

Comparative Review of RA Biologics and DMARDs Coverage Across 3 Major Health Plans

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When examining the biologics and disease-modifying antirheumatic drugs (DMARDs) landscape for rheumatoid arthritis (RA), the competitive treatment space continues to evolve, particularly with the influx of biosimilars. Biologic DMARDs are frequently prescribed for patients with moderate to severe RA who have not responded to conventional DMARDs, targeting specific components of the immune system to reduce inflammation and slow disease progression. This therapeutic category includes tumor necrosis factor (TNF) inhibitors, Interlukin-6 (IL-6) receptor agonists, Interlukin-1 (IL-1) receptor antagonists, and selective costimulation modulators.

To assess how payers are adapting to the shifting treatment landscape, First Report Managed Care conducted an in-depth analysis of formulary data across 3-Tier and 5-Tier drug plans from Blue Cross Blue Shield (BCBS), Cigna, and UnitedHealthcare. This review aims to uncover disparities in formulary placement, tier designation, and utilization management (UM) strategies such as prior authorization (PA), step therapy (ST), quantity limits (QL), and specialty pharmacy (SP) requirements for both biosimilars and originator biologics.

The data extracted for this analysis included 4 key categories of RA treatments: TNF inhibitors (both originators and biosimilars), IL-6 receptor agonists, IL-1 receptor antagonists, and selective costimulation modulators. Each table identifies tier placement, coverage details, and formulary exclusions, providing insights into how select major health plans are navigating cost management amidst the rising availability of biosimilars. Of note, each insurance plan defines Tier coverage according to organizational standards. Definitions are identified in each table for clarity, and branded drugs are shown in uppercase and generic drugs are lowercase for clarity.

Table 1. TNF Inhibitors (Originators) Formulary Coverage

TNF Inhibitors (Originators)					
Tier 1-5 Plans					
Drug	Tier	Plan	Requirements/ Limits		
ENBREL MINI	5	Cigna ^{2,a}	PA; QL (8/28); NDS		
ENBREL SUBCUTANEOUS SOLUTION	5	Cigna ^{2,a}	PA; QL (8/28); NDS		
ENBREL SUBCUTANEOUS SYRINGE	5	Cigna ^{2,a}	PA; QL (8/28); NDS		
ENBREL SURECLICK	5	Cigna ^{2,a}	PA; QL (8/28); NDS		
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074)	5	Cigna ^{2,a}	PA; QL (4/28); NDS		
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	5	Cigna ^{2,a}	PA; QL (4/28); NDS		
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	5	Cigna ^{2.a}	PA; QL (4/28); NDS		
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	5	Cigna ^{2.a}	PA; QL (2/28); NDS		
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML (PREFERRED NDCS STARTING WITH 00074)	5	Cigna ^{2.a}	PA; QL (2/28); NDS		
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	5	Cigna ^{2,a}	PA; QL (4/28); NDS		
YUFLYMA(CF) AUTOINJECTOR	5	Cigna ^{2,a}	PA; QL (2/28); NDS		
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	5	Cigna ^{2,a}	PA; QL (2/28); NDS		
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	Cigna ^{2,a}	PA; QL (6/28); NDS		
HUMIRA PEN PSKT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	4	BCBS ^{3,b}	PA		
HUMIRA PEN AJKT 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML	4	BCBS ^{3,b}	PA		
SIMPONI SOAJ 50 MG/0.5 ML; SOSY 50 MG/0.5 ML	5	BCBS ^{3,b}	PA		
SIMPONI SOAJ 100 MG/ML; SOSY 100 MG/ML	4	BCBS ^{3,b}	PA		
SIMPONI ARIA SOLN 50 MG/4 ML	5	BCBS ^{3,b}	PA		
CIMZIA KIT 200 MG; PSKT 200 MG/ML	5	BCBS ^{3,b}	РА		
CIMZIA STARTER KIT PSKT 200 MG/ML	5	BCBS ^{3,b}	РА		
ENBREL SOLN 25 MG/0.5 ML; SOSY 25 MG/0.5 ML, 50 MG/ML	4	BCBS ^{3,b}	РА		
ENBREL MINI SOCT 50 MG/ML	4	BCBS ^{3,b}	PA		
ENBREL SURECLICK SOAJ 50 MG/ML	4	BCBS ^{3,b}	РА		

TNF Inhibitors (Originators)				
Tier 1-3 Plans				
Drug	Tier	Plan	Requirements/ Limits	
HUMIRA (2 PEN)	2	UnitedHealthcare ^{4,c}	PA, QL, SP	
HUMIRA (2 SYRINGE)	2	UnitedHealthcare ^{4,c}	PA, QL, SP	
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8 ML	2	UnitedHealthcare ^{4,c}	PA, QL, SP	
SIMPONI	2	UnitedHealthcare ^{4,c}	PA, QL, SP	
ENBREL	2	UnitedHealthcare ^{4,c}	PA, QL, SP	
ENBREL MINI	2	UnitedHealthcare ^{4,c}	PA, QL, SP	
ENBREL SURECLICK	2	UnitedHealthcare ^{4,c}	PA, QL, SP	
CIMZIA (2 SYRINGE)	2	UnitedHealthcare ^{4,c}	PA, QL, SP	
CIMZIA -STARTER	2	UnitedHealthcare ^{4,c}	PA, QL, SP	
CYLTEZO (2 PEN)	Е	UnitedHealthcare ^{4,c}	PA, QL, SP	
CYLTEZO (2 SYRINGE)	E,	UnitedHealthcare ^{4,c}	PA, QL, SP	
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4 ML	Е	UnitedHealthcare ^{4,c}	PA, QL, SP	
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8 ML	Е	UnitedHealthcare ^{4,c}	PA, SP	
YUFLYMA (2 PEN)	Е	UnitedHealthcare ^{4,c}	PA, QL, SP	
YUFLYMA (2 SYRINGE)	E	UnitedHealthcare ^{4,c}	PA, QL, SP	

^aLevel or Tier 1: preferred generic drugs (low-cost); Level or Tier 2: generic drugs (higher-cost); Level or Tier 3: preferred brand drugs; Level or Tier 4: non-preferred brand drugs (higher-cost); Level or Tier 5: specialty tier drugs (highest-cost).

^bLevel or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.

°Level or Tier 1: lower-cost; Level or Tier 2: mid-range cost; Level or Tier 3: highest cost. E: May be excluded from coverage or subject to prior authorization in Connecticut, New Jersey and New York

Abbreviations: BCBS, Blue Cross Blue Shield; PA, prior authorization; NDS, non-extended days' supply; QL, quantity limit; SP, specialty medication.

When it comes to originator TNF inhibitors, BCBS maintains stringent controls, placing most products, including SIMPONI, CIMZIA, and ENBREL MINI, in Tier 4 or 5. This positioning suggests a high costsharing structure aimed at dissuading usage of these originator drugs in favor of lower-cost biosimilars. UnitedHealthcare positions these agents primarily in Tier 2, aligning with its mid-cost tier, though still enforcing PA and specialty pharmacy requirements. ENBREL, HUMIRA, and SIMPONI remain accessible but at a significant cost, reflecting UnitedHealthcare's balancing act between cost containment and access.

Cigna's formulary strategy is striking, as it positions all HUMIRA CF variants in Tier 5, maintaining a high-cost burden while excluding other biosimilars, such as ADALIMUMAB-AATY, despite its similar therapeutic profile. This formulary alignment may indicate a preference for maintaining high rebate agreements with originator manufacturers, potentially at the expense of biosimilar adoption. ²⁻⁴

Table 2. TNF Inhibitors (Biosimilars) Formulary Coverage

TNF Inhibitors (Biosimilars)				
Tier 1-5 Plans				
Drug	Tier	Plan	Requirement/ Limits	
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4 ML; SOSY 40 MG/0.4 ML	4	BCBS ^{3,a}	PA	
ADALIMUMAB-FKJP AJKT 40 MG/0.8 ML; PSKT 20 MG/0.4 ML, 40 MG/0.8 ML	4	BCBS ^{3,a}	РА	
HYRIMOZ SOAJ 40 MG/0.4 ML, 40 MG/0.8 ML; SOSY 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	4	BCBS ^{3,a}	PA	
Tier 1-3 Plans				
ABRILADA (1 PEN)	Е	UnitedHealthcare ^{4,b}	PA, QL, SP	
ABRILADA (2 PENS)	Е	UnitedHealthcare ^{4,b}	PA, QL, SP	
ABRILADA (2SYRINGE)	Е	UnitedHealthcare ^{4,b}	PA, QL, SP	
ADALIMUMAB-AACF (2 PEN)	Е	UnitedHealthcare ^{4,b}	PA, (manufactured by Fresenius), SP	
ADALIMUMAB-AACF (2 SYRINGE)	E	UnitedHealthcare ^{4,b}	PA, (manufactured by Fresenius),QL, SP	
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4 ML	Е	UnitedHealthcare ^{4,b}	PA, (manufactured by Celltrion), QL, SP	

TNF Inhibitors (Biosimilars)				
Tier 1-3 Plans				
Drug	Tier	Plan	Requirement/ Limits	
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8 ML	E	UnitedHealthcare ^{4,b}	PA, (manufactured by Celltrion), SP	
ADALIMUMAB-AATY (2 PEN)	E	UnitedHealthcare ^{4,b}	PA, (manufactured by Celltrion), QL, SP	
ADALIMUMAB-AATY (2 SYRINGE)	E	UnitedHealthcare ^{4,b}	PA, (manufactured by Celltrion), QL, SP	
ADALIMUMAB-ADAZ	2	UnitedHealthcare ^{4,b}	PA, (manufactured by Sandoz), QL, SP	
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4 ML	E	UnitedHealthcare ^{4,b}	PA, (manufactured by Boehringer), QL, SP	
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8 ML	E	UnitedHealthcare ^{4,b}	PA, (manufactured by Boehringer), SP	
ADALIMUMAB-ADBM (2 SYRINGE)	E	UnitedHealthcare ^{4,b}	PA, (manufactured by Boehringer), QL, SP	
ADALIMUMAB-FKJP (2 PEN)	E	UnitedHealthcare ^{4,b}	PA (manufactured by Biocon), QL, SP	
ADALIMUMAB-FKJP (2 SYRINGE)	E	UnitedHealthcare ^{4,b}	PA (manufactured by Biocon), QL, SP	
HADLIMA	E	UnitedHealthcare ^{4,b}	PA, QL, SP	

^aLevel or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.

bLevel or Tier 1: lower-cost; Level or Tier 2: mid-range cost; Level or Tier 3: highest cost. E: May be excluded from coverage or subject to prior authorization in Connecticut, New Jersey and New York

Abbreviations: BCBS, Blue Cross Blue Shield; PA, prior authorization; QL, quantity limit; SP, specialty medication.

Biosimilars in the TNF inhibitor class are experiencing significant growth, driven largely by the market entry of adalimumab biosimilars. For instance, UnitedHealthcare covers a comprehensive list of adalimumab biosimilars, including ABRILADA, ADALIMUMAB-AACF, ADALIMUMAB-AATY, and ADALIMUMAB-ADBM, each categorized as Tier E, indicating that they may be excluded from coverage or subject to prior authorization in Connecticut, New Jersey, and New York. This extensive biosimilar inclusion contrasts with BCBS, which has limited its formulary to a handful of biosimilars under Tier 4, suggesting a higher cost burden for patients.

Cigna's 5-Tier plan shows a strategic decision to focus on originator products like HUMIRA and YUFLYMA, both placed in Tier 5, the highest cost-sharing level.

Key differences emerge in the coverage of HYRIMOZ, a biosimilar to Humira. UnitedHealthcare lists multiple formulations under Tier E, allowing potential exclusion or requiring prior authorization and step therapy, while BCBS restricts HYRIMOZ coverage to Tier 4, maintaining higher cost-sharing. This contrast illustrates how plans are leveraging formulary placement to influence prescribing practices, potentially steering patients toward more cost-effective options or high-rebate originators.



Table 3. Selective Costimulation Modulators Formulary Coverage

Selective Costimulation Modulators				
Tier 1-5 Plans				
Drug	Tier	Plan	Requirement/ Limits	
ORENCIA CLICKJECT	5	Cigna ^{2,a}	PA; QL (4/28); NDS	
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	Cigna ^{2,a}	PA; QL (4/28); NDS	
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	Cigna ^{2,a}	PA; QL (1.6/28); NDS	
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	Cigna ^{2,a}	PA; QL (2.8/28); NDS	
ORCENCIA SOLR 250 MG; SOSY 50 MG/0.4 ML, 87.5 MG/0.7 ML, 125 MG/ML	5	BCBS ^{3,b}	РА	
ORCENCIA CLICKJECT SOAJ 125 MG/ML	5	BCBS ^{3,b}	РА	
Tier 1-3 Plans				
ORENCIA CLICKJECT	3	UnitedHealthcare ^{4,c}	PA, ST, QL, SP	
ORENCIA SUBCUTANEOUS	3	UnitedHealthcare ^{4,c}	PA, ST, QL, SP	

^aLevel or Tier 1: preferred generic drugs (low-cost); Level or Tier 2: generic drugs (higher-cost); Level or Tier 3: preferred brand drugs; Level or Tier 4: non-preferred brand drugs (higher-cost); Level or Tier 5: specialty tier drugs (highest-cost).

^bLevel or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.

^eLevel or Tier 1: lower-cost; Level or Tier 2: mid-range cost; Level or Tier 3: highest cost.

Abbreviations: BCBS, Blue Cross Blue Shield; PA, prior authorization; NDS, nonextended days' supply; ST, step therapy; QL, quantity limit; SP, specialty medication.

ORENCIA (abatacept), a prominent selective costimulation modulator, remains a significant player in the RA biologic space. BCBS maintains ORENCIA as a Tier 5 drug, requiring prior authorization and step therapy, while UnitedHealthcare categorizes Orencia in Tier 3, aligning with its highest cost tier but still making it accessible with PA and ST requirements. Cigna maintains ORENCIA under Tier 5, aligning with its strategy of reserving high-cost tiers for originator biologics.

Table 4. IL-6 Receptor Agonists Formulary Coverage

IL-6 Receptor Agonists					
Tier 1-5 Plans					
Drug	Tier	Plan	Requirement/ Limits		
ACTEMRA SOLN 80 MG/4 ML, 200 MG/10 ML, 400 MG/20 ML, SOSY 162 MG/0.9 ML	4	BCBS ^{3,a}	PA		
ACTEMRA ACTPEN SOAJ 162 MG/0.9 ML	4	BCBS ^{3,a}	PA		
KEVZARA SOAJ 150 MG/1.14 ML, 200 MG/1.14 ML; SOSY 150 MG/1.14 ML, 200 MG/1.14 ML	5	BCBS ^{3,a}	РА		
Tier 1-3 Plans					
ACTEMRA ACTPEN	3	UnitedHealthcare ^{4,b}	PA, ST, QL, SP		
ACTEMRA SUCUTANEOUS	3	UnitedHealthcare ^{4,b}	PA, ST, QL, SP		
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	UnitedHealthcare ^{4,b}	PA, ST, QL, SP		

^aLevel or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.

^bLevel or Tier 1: lower-cost; Level or Tier 2: mid-range cost; Level or Tier 3: highest cost. Some members have a Tier 4 prescription plan.

Abbreviations: BCBS, Blue Cross Blue Shield; PA, prior authorization; ST, step therapy; QL, quantity limit; SP, specialty medication.

ACTEMRA (tocilizumab) and KEVZARA (sarilumab) illustrate how payer strategies vary based on drug administration routes and competitive dynamics. BCBS positions ACTEMRA under Tier 4, enforcing PA, while UnitedHealthcare offers more accessible Tier 3 coverage. Unlike BCBS, UnitedHealthcare's plan structure caps at Tier 3, making it the highest cost tier in this context.

KEVZARA is placed in Tier 4 under UnitedHealthcare, indicating a higher cost tier than ACTEMRA, potentially positioning it as a less preferred option. BCBS maintains both ACTEMRA and KEVZARA in similar tiers, suggesting a broader emphasis on cost containment through higher tier placements. Notably, Cigna does not include KEVZARA in its formulary, a strategic decision that may reflect a focus on agents with higher rebate agreements or those with broader clinical utilization.

Table 5. IL-1 Receptor Agonists Formulary Coverage

IL-1 Receptor Agonists				
Tier 1-5 Plans				
Drug	Tier	Plan	Requirement/Limits	
KINERET SOSY 100 MG/0.67 ML	5	BCBS ^{3,a}	PA, ST, QL, SP	
Tier 1-3 Plans				
KINERET	3	United Healthcare ^{4,b}	PA, ST, QL, SP	

^aLevel or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.

Abbreviations: BCBS, Blue Cross Blue Shield; PA, prior authorization; ST, step therapy; QL, quantity limit; SP, specialty medication.

KINERET (anakinra), the primary IL-1 receptor antagonist in the RA treatment space, presents a unique case in terms of formulary placement. BCBS designates KINERET as a Tier 5 drug, requiring PA, ST, and QL, indicating significant cost-sharing for patients. UnitedHealthcare places KINERET in Tier 3, the highest cost tier in its 3-tier structure. This suggests that while UnitedHealthcare offers broader access to biologics, it may still impose significant cost-sharing for agents like KINERET. Cigna's exclusion of KINERET underscores its prioritization of higher-rebate biologics, focusing on drugs with broader market share and rebate potential.

The Bottom Line

As biosimilars continue to proliferate in the RA treatment space, payers are adopting diverse strategies to manage cost, access, and coverage. The data from BCBS, Cigna, and UnitedHealthcare reveal a strategic focus on tier placement to influence utilization patterns, with significant emphasis placed on biosimilars as lower-cost alternatives to originators.

BCBS maintains a restrictive approach, placing most biologics in higher-cost tiers, potentially limiting patient access to these agents. Cigna's strategy of reserving Tier 5 for key originator products underscores its reliance on rebate agreements, potentially at the expense of biosimilar adoption. UnitedHealthcare, in contrast, offers broader Tier 2 and 3 coverage for select agents, positioning itself as the more accessible formulary for RA biologics.

The evolution of biosimilars in RA presents payers with opportunities to reduce net pricing through competition, but it also introduces challenges in formulary management, particularly regarding IV vs subcutaneous formulations and the potential for interchangeability. Payers must navigate these dynamics while maintaining patient access and controlling costs.

For providers and patients, the implications are clear: selecting a formulary with broad biosimilar coverage may lower out-of-pocket costs but understanding plan-specific restrictions such as prior authorization, step therapy, and specialty pharmacy requirements remains essential. For payers, the challenge lies in balancing rebate-driven contracts with broader biosimilar access—a strategy that could redefine RA treatment pathways in the years to come.

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^bLevel or Tier 1: lower-cost; Level or Tier 2: mid-range cost; Level or Tier 3: highest cost.



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