

# Most part D plans cover at least one biologic DMARD

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nonbiologic DMARDS without prior authorizations, at fixed copayments averaging \$5 to \$10 per month.

"Nationally, nearly all Part D plans cover at least one biologic DMARD, but the vast majority require cost sharing sufficiently high to risk significant financial burden to patients," the authors write.

**More information:** [Abstract](#)  
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(HealthDay)—Although most Medicare Part D plans cover at least one biologic disease-modifying antirheumatic drug (DMARD), copayments are high, according to a study published in the June issue of *Arthritis & Rheumatology*.

Jinoos Yazdany, M.D., M.P.H., from the University of California in San Francisco, and colleagues performed a cross-sectional analysis of 2,737 Part D plan formularies in 50 states and Washington, D.C. The percentage of plans covering each DMARD was calculated, as well as the percentage requiring prior authorization and/or coinsurance.

The researchers found that all plans covered at least one biologic DMARD, with 95 percent requiring prior authorization. In 81 to 100 percent of plans, patients were required to pay a coinsurance percentage (averaging 29.6 percent of drug costs) rather than a fixed copayment; the mean out-of-pocket costs were \$2,712 to \$2,774 prior to reaching the catastrophic phase of coverage. Medicare Advantage prescription drug plans covered more individual biologic DMARDs than Medicare Part D stand-alone (55 to 100 percent versus 22 to 100 percent), but the average coinsurance was higher (31.1 versus 29.0 percent). Nearly all plans covered six of nine

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