

Views of US insurance companies (payers) on the polypill with a few thoughts from NHS England

Richard Smith

Director, UnitedHealth Chronic Disease Initiative

Findings 2014

- Spoke to three companies: United, Aetna, Wellpoint
- All aware of the polypill
- None had spent any serious resources investigating the polypill, although Aetna has a group working with Sidney Smith
- Suspicious of combination therapy in that it has been a way for drug companies to repackage drugs to maintain or even increase revenue without advantages to patients
- All were nervous of “leading”– “We wait for people to come to us. We are technology takers not leaders. If we do try to lead, people think it’s all about cost not quality, so it’s counterproductive.”

Findings

- All wanted to wait for bodies like the American Heart Association or the US Preventive Services Task Force to take the lead
- None would approach the FDA to encourage licensing of the polypill
- None would be willing to commit to an advance mass purchase of the polypill
- If the FDA approves a polypill for secondary prevention they would all be willing to pay for it unless it was more expensive than the individual pills
- If the FDA approved the polypill for secondary prevention then the companies would probably not stand in the way of physicians prescribing it for primary prevention

Findings

- All currently preoccupied with the Affordable Care Act meaning they must provide for free preventive treatments rated A by US Preventive Services Task Force
- “The USPSTF recommends the use of aspirin for men ages 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.” Similar recommendation for women.
- What does this mean clinically? How do the companies operationalise it? Should they be proactive?
- Would it be more cost effective to offer a polypill rather than just aspirin?

Million Hearts Campaign

- Might the Million Hearts Campaign provide a hook for promoting the polypill?
- Million Hearts® is a national initiative to prevent 1 million heart attacks and strokes by 2017. Million Hearts® brings together communities, health systems, nonprofit organizations, federal agencies, and private-sector partners from across the country to fight heart disease and stroke.
- Might the polypill be essential to achieving this goal?

Thinking of NHS England

- New chief executive of NHS England sponsored this meeting under his old hat
- “Pragmatic sceptics”
- “Personally I am fairly positive about it having a place, not for those who are known to have CVD in order to improve medication adherence, or so much for economically developed countries with sophisticated healthcare systems, but for populations where risk assessment is minimal and where other interventions, such as lifestyle and socioeconomic change, is more difficult. And where the numbers at risk are so huge (such as India - 10 million years of life lost each year due to CVD, China - up to 500 million have hypertension, most undiagnosed etc.).”

Thinking of NHS England

- “I don't know whether EMEA are likely to license it, but I see no reason why it shouldn't. The components are all generic tried and tested drugs and in doses that would be unlikely to cause side effects.”
- “I can see a place for the polypill, both in developed and less developed countries.”

Conclusion

- US insurance companies are unlikely to take the lead in promoting mass use of the polypill
- US Preventive Services Task Force and Million Hearts Campaign might provide routes forward in the US
- NHS England lukewarm on the polypill (try Scotland?)