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Express Scripts
One Express Way
St. Louis, Missouri 63121

Dear Express Scripts Drug Utilization Review Board,

As Co-Chairs of the Congressional Arthritis Caucus, we write to you with concerns about the recent changes to Express Scripts policies related to the 2014 National Preferred Formulary that exclude four widely used immunosuppressant biologics.

Beginning January 1, 2014, under Express Scripts ‘Preferred Drug List Exclusions’, new patients covered by an Express Scripts commercial plan are no longer able to refill Cimzia, Simponi, Stelara and Xeljanz with cost-sharing, but must pay the full price. These biologics can cost $30,000 per year.

Express Scripts offers patients the alternative of consulting with their physician and requesting that the physician prescribe one of two immunosuppressant biologics—Enbrel and Humira—(selected for inclusion in the 2014 Preferred Drug List Exclusions) that Express Scripts deemed equally safe and effective treatments for the physician’s diagnosis.

Four drugs that are FDA-approved for arthritis—Remicade, Ocrenia, Rituxan and Actemra—are not on the ‘Excluded Medications’ or ‘Covered Alternatives’ lists contained in the 2014 Preferred Drug List Exclusions published by Express Scripts.

In light of these facts, we are concerned about the potential impact that these changes will have on the health conditions of approximately 400,000 of the Express Scripts beneficiaries who suffer from autoimmune forms of arthritis. Immunosuppressant biologics are critical in the treatment of arthritis but not all of them work for everyone. Efforts to define the serologic profile, or the severity of the disease state of drug recipients have yet to determine which arthritis patients 'match-up' with a specific drug. The likelihood of an individual patient's risk for injection site reactions, retention times on the drug, the development of neutralizing antibodies and tolerance (requiring higher doses of the drug with consequent increases in
infection risk) are not known at the present time.

1. In the absence of prediction rules as to who is best suited for a specific drug, what criteria or data has the Express Scripts Drug Utilization Board referred to in determining that the two chosen therapies are as safe and effective for all patients as the four excluded therapies and the four therapies neither excluded nor included?

2. Although it appears that current patients will be grandfathered on their therapy, newly diagnosed and new patients to Express Scripts will not have this option. Has Express Scripts considered the potential for added costs associated with interrupting a stable arthritis patient’s treatment for the cohorts noted above?

In a Global Healthy Living Foundation study last fall that included low-income people with RA, 50 percent of respondents said that the cost of an RA drug determined by their health plan was the number one barrier to care. Thirty percent of them had to pay more than $100 per dose to get the drug their doctor prescribed. Express Scripts’ new Preferred Drug List Exclusions seem to exacerbate this cost-based barrier to care by dramatically increasing the cost of certain drugs.

We appreciate your attention to our concerns and we look forward to your timely response.

Sincerely,

David McKinley  
Member of Congress

Anna G. Eshoo  
Member of Congress