

BACKGROUND & OBJECTIVE

- Enrollees in different health plans may have differing access to the same drugs.
- CVS' acquisition of Aetna became official in 2019, raising concerns about changes in access for Aetna enrollees.
- In this study, we examined changes in Aetna's specialty drug coverage policies before and after CVS's acquisition of Aetna in 2019.

METHODS

Data Source

- We analyzed data from the Tufts Medical Center Specialty Drug Evidence and Coverage (SPEC) Database, which includes specialty drug coverage decisions issued by 17 of the largest US commercial health plans.
- Coverage policies were current in August 2018 and 2020.
- SPEC contains coverage criteria including:
 1. *Patient subgroup restrictions* (patients must meet particular clinical criteria, e.g., symptoms of particular severity or duration);
 2. *Step therapy protocols* (patients must first try and fail an alternative drug or treatment);
 3. *Prescriber requirements* (a certain type of physician must prescribe a drug);
 4. *Any other type of restriction* (a drug must be used in combination with another treatment)

Analyses

- We compared specialty drug coverage policies for Aetna and CVS pre-merger (August 2018) and two years post-merger (August 2020)
- We analyzed 188 drug-indication pairs for which Aetna and CVS had both issued coverage policies at each time points.
- For each drug-indication pair, at each time point, we examined:
 1. Whether coverage requirements were consistent with each other.
 2. Which health plans coverage requirements became more/less restrictive or were equivalent post-merger.
 3. We focused on changes in subgroup restrictions, step edit requirements, prescriber requirements, and combination restrictions.

RESULTS

Figure 1. Concordance of CVS and Aetna Coverage Policies Pre and Post-Merger (n= 188 drug/indication pairs)

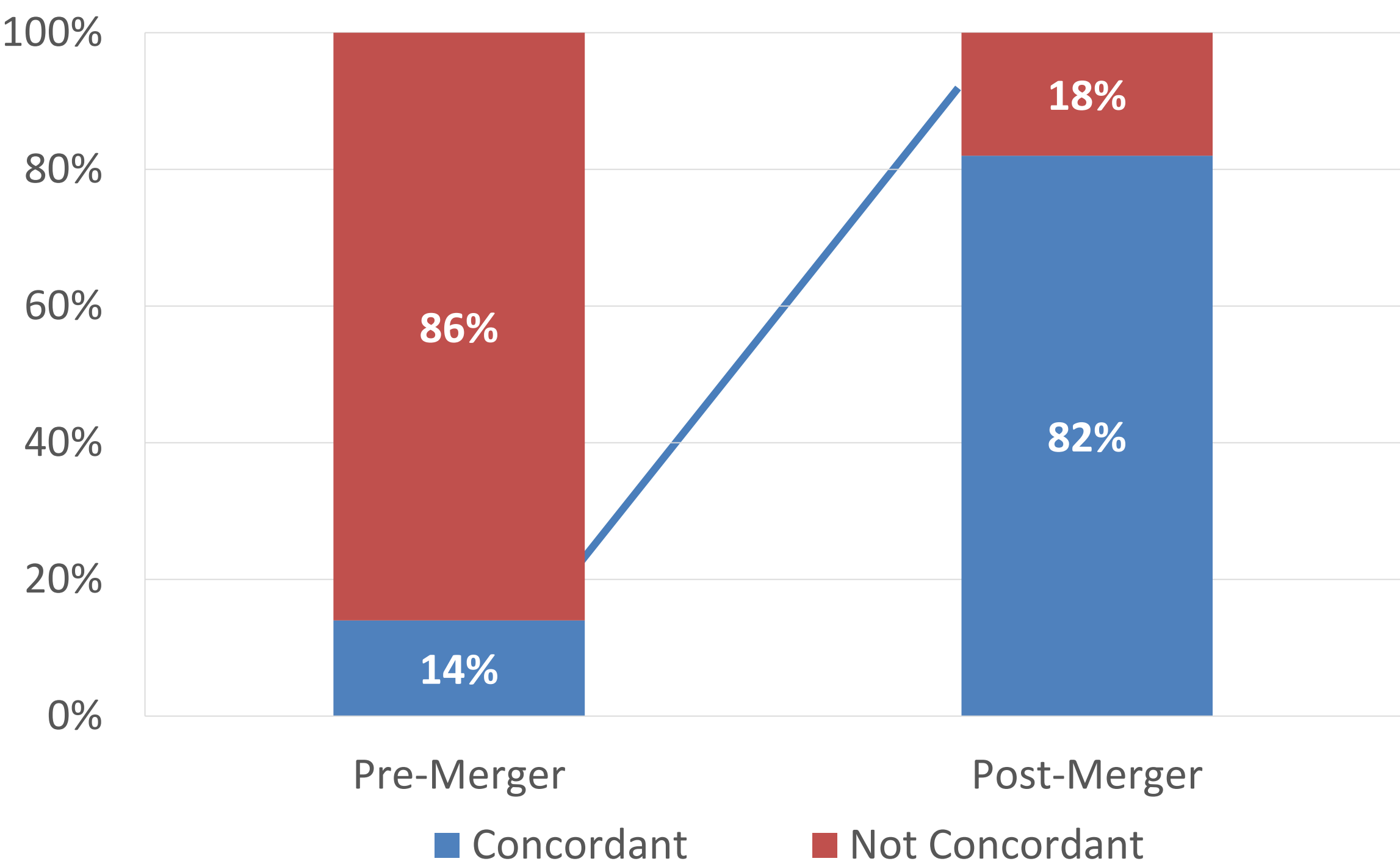
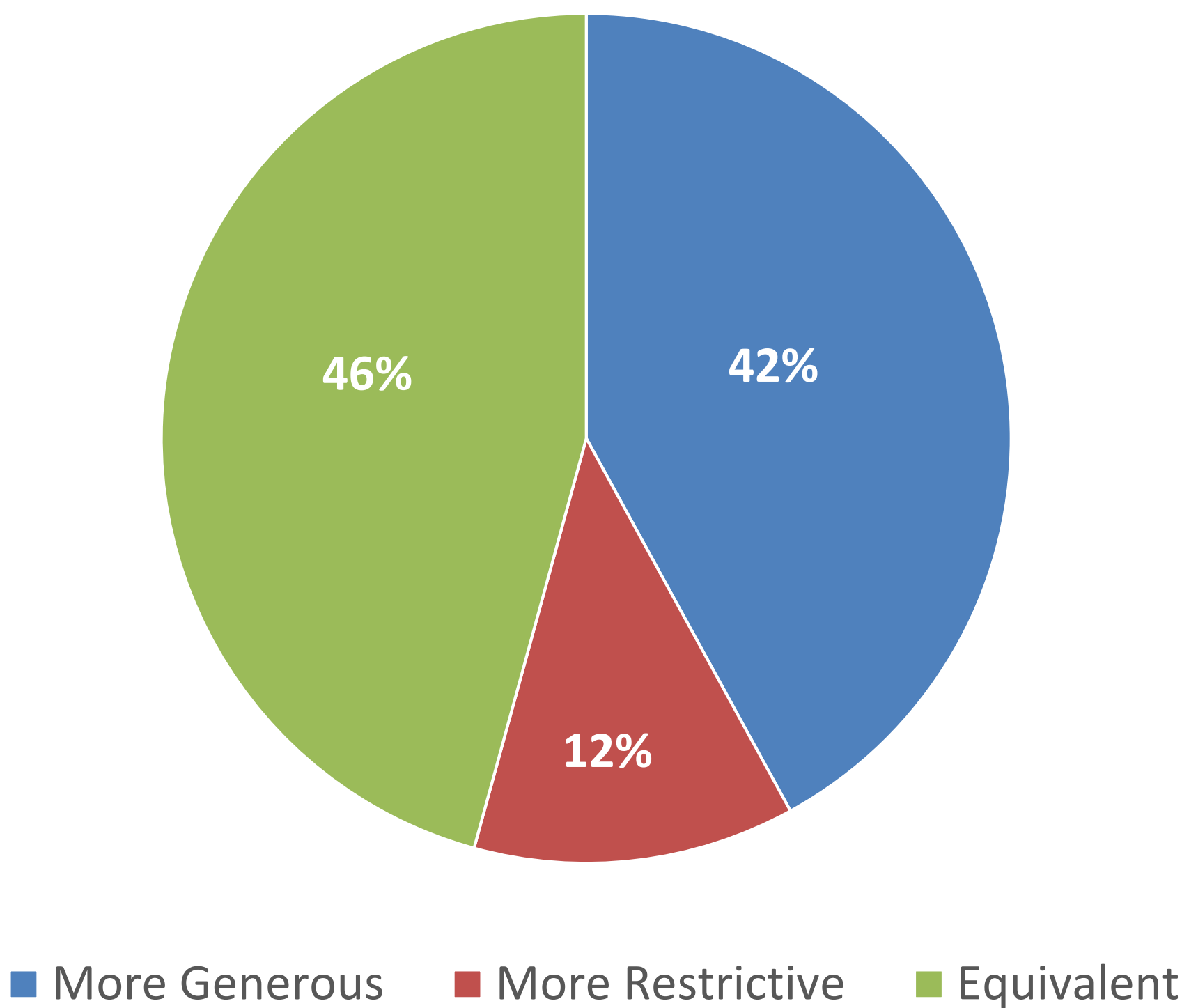


Figure 2. Changes in Aetna Coverage Policies Post-Merger (n=188 drug-indication pairs)



- Of the 188 drug-indication pairs, 14% of Aetna's and CVS's specialty drug coverage policies were consistent pre-merger and 82% were consistent post-merger.
- After the merger, 42% of Aetna's coverage policies became more generous, 12% became more restrictive and 46% remained the same.
- 23 Aetna policies became more restrictive after the merger. This was most often due to adjustments in patient subgroup requirements (56% of changes) and step therapy protocols (35%).

CONCLUSION

- Health plan mergers have implications for patients in terms of premiums, copays, and in/out of network costs; however it was unclear if access to certain therapies would change.
- Our findings suggest that mergers between two health plans do affect how patients access specialty drugs.
- Following CVS' acquisition of Aetna, Aetna's specialty drug coverage policies remained unchanged or became more generous 88% of the time, and became more restrictive 12% of the time.

REFERENCES

1. CVS Health Completes Acquisition of Aetna, Marking Start of Transforming Consumer Health Experience [Internet]. 2018.
2. Tufts Medical Center Specialty Drug Evidence and Coverage (SPEC) Database <https://cevr.tuftsmedicalcenter.org/databases/spec-database>

CONTACT

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