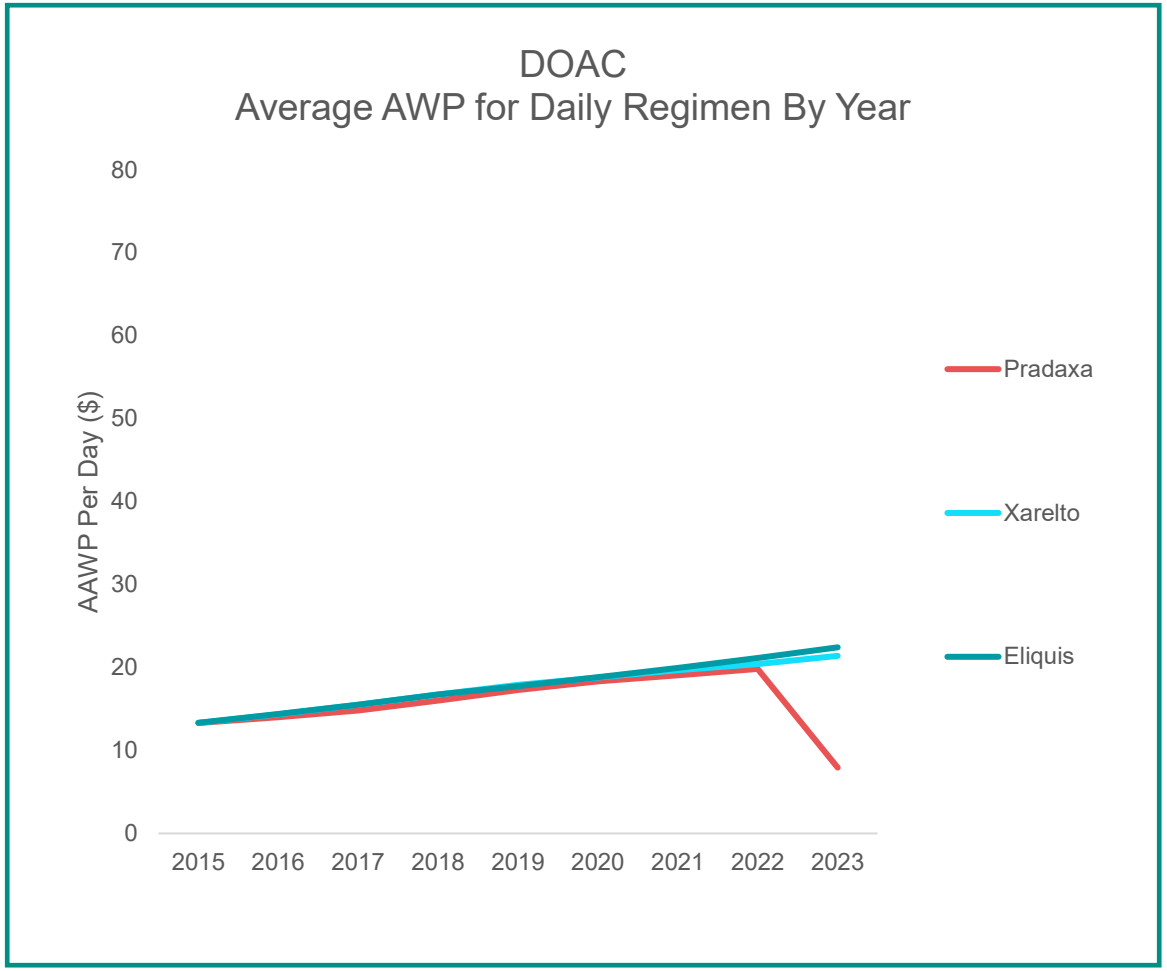
Used after major orthopedic surgery to prevent VTE

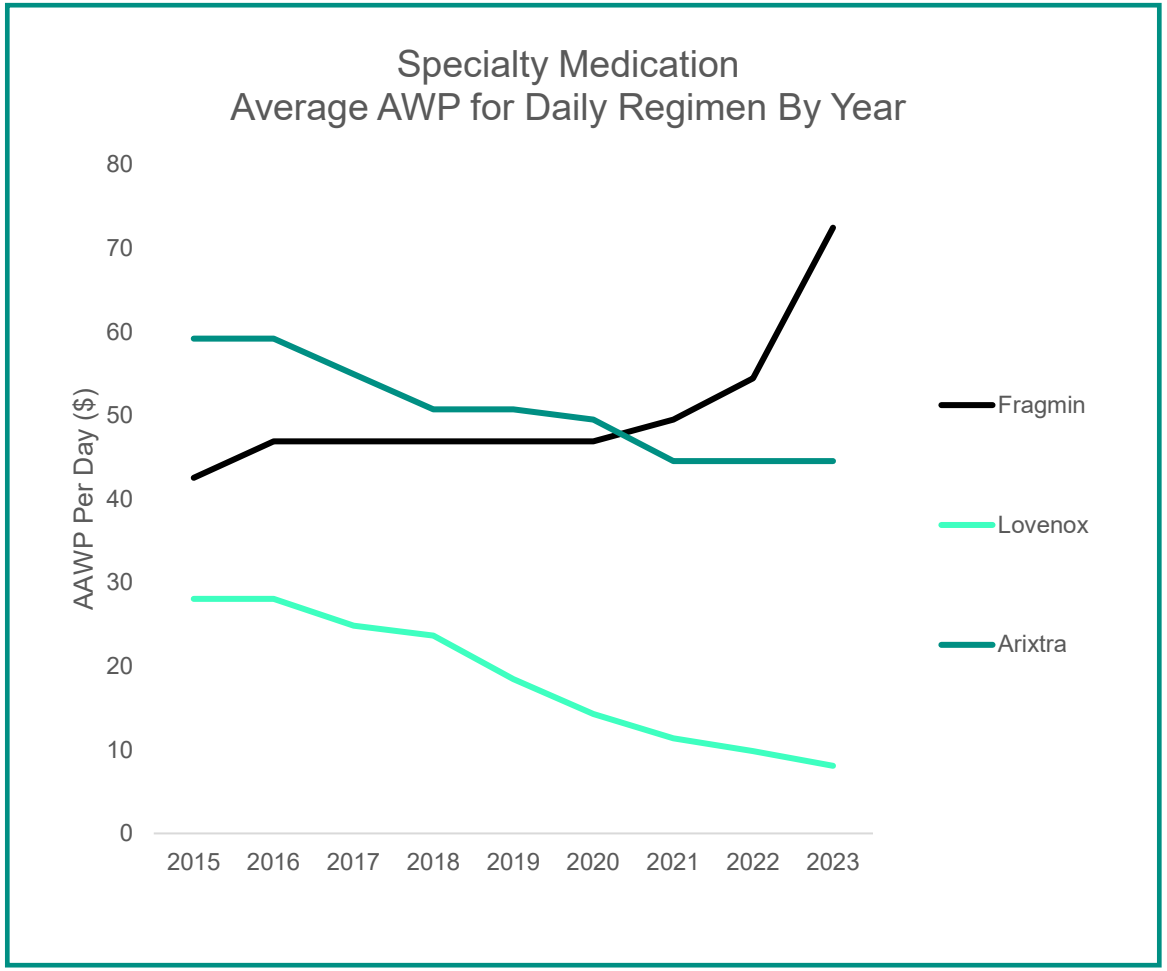
+ Gold standard for VTE prophylaxis and treatment (along with warfarin) prior to DOACs
+ Commonly used in hospitalized patients
+ Thromboembolic complications:
  - Blood clots
  - Pulmonary embolism (rare)
  - Heart attack
  - Stroke

Drug	Regimen (total hip arthroplasty)	Drug Class
***Lovenox®** (enoxaparin)	40mg subQ once daily for 10-14 days, preferably 35 days if no bleeding risk factors	Low molecular weight heparin
***Fragmin®** (dalteparin)	5,000 units subQ once daily for 10-14 days, preferably 35 days if no bleeding risk factors	Low molecular weight heparin
Arixtra® (fondaparinux)	2.5 mg subQ once daily for 10-14 days, preferably 35 days if no bleeding risk factors	Factor Xa Inhibitor

DOACs are comparable in efficacy and are preferred by guidelines

Lovenox® is cheaper than two widely used DOACs, but the subcutaneous (injection) administration makes it less desirable for VTE prophylaxis





MyMatrixx
By EVERNORTH

Noncompliance of anticoagulants leads to poor outcomes and increased cost in healthcare expenditure

+ DOACs are recommended over Specialty Anticoagulants
  - Easier administration increases compliance
  - Cheaper than Fragmin® and Arixtra®
  - Similar/superior efficacy for prophylaxis after major orthopedic surgery
+ Anticoagulants are a highly cost-effective intervention

According to the CDC, **blood clots** cost the nation up to **$10 billion/year**

VTE treatment can cost **$15,000-$20,000/person** and often results in readmissions

Tun HN, Hyaw MT, Rafflenbeul E, Suastegui XL. Role of Direct Oral Anticoagulants for Post-operative Venous Thromboembolism Prophylaxis. Eur Cardiol. 2022;17.
Impact of Blood Clots on the United States . Centers for Disease Control and Prevention.

Human Immunodeficiency Virus (HIV)

Antiretrovirals

Human Immunodeficiency Virus (HIV)

Virus that attacks the body's immune system that can lead to acquired immunodeficiency syndrome (AIDS) if untreated

+ Patients can develop multiple opportunistic infections
+ Post-exposure prophylaxis (PEP) reduces chances of getting HIV after occupational exposure
+ Occupational HIV exposure requires immediate treatment

Healthcare workers' risk of HIV infection based on exposure	
Percutaneous	0.3% risk
Mucous membrane	0.09% risk

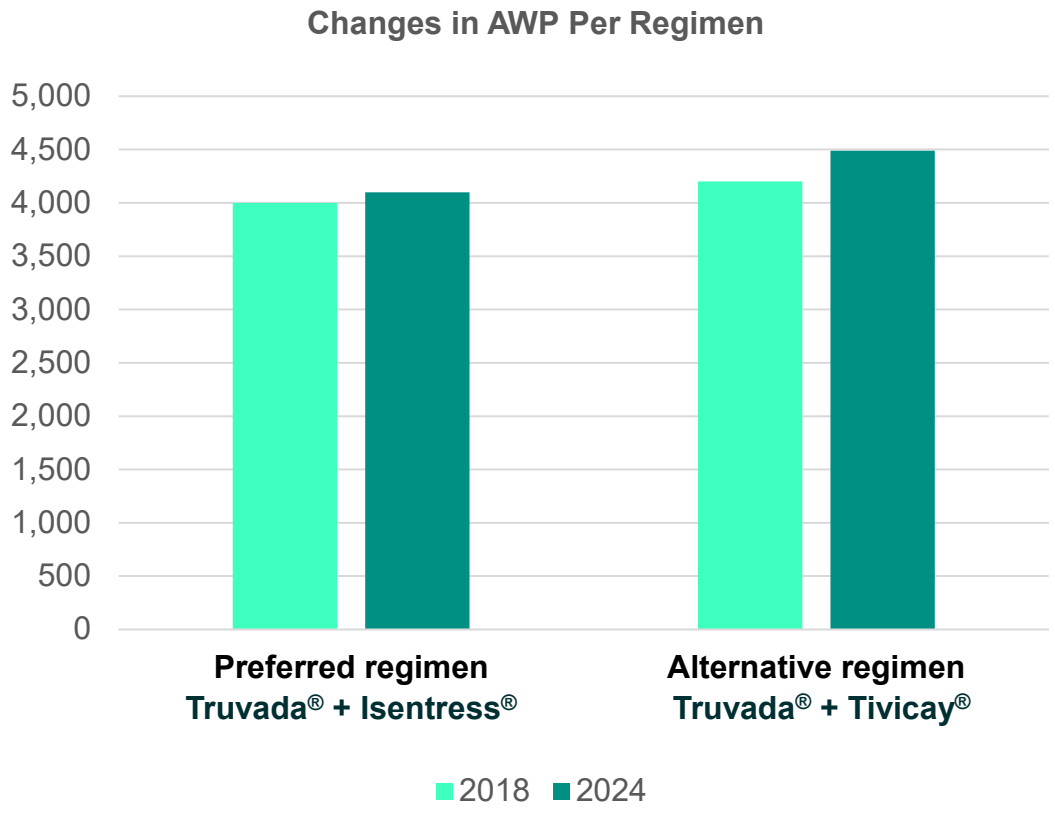
Kuhar DT, Henderson DK, Struble KA, et al. Updated US Public Health Service guidelines for the management of occupational exposures to human immunodeficiency virus and recommendations for postexposure prophylaxis. Infect Control Hosp Epidemiol. 2013;34(9).

U.S. Public Health Service 2013 Treatment Guidelines for Occupational Exposure to HIV

+ HIV status of source patient should be determined to guide PEP
+ Routinely use a regimen of **three antiretroviral drugs**
+ Start as soon as possible and **within 72 hours**
+ Continue treatment for **4 weeks**, if tolerated
  (Can be discontinued if source patient is determined to be HIV-negative)
+ Post-exposure testing to **monitor** for seroconversion recommended at **6 weeks, 12 weeks, and 6 months**

Kuhar DT, Henderson DK, Struble KA, et al. Updated US Public Health Service guidelines for the management of occupational exposures to human immunodeficiency virus and recommendations for postexposure prophylaxis. Infect Control Hosp Epidemiol. 2013;34(9).

Most common regimens for HIV PEP



Drug	Regimen	AWP	Comments
Truvada® (emtricitabine-tenofovir)	1 tablet (200-300mg) orally once daily x4 weeks	$73.69/tablet **Generic**: $70/tablet	Tolerable, potent, minimal drug interactions; Contraindicated in renal disease; Generics released in 2020
Isentress® (raltegravir)	1 tablet (400mg) orally twice daily x4 weeks	$38.21/tablet	Safe in pregnancy; Highly effective and well-tolerated; Cost-effective compared to Tivicay®
Tivicay® (doultegravir)	1 tablet (50mg) orally once daily x4 weeks	$90.29/tablet	Avoid in pregnant women and women of childbearing potential; Higher genetic barrier to resistance than Isentress®

Centers for Disease Control and Prevention (U.S.). (2018). Interim Statement Regarding Potential Fetal Harm from Exposure to Dolutegravir – Implications for HIV Post-exposure Prophylaxis (PEP). Available: https://stacks.cdc.gov/view/cdc/80420

Risks of Noncompliance

There is no cure and therefore medications will be continued indefinitely

+ HIV may become treatment resistant
  - Suboptimal compliance leads to acquired resistance
  - Fewer medications can treat the HIV
  - Use of highly expensive medications may be required
+ PEP is a highly cost-effective intervention

Estimated lifetime cost of HIV in 2019 = **$420,285**

Estimated cost of a 4-week PEP treatment (preferred regimen with generic Truvada®) = **$4,100**

Spach DH, Kalapila AG. Occupational postexposure prophylaxis. National HIV Curriculum.
Pennings PS. HIV Drug Resistance: Problems and Perspectives. Infect Dis Rep. 2013;5(Suppl 1):e5.
Bingham A, Shrestha RK, Khurana N, Jacobson E, Farnham PG. Estimated Lifetime HIV-Related Medical Costs in the United States. Sexually Transmitted Diseases. 2021;48(4)

Poll Question #2

HEPATITIS C

Antivirals

Hepatitis C Virus (HCV)

HCV is a bloodborne pathogen that infects the liver

+ If left untreated, an acute infection can:
  - Spontaneously clear (25-45% of acute infections)
  - Become chronic and progress to eventual liver failure and death
+ Rare in the workers' compensation population
+ Most common risk factor: injection drug use

Healthcare workers' risk of HCV infection based on exposure	
Percutaneous	0.2% risk
Mucous membrane	0.0% risk

Testing and Treatment Guidelines

Testing

CDC Guidance for Healthcare Personnel

+ Does not recommend PEP
+ Testing HCP schedule
  - Test within 48 hours to rule out pre-existing chronic infection
  - Test 3-6 weeks post-exposure
  - Test 4-6 months post-exposure
+ Initiate direct-acting antiviral (DAA) therapy if positive

Treatment

American Association for the Study of Liver Diseases (AASLD) and Infectious Diseases Society of America (IDSA) 2023 Guidelines

+ Confirmed acute HCV infection should be treated without awaiting spontaneous clearance
+ Prior to treatment, determine:
  - Viral genotype
  - If patient has cirrhosis
  - If patient has previously been treated for HCV

Moorman AC, Perio MA, Goldschmidt R, et al. Testing and Clinical Management of Health Care Personnel Potentially Exposed to Hepatitis C Virus. Centers for Disease Control and Prevention – Recommendations and Reports.
Battacharya D, Asonsohn A, Price J, Lo Re V; AASLD-IDSA HCV Guidance Panel. Hepatitis C Guidance 2023 Update: AASLO-IDSA Recommendations for Testing, Managing, and Treating Hepatitis C Virus Infection.

Direct-Acting Antiviral (DAAs) for Genotype 1 Infection

+ Genotype 1 is found in over 70% of HCV infections
+ Most common genotype in U.S.
+ Subtypes 1a and 1b (1b is more severe)
+ Costs of regimens have been stable in recent years
+ **DAAs have a cure rate >90%**

Drug	Regimen	Comments
Zepatier® (elbasvir/grazoprevir)	1 tablet orally once daily for 12 weeks	Recommended for 1b only; Alternative for 1a due to required testing; Most cost-effective
Mavyret® (glecaprevir/pibrentasvir)	3 tablets orally once daily for 8 weeks	Same regimen for type 1a/1b
Epclusa® (sofosbuvir/velpatasvir)	1 tablet orally once daily for 12 weeks	Same regimen for type 1a/1b with or without cirrhosis; Generic available
Harvoni® (sofosbuvir/ledipasvir)	1 tablet once daily for 8 - 12 weeks	Same regimen for type 1a/1b; course duration may shorten to 8 months for patients without cirrhosis, HIV uninfected and have viral levels under 6 million IU/mL; Generics available

Risk of Noncompliance to Hep C treatment

+ Adversely effects sustained virologic response
+ Non-treatment/noncompliance can lead to expensive complications (i.e., liver transplant)
+ DAA therapy is a highly cost-effective intervention

11-40% of patients are noncompliant

Average cost of liver transplant is **$878,400**

Manos MM, Shvachko VA, Murphy RC, Arduino JM, Shire NJ. Distribution of hepatitis C virus genotypes in a diverse US integrated health care population. 2012.

Ewumi O, Soliman M. How much does a liver transplant cost? Medical News Today. 2024

Inflammatory Conditions

DMARDs

Inflammatory Conditions

While genetic predisposition is generally the cause of these conditions, claims have been accepted as compensable

Rheumatoid Arthritis

+ Chronic, progressive autoimmune disorder
+ Symmetrically affects the joints, typically hands, feet, wrists, elbows, knees, and ankles
+ Inflammation results in swelling and pain

Ankylosing Spondylitis

+ Arthritis that causes inflammation of joints near lower spine and pelvis
+ Affects sacroiliac joints and causes spinal fusion
+ Abnormal stiffening, immobility of the joint, and pain in buttocks, lower back, and legs

Disease-Modifying Antirheumatic Drugs (DMARDs)

Stop or slow disease progression in inflammatory forms of arthritis

Conventional Synthetic DMARDs	Biologics	Targeted Synthetic DMARDs
Immunosuppressive and Immunomodulatory agents	Tumor Necrosis Factor (TNF)-Inhibitors (pro-inflammatory cytokine)	Janus Kinase Inhibitors immune modulating medication
Broader effect on the immune system	Effective for autoimmune conditions associated with inflammation Black box warnings: • Severe infections • Malignancies, especially lymphomas	Block precise pathways inside immune cells
Examples • Methotrexate • Leflunomide • Sulfasalazine • Hydroxychloroquine	**Examples** • Humira® (Adalimumab) • Enbrel® (Etanercept)	**Examples** • Xeljanz® (Tofacitinib) • Olumiant® (Baricitinib)

Rheumatoid Arthritis Treatment Guidelines

American College of Rheumatology 2021 Guidelines

Goal: Lower disease activity or remission	First-Line		Second Line	If not a Target…
Treat to target approach	**Methotrexate** Conventional synthetic DMARDs can be considered	+	**TNF-inhibitor** Biologic or targeted synthetic DMARDs can be considered	Switch to a biologic/targeted synthetic DMARD of a different class

Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. 2021.

Deodhar A, Gensler LS, et al. 2019 Update of the American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network Recommendations for the Treatment of Ankylosing Spondylitis and Nonradiographic Axial Spondyloarthritis. 2019.

Ankylosing Spondylitis Treatment Guidelines

American College of Rheumatology 2019 Guidelines

	First-Line		Second Line	If not a Target…
Active Ankylosing Spondylitis	**Continuous NSAID treatment**	+	**TNF-inhibitor** Could consider methotrexate, Xeljanz® (tofacitinib) or sulfasalazine	Switch to a biologic/targeted synthetic DMARD of a different class
Stable Ankylosing Spondylitis	• Continue **TNF-inhibitor** alone • Use NSAIDs on demand			

Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. 2021.

Deodhar A, Gensler LS, et al. 2019 Update of the American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network Recommendations for the Treatment of Ankylosing Spondylitis and Nonradiographic Axial Spondyloarthritis. 2019.

Tumor Necrosis Factor (TNF)-Inhibitors

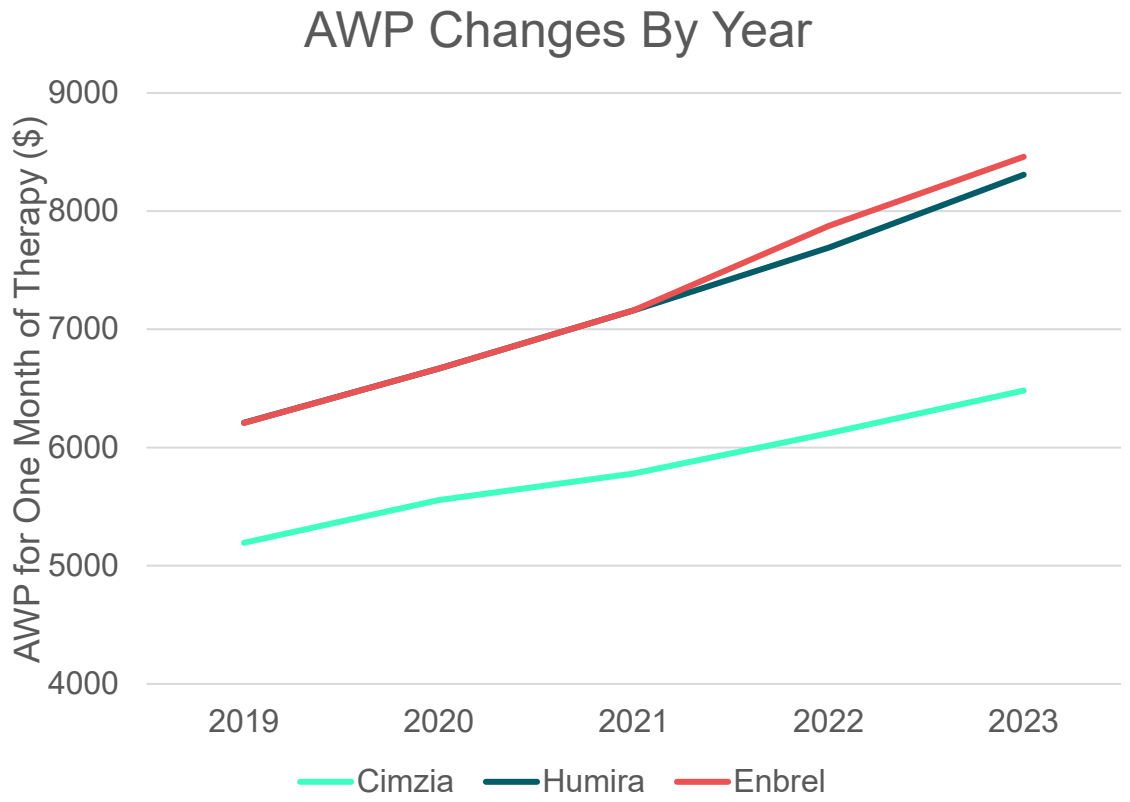
A pro-inflammatory cytokine

TNF-Inhibitor	Route of Administration	Usual Dosing Frequency
Humira® (Adalimumab)	SubQ	Every 1-2 weeks
Enbrel® (Etanercept)	SubQ	Once or twice weekly
Cimzia® (Certolizumab pegol)	SubQ	Every 2-4 weeks
Simponi® (Golimumab)	SubQ/IV	Every 4-8 weeks
Remicade® (Inflixiamb)	IV	Every 6-8 weeks

Managing Cost

Enbrel®, Humira®, and Cimzia® are the top biologic DMARDs utilized

+ Cost of Humira® has risen 34% since 2019
+ **Biosimilars launched in July 2023**
+ Eight Humira® biosimilars on the market
+ First **Enbrel® biosimilar expected in April 2029**
+ No FDA-approved biosimilars for Cimzia®



Risk of Noncompliance

Further joint damage, osteoporosis, carpal tunnel syndrome, heart/lung problems and increased risk of cardiovascular events (i.e., heart attack or stroke)

Factors that may lead to non-compliance

Therapy-related

- Higher healthcare costs
- Tolerability
- Administration
- Convenience

Patient-related

- Age
- Health literacy
- Social support
- Patient beliefs

Average cost of treatment after a severe heart attack is **≈ $1 million dollars**

The National Business Group on Health

Business Group on Health. Addressing Top Cost Conditions: Cardiac Conditions. 2021.

Poll Question #3

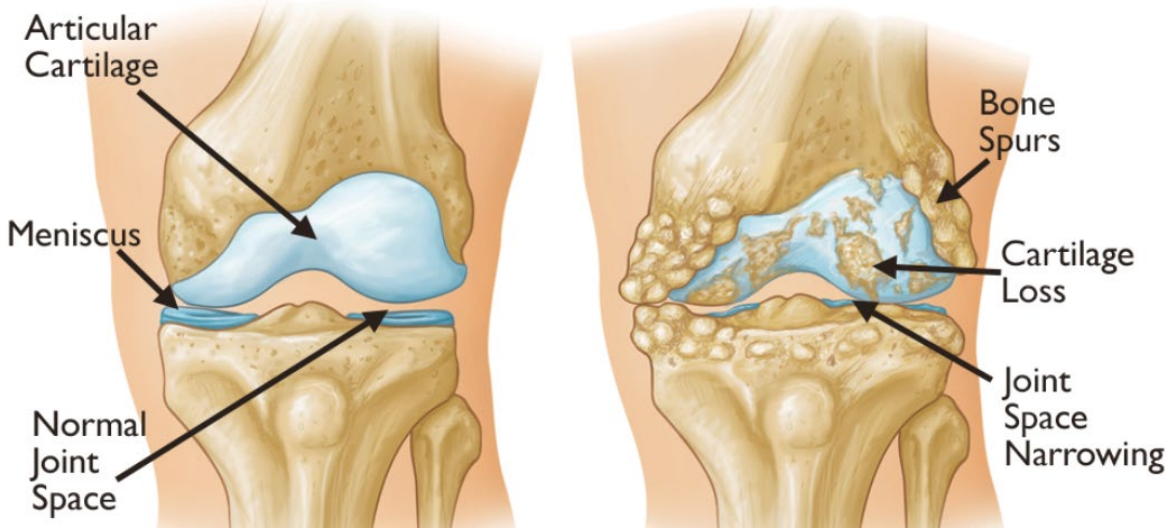
Osteoarthritis

Viscosupplementation

Osteoarthritis (OA)

Degenerative joint disease characterized by the breakdown in cartilage of an affected joint that results in pain, inflammation, and stiffness

+ Common in hands, lumbar/cervical spine, knees, hips, and feet
+ Some might be predisposed genetically
+ Occupations that potentially exacerbate OA include construction, firefighting, fisheries, forestry, mining, agriculture, and healthcare
+ No cure, treatment is to manage pain and maintain mobility



https://orthoinfo.aaos.org/en/diseases--conditions/osteoarthritis/#:~:text=Osteoarthritis%20is%20the%20most%20common,pain%20and%20keep%20people%20active.

American Academy of Orthopaedic Surgeons Management of Osteoarthritis of the Knee 2021 Guidelines

+ Intra-articular corticosteroids could provide short-term relief
+ Oral narcotics are not effective at improving pain
+ **Hyaluronic acid intra-articular injections are not recommended for routine use in treatment of symptomatic OA**

First-line Pharmacologic Therapy	Non-Pharmacologic Therapy
• Acetaminophen • Oral NSAIDs (Motrin®, Aleve®) • Topical NSAIDs (Voltaren® gel)	• Physical and occupational therapy • Lifestyle changes • Exercise • Assistive devices

Brophy RH, Fillingham YA. AAOS Clinical Practice Guideline Summary: Management of Osteoarthritis of the Knee (Nonarthroplasty), Third Edition. J Am Acad Orthop Surg. 2022;30(9).

Hyaluronic Acid Derivatives

+ Viscosupplementation consists of injections of hyaluronic acid, a component normally found in the joint fluid
+ Viscosupplementation costs have been relatively stable
+ Hyaluronic acid derivatives **are not** recommended by guidelines **but are** 4 of the top 10 specialty drugs utilized at MyMatrixx

Cost of treatment = **$1,200-$2,300** per course

Drug	Recommended Dose	Number of Injections per Course	% of Specialty Drug Utilization at MyMatrixx
Synvisc-One®	Inject 48 mg once	1	6.54%
OrthoVisc®	Inject 30 mg once weekly	4	3.93%
Monovisc®	Inject 88 mg once	1	3.93%
Euflexxa®	Inject 20 mg once weekly	3	2.12%
Supartz®	Inject 25mg once weekly	5	1.52%
Synvisc®	Inject 16 mg once weekly	3	1.41%
Hyalgan®	Inject 20 mg once weekly	5	0.64%

MyMatrixx
By EVERNORTH

Chronic Migraine

Botox®

Chronic Migraine

Defined as having headache ≥15 days/month, eight of which that have migraine symptoms (throbbing, unilateral, etc.)

+ Attacks can significantly impair functional ability
+ Increases risk for other health conditions
  (Anxiety, depression, asthma, epilepsy, stroke)
+ Associated with considerable financial burden

Total annual costs for treatment in the U.S. =
$27 Billion

Ailani J, Burch RC, Robbins MS; Board of Directors of the American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. Headache. 2021;61(7):1021-1039.

American Headache Society 2021 Consensus Statement Chronic Migraine Prevention

Goal of therapy

+ Reduce daily migraine headaches by 50%
+ Reduce persistence and severity of pain and associated symptoms
+ Reduce the level of disability
+ Increase functional capacity

First-line Prevention

- Topiramate
- Divalproex
- beta-blocker
- tricyclic antidepressant
- serotonin-norepinephrine reuptake inhibitor
- **Botox®**
- Calcitonin gene-related peptide (CGRP) inhibitor

Ailani J, Burch RC, Robbins MS; Board of Directors of the American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. Headache. 2021;61(7):1021-1039.

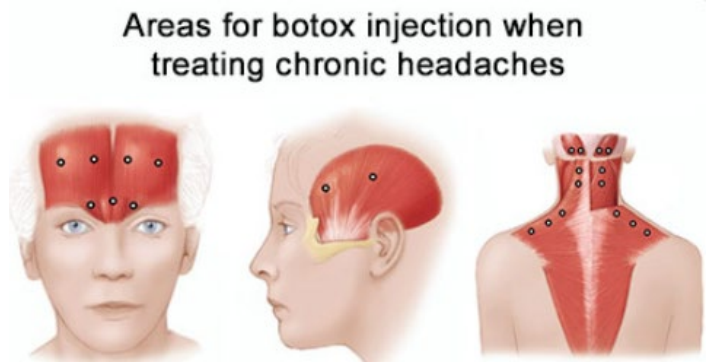
CGRP Inhibitors and Botox®

CGRP inhibitors

+ Blocking CGRP prevents inflammation in membranes covering the brain
+ Available as oral or injectable medications
+ Not classified as specialty despite high costs

OnabotulinumtoxinA (Botox®)

+ Blocks neurotransmitters that carry pain signals
+ Administered in provider's office
+ Classified as specialty



https://www.painfreenyc.com/botox-headache-treatment/

CGRP Inhibitors and Botox®

	Drug	Route of Administration	Dose
Biologics	Aimovig® (erenumab)	SubQ	70 – 140 mg once monthly
	Ajovy® (fremanezumab)	SubQ	225 mg once monthly OR 675 mg every 3 months
	Emgality® (galcanezumab)	SubQ	120 mg once monthly
	Vyepti® (eptinezumab)	IV	100-300 mg every 3 months
Small Molecules	Nurtec® ODT (rimegepant)	Oral	75 mg every other day
	Qulipta® (atogepant)	Oral	60 mg daily
	Botox® (onabotulinumtoxinA)	IM	155 units every 3 months

Other Botox® Uses in Workers' Compensation

Condition Treated	Recommended as First-Line Agent	Dosing & Frequency	First-Line Pharmacologic Options for Condition
Chronic Migraine	Yes	Max 155 units every 12 weeks	BoNT-a, topiramate, divalproex, beta-blocker, tricyclic antidepressant, serotonin-norepinephrine reuptake inhibitor
Upper Limb Spasticity	Yes	Max 200 units every 12 weeks	Focal: BoNT-a, BoNT-B Generalized: baclofen, tizanidine
Lower Limb Spasticity	Yes	Max 75 units every 12 weeks	
Cervical Dystonia	Yes	198 – 300 units every 8 weeks	BoNT-A
Neurogenic Bladder	No	Max 200 units every 12 weeks	Oral anticholinergic agents (i.e. oxybutynin, tolterodine, solifenacin)

Takeaways

Takeaways

Specialty drugs have a massive impact on healthcare spending

Collaboration between patient care stakeholders may lead to improved health outcomes while maintaining cost of therapy

Seek solutions that improve the injured worker's health while promoting financial accountability

Effective Cost-Reduction Strategies

- Trend management
- Patient education
- Days' supply programs
- Therapy management
- Dosing and regimen optimization
- Value-based solutions
- Physician engagement

Demystifying Drug Pricing in Workers' Compensation. Part Three: The Impact of Specialty Drugs.

Thank you!

If you meet the requirements for CE credit, you will receive an email from the CEU Institute on our behalf within 48 hours after the webinar. The email will contain a link that you will use to submit for your CE credits. (Make sure you check your junk mail!)

You must complete this task within 72 hours.

Watch for information on our next CE webinar!
Pharmacy Benefit management 101
January 21, 2025

MyMatrixx
By EVERNORTH

References

1. Demystifying Drug Pricing in Workers' Compensation: Part Three: The Impact of Specialty Drugs. 2023 Report Series. Available: https://www.mymatrixx.com/thought-leadership/research-papers
2. Schilling B. Specialty Drug Costs Poised to Skyrocket but Many Employers Have Yet to Take Note. The Commonwealth Fund. Available: https://www.commonwealthfund.org/publications/newsletter-article/specialty-drug-costs-poised-skyrocket-many-employers-have-yet-take
3. Overview for Health Care Professionals. U.S. Food & Drug Administration. Available: https://www.fda.gov/drugs/biosimilars/overview-health-care-professionals
4. Pine L. Breaking Down Barriers: Why Biosimilars Face Resistance in the US Market. HCP Live. 2023. Available: https://www.hcplive.com/view/breaking-down-barriers-why-biosimilars-face-resistance-us-market
5. Long-term Market Sustainability for Infused Biosimilars in the U.S. Foundational Analytics on Emerging Risks to Sustainability. IQVIA. 2024. Available: https://www.iqvia.com/insights/the-iqvia-institute/reports-and-publications/reports/long-term-market-sustainability-for-infused-biosimilars-in-the-us
6. Stevens SM. Woller SC, Kreuziger LB, et al. Antithrombotic Therapy for VTE Disease: Second Update of the CHEST Guideline and Expert Panel Report. Chest. 2021;160(6):e-545-e608.
7. Tun HN, Kyaw MT, Rafflenbeul E, Suastegui XL. Role of Direct Oral Anticoagulants for Post-operative Venous Thromboembolism Prophylaxis. Eur Cardiol. 2022;17e11.
8. Impact of Blood Clots on the United States. Centers for Disease Control and Prevention. Available: https://www.cdc.gov/ncbddd/dvt/infographic-impact.html#:~:text=Blood%20Clots%20Are%20Costly,in%20readmission%20to%20the%20hospital.
9. Kuhar DT, Henderson DK, Struble KA, et al. Updated US Public Health Service guidelines for the management of occupational exposures to human immunodeficiency virus and recommendations for postexposure prophylaxis [published correction appears in Infect Control Hosp Epidemiol. 2013 Nov;34(11):1238. Dosage error in article text]. Infect Control Hosp Epidemiol. 2013;34(9):875-892.
10. Centers for Disease Control and Prevention (U.S.). (2018). Interim Statement Regarding Potential Fetal Harm from Exposure to Dolutegravir – Implications for HIV Post-exposure Prophylaxis (PEP). Available: https://stacks.cdc.gov/view/cdc/80420
11. Spach DH, Kalapila AG. Occupational postexposure prophylaxis. National HIV Curriculum. Last Updated: 15 May 2023. Accessed: 28 Aug 2023. Available: https://www.hiv.uw.edu/go/prevention/occupational-postexposure-prophylaxis/core-concept/all
12. Pennings PS. HIV Drug Resistance: Problems and Perspectives. Infect Dis Rep. 2013;5(Suppl 1):e5.
13. Bingham A, Shrestha RK, Khurana N, Jacobson E, Farnham PG. Estimated Lifetime HIV-Related Medical Costs in the United States. Sexually transmitted Diseases. 2021;48(4):299-304.
14. Moorman AC, Perio MA, Goldschmidt R, et al. Testing and Clinical Management of Health Care Personnel Potentially Exposed to Hepatitis C Virus. Centers for Disease Control and Prevention – Recommendations and Reports. 2020;69(6):1-8.
15. Battacharya D, Asonsohn A, Price J, Lo Re V; AASLD-IDSA HCV Guidance Panel. Hepatitis C Guidance 2023 Update: AASLO-IDSA Recommendations for Testing, Managing, and Treating Hepatitis C Virus Infection. Clin Infect Dis. 2023.
16. Manos MM, Shvachko VA, Murphy RC, Arduino JM, Shire NJ. Distribution of hepatitis C virus genotypes in a diverse US integrated health care population. J Med Virol 2012;84:1744–50.
17. Ewumi O, Soliman M. How much does a liver transplant cost? Medical News Today. 2024. Available: https://www.medicalnewstoday.com/articles/how-much-does-a-liver-cost
18. Lemanske RF Jr. Inflammatory events in asthmaL an expanding equation. J Allergy Clin Immunol. 2000;105(6 Pt 2):S633-S636.
19. Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. Arthritis Care Res (Hoboken). 2021;73(7).
20. Deodhar A, Gensler LS, et al. 2019 Update of the American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network Recommendations for the Treatment of Ankylosing Spondylitis and Nonradiographic Axial Spondyloarthritis. Arthritis Care Res (Hoboken). 2019;71(10).
21. Buntz B.The best-selling pharmaceuitcals of 2023: Immunology and oncology return to prominence. Drug Discovery and Developent. 2023. Available: https://www.drugdiscoverytrends.com/best-selling-pharmaceuticals-2023/#:~:text=In%20terms%20of%20overall%20bestsellers,%246.111%20billion%20in%20collective%20revenue.
22. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention, 2023. Updated July 2023. Available from: www.ginasthma.org
23. Brophy RH, Fillingham YA. AAOS Clinical Practice Guideline Summary: Management of Osteoarthritis of the Knee (Nonarthroplasty), Third Edition. J Am Acad Orthop Surg. 2022;30(9).
24. Ailani J, Burch RC, Robbins MS; Board of Directors of the American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. Headache. 2021;61(7):1021-1039.
25. McClure LA, Koru-Sengul T, Hernandez MN, et al. Availability and accuracy of occupation in cancer registry data among Florida firefighters. PLoS One. 2019;14(4):e0215687.
26. Special Exposure Cojhort. NIOSH Radiation Dose Reconstruction Program. Centers for Disease Control and Prevention. Available: https://www.cdc.gov/niosh/ocas/ocassec.html
27. Cancer and Chronic Illness Presumptions in Workers' Compensation. An Overview of the States. IWP. Available: https://www.iwpharmacy.com/cancer-and-chronic-illness-presumptions-in-workers-compensation