

## Introduction

- Management of moderate-to-severe ulcerative colitis (UC) and Crohn's disease (CD) has shifted from step-up therapy to induction of remission with biologic agents
- This shift is reflected in the most recent ACG and AGA guidelines (2018-2021)<sup>1-4</sup>
- Insurance companies have historically been slow to incorporate clinical practice changes into their policies
- Lack of coverage limits access to appropriate care, and can lead to poorer outcomes and increased medical costs to the patient

## Methods and Materials

### Data Source

- Publicly available (via web browser) policies of the top 50 insurance companies in the US
- Target policies: infliximab, adalimumab, vedolizumab, and tofacitinib

### Data Collection

- Authors, date of last revision, citation of ACG/AGA guidelines, and policy requirement, need to fail conventional therapy, use of biosimilars, and use of first line biologic agents
- Data was compared to the 2018 ACG and 2020 AGA guidelines for UC, and the 2019 ACG and 2021 AGA guidelines for CD

## Results

### Policy Accessibility

- 48/50 largest insurance companies by market value provided health coverage
- 33 (72.34%) had publicly available policies on the coverage of biologics
- No authors of policies were listed

### Guideline Adherence

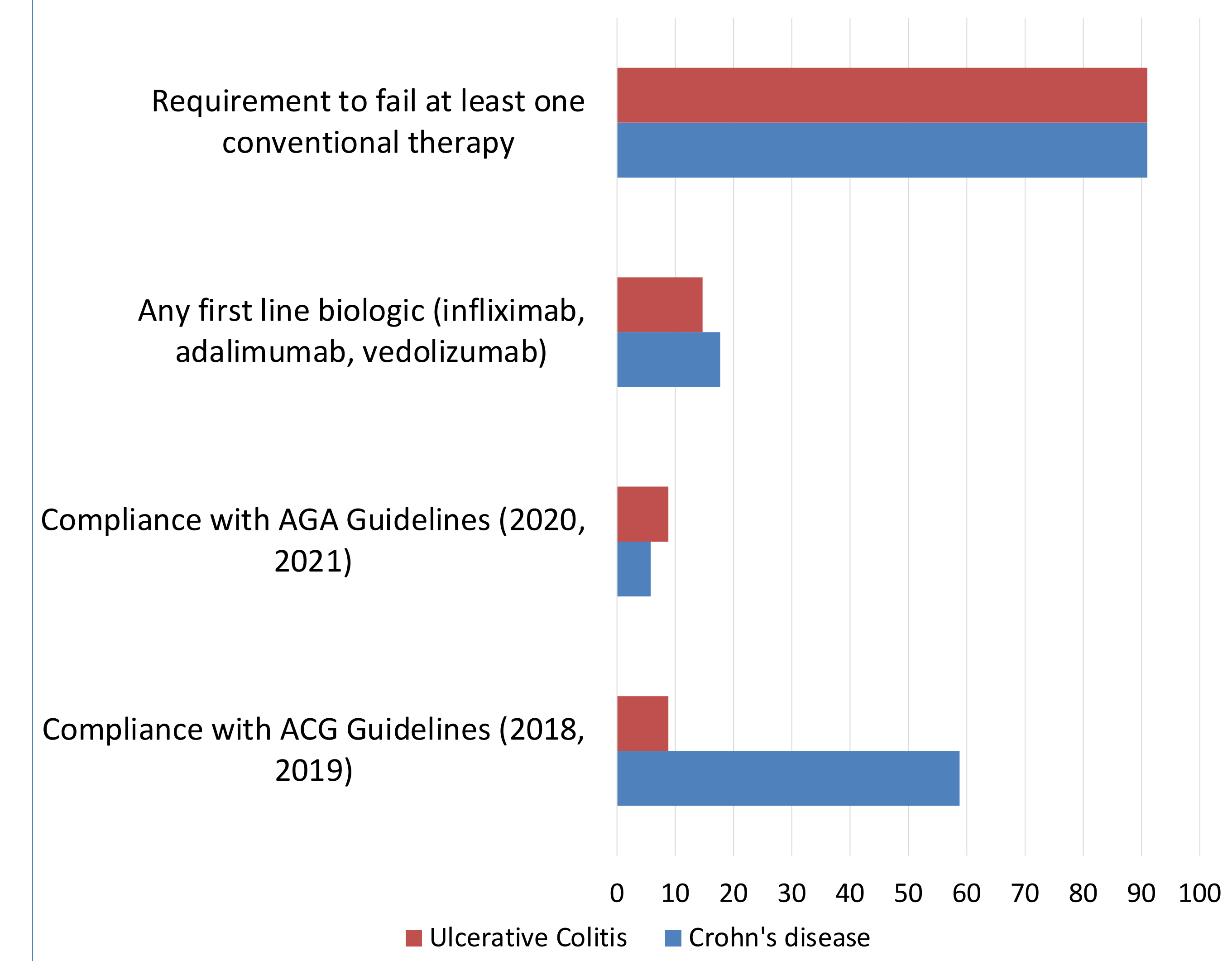
- Policies were last updated from 1/1/2016 to 5/31/2022
- ACG/AGA guidelines were directly quoted in 70.6% of policies
- Of the 34 policies analyzed: (Figure 1)
  - Adherence to ACG/AGA guidelines varied from 5.8%-58.8% for UC and CD
  - Only 14.7% (UC) and 17.7% (CD) of policies permitted any first line biologic therapy
  - Over 90% required failure of at least one conventional therapy for both UC and CD

## Examples of Language Used in Guidelines

Ulcerative Colitis	Crohn's Disease
"History of failure, contraindication, or intolerance to at least one conventional therapy (e.g., 6-mercaptopurine, aminosalicylate, azathioprine, corticosteroids)... and Patient is not receiving infliximab in combination with any of the following: Biologic (DMARD) [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Entyvio (vedolizumab)], Janus kinase inhibitor [e.g., Xeljanz (tofacitinib), Olumiant (baricitinib)]"	"The member has had an inadequate response to or not tolerated immune modulators (ex. azathioprine, 6-MP, methotrexate) OR The member has not responded to steroids or is steroid refractory OR The member has fistulizing disease"

**Table 1:** Example of language used in policies to describe need to fail treatment prior to initiating biologics

## Insurance Companies Percent Adherence to Published Guidelines (n =34)



**Figure 1:** Adherence to Published Professional Society Guidelines  
\*Certain policies have exceptions including hospitalization for UC and certain policies have exceptions including fistulizing disease for CD

## Discussion

- As of 2022, insurance companies that comprise nearly 80% of the market have not adopted the most recent guidelines for IBD management
- Almost every insurance company requires failure of 'conventional therapies' i.e. 5-ASAs, immunomodulators, corticosteroids
- Time required to determine therapeutic failure was inconsistent: 7 days to 6 months

### Reasons for guideline non-adherence

1. Difference in ACG vs AGA recommendations for:
  - Immunomodulator vs anti-TNF as first-line agent
  - Length of corticosteroid treatment before failure short term therapy vs 3-5 days)<sup>1-4</sup>
2. Inability to use immunomodulators concurrently with biologics
3. First line biologics were limited primarily to adalimumab or infliximab

## Conclusions

- Insurance companies in the US have poor adherence to the most recent ACG/AGA guidelines for IBD treatment
- Very few policies permit any first line biologic treatment, and almost all require failure of conventional therapy
- Further work is needed to better understand the implications of these policies on outcomes for patients with moderate to severe IBD

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## References

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