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Understanding pharmacy benefit manager adoption of Humira biosimilars and identifying their preferred Humira biosimilars in comparison with Humira

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Introduction

The US has the highest healthcare-related spending in the world, much of which stems from rising drug costs.[1] Broader access to lower-cost treatment alternatives, such as biosimilars, could play a key role in easing the burden on patients.[2] Humira®, for example, is currently one of the world's top-grossing biologics, with over US$200 billion in global sales since its approval by the Food and Drug Administration in 2002 for the treatment of rheumatoid arthritis.[3] In 2023, Humira's patent exclusivity in the USA lapsed, which paved the way for branded-equivalent biosimilars such as Cyltezo®, Abrilada®, and Yusimry®. Biosimilars offer safe and effective alternatives to brand-name therapeutics and are typically offered to patients at a lower cost, potentially providing savings on out-of-pocket costs.[4-5] Yusimry®, for instance, can cost less than US$1,000 for a two-syringe kit (85% discount) compared with US$7,000 or more for a two-syringe kit of Humira®.[6] Despite the advantages of biosimilars, coverage and interchangeability could vary and are often limited across pharmacy benefit managers (PBM). Drugs that are not covered by PBMs may require prior authorization in addition to quantity limits, leaving PBMs with an opportunity to improve ease of access by expanding coverage. In this study, we aimed to elucidate the extent to which Humira® biosimilars were covered by top three PBMs in the US and determine which biosimilars have been adopted by PBMs most often.

Methods

A review of a publicly available database (Statista) was conducted to identify the top-five PBMs in the US, as determined by their market share. Eight PBM formularies for 2024 were reviewed to determine which of the nine branded-equivalent biosimilars were covered. Findings were then collated and compared with the PBMs' coverage of Humira®. It was then determined which of the nine biosimilars were designated as a preferred treatment option compared with Humira®.

Results

CVS Health, Cigna, United Health, Humana, and Prime Therapeutics, respectively, were identified as the top-five PBMs in the US, as determined by their 2022 market shares. The branded-equivalent biosimilars identified in our search were Amjevita®, Hyrimoz®, Cyltezo®, Yuflyma®, Idacio®, Yusimry®, Hulio®, Abrilada®, and Hadlima® (Table 1). Based on our review of formularies, which was conducted on January 4, 2024, adoption of the nine Humira® biosimilars was limited among the top-five PBMs (and a follow-up review was conducted prior to submitting a poster to ensure formularies had not changed). Only four of the nine biosimilars were covered by at least one PBM, leaving a total of five, including Yuflyma®, Idacio®, Yusimry®, Hulio®, and Abrilada®, that were not covered by any of the top-five PBMs. Hadlima® was covered by the most PBMs, including Cigna, United Health, Humana, and Prime Therapeutics. Hyrimoz® (both brand and generic) was covered by three PBMs: CVS Health, Cigna, and United Health. Amjevita® was covered by United Health and Prime Therapeutics, and Cyltezo® was covered by Cigna and United Health. Hadlima®, Hyrimoz®, and Cyltezo® were also preferred choices when covered, and there were only two instances in which both branded and generic drugs were covered and preferred by a PBM: Hyrimoz® coverage under CVS Health and Hyrimoz® coverage under Cigna. United Health covered the most biosimilars at four, followed by Cigna at three, and Prime Therapeutics at two. For two PBMs (CVS Health and Humana), only one alternative to Humira® was covered, and for Humana, Humira® was the preferred option. Brand-name Humira® was universally covered and preferred by all five PBMs included in the study, with the exception of CVS Health, which covered Humira® but designated Hyrimoz® as the preferred treatment option. Only two of the nine biosimilars were identified as interchangeable: Cyltezo® and Abrilada®.

Table 1: Coverage of Humira biosimilars by selected PBMs

Drug[9]	Inter-changeability with Humira	CVS Health/ Caremark[11] Preferred: 1	Cigna (Express Scripts)[10] Preferred: >1	United-Health[15] (OptumRx) Preferred: >1	Humana[13]	Prime Therapeutics[16-17] Preferred: >1
Humira (adalimumab)	Biologic	Covered (will be removed in April 1)[12]	Covered, preferred	Covered, preferred	Covered, preferred	Covered, preferred
Amjevita (adalimumb-atto)	Not Inter-changeable	Not covered	Not covered	Brand covered	Not covered	Covered, preferred
Hyrimoz (adalimumab-adaz)	Not Inter-changeable	Brand and generic covered, preferred	Brand and generic covered, preferred	Generic covered, preferred	Not covered	Not covered
Cyltezo (adalimumab-adbm)	Inter-changeable[7]	Not covered	Covered, preferred	Covered, preferred	Not covered	Not covered
Yuflyma (adalimumab-aaty)	Not Inter-changeable	Not covered	Not covered	Not covered	Not covered	Not covered
Idacio (adalimumab-aacf)	Not Inter-changeable	Not covered	Not covered	Not covered	Not covered	Not covered
Yusimry (adalimumab-aqvh)	Not Inter-changeable	Not covered	Not covered	Not covered	Not covered	Not covered
Hulio (adalimumab-fkjp)	Not Inter-changeable	Not covered	Not covered	Not covered	Not covered	Not covered
Abrilada (adalimumab-afzb)	Inter-changeable[8]	Not covered	Not covered	Not covered	Not covered	Not covered
Hadlima (adalimumab-bwwd)	Not Inter-changeable	Not covered	Covered, preferred	Covered, preferred	Covered	Covered, preferred

Conclusions

Access to biosimilars provides patients with effective and safe treatment alternatives that are typically lower-cost. Expanded access to biosimilars stands to benefit both patients and payers by reducing out-of-pocket spending and providing patients with more accessible treatment options.[14] However, coverage of biosimilars varied across PBMs, with many PBMs failing to cover any biosimilars in addition to their name-brand alternatives. Findings from this study show that five of the nine Humira® biosimilars were not covered by any of the top-five PBMs, and only two biosimilars were covered by three or more PBMs. For many patients, Humira® may therefore be one of only two covered therapies available. Low adoption by PBMs may limit prescribing and clinical uptake of Humira® biosimilars. Drugs that are not covered and not preferred will likely require prior authorization in addition to quantity limits, potentially setting up barriers that may ultimately impact on patients in need of alternatives to their current treatment. Key limitations of our study include the use of a small sample that may not be representative of the broader marketplace and the narrow focus on a single indication. Future studies could include a broader sample and focus on examining the motivation behind the lack of coverage of biosimilars and on how to optimally leverage biosimilar value drivers to help expand coverage.

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