Impact of biosimilar strategies on cost savings and utilization trends of adalimumab products among United States health plans

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Background

- Humira® (adalimumab) has more than $200 billion in global sales since approval in 2002.[1]
- Currently, ten adalimumab biosimilars have been approved by the FDA.[2]
- Biosimilars are generally used as lower-cost alternatives to the originator product to reduce spending on biologics.
- However, different biosimilar strategies used by commercial health plans may inhibit the utilization of biosimilars and result in a suboptimal net reduction in plan spend.[3-5]

Objective

- To examine the effect of biosimilar strategies employed by US health systems on the utilization of adalimumab products and plan spend.

Methods

- A retrospective claims-based analysis of adalimumab products was conducted with data from three large US health systems, each using distinct biosimilar strategies in 2024.
  1. Traditional: Humira AND biosimilars are preferred.
  2. Low Wholesale Acquisition Cost (Low-WAC): Formulary unbranded biosimilars are preferred over Humira.
  3. Payor Access Strategy (PAS): A direct contracting program involving the payors, pharmaceutical manufacturers, and contract pharmacies. Formulary biosimilars are preferred over Humira.
- Claims data was collected 6 months before and after the health system transitioned from Traditional to Low-WAC or PAS (total 12 months). Claims data in 2024 was collected for the health system remaining on Traditional.
- Utilization was measured based on pharmacy claim count.
- Plan spend was measured based on ingredient cost of adalimumab products calculated per member per month (PMPM).

Results

Figure 1. Claim count and ingredient cost PMPM of adalimumab products with the Traditional strategy

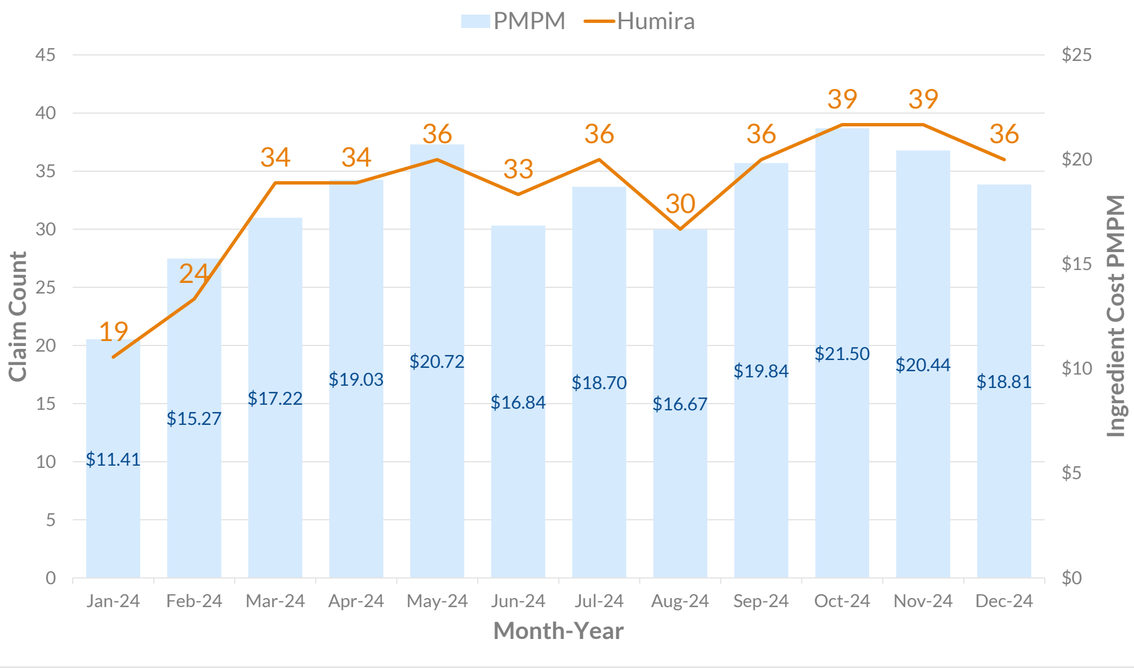

Figure 2. Claim count and ingredient cost PMPM of adalimumab products with the Low-WAC strategy

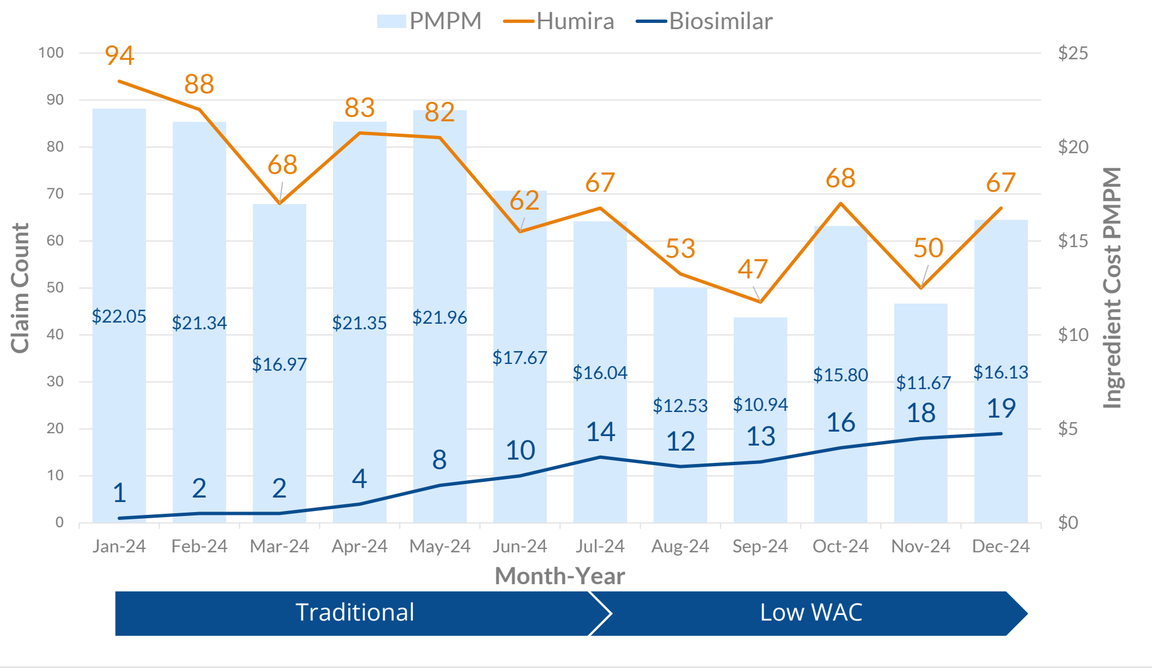

Figure 3. Claim count and ingredient cost PMPM of adalimumab products with the Payor Access Strategy

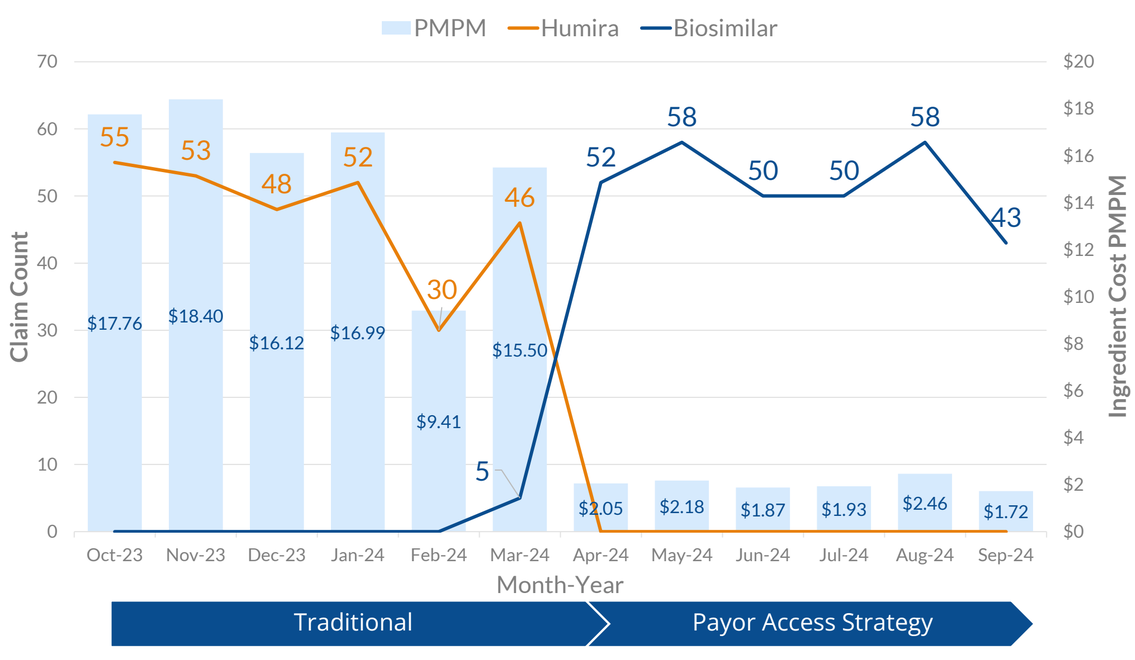

Table 1. Change in biosimilar share and ingredient cost PMPM of adalimumab products among health systems

Health System (Membership)	Biosimilar Share			Ingredient Cost PMPM		
	Pre-Period	Post-Period	Change	Pre-Period	Post-Period	Change (% Change)
Traditional (~15,000)	0%		-	$18.04		-
Low-WAC (~32,000)	5.36%	20.72%	15.36%	$20.22	$13.85	-$6.37 (-31.5%)
PAS (~25,000)	1.73%	100.00%	98.27%	$15.70	$2.04	-$13.66 (-87.0%)

Conclusion

- The PAS biosimilar strategy resulted in a faster uptake of biosimilar products and savings versus Traditional and Low-WAC.
- The Low-WAC biosimilar strategy showed biosimilar uptake and savings, but the rate of change was less dramatic.

Limitations

- Possible use of 340B pricing and grandfathering for existing Humira utilizers may have affected rate of biosimilar utilization.
- Rebates are not calculated in ingredient cost but may contribute to a net reduction in plan spend.

References

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