

Impact on Access to Methotrexate in the Post-Roe Era

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BACKGROUND

- Methotrexate (MTX) is the first line therapy for RA and is used to treat several other rheumatic and non-rheumatic disorders
- In high doses, MTX can be used to treat miscarriage and ectopic pregnancy
- Following the US Supreme Court's June 24 decision to overturn Roe v Wade, some patients have reported difficulty filling their MTX prescriptions to treat their arthritis
- The scope and severity of this issue is unknown
- **Objective:** to assess the impact of this decision on individuals with rheumatic diseases and their access to care

METHODS

- Data were provided by adults participating in FORWARD who completed a survey about post-Roe medication access (Figure 1)
- Responses were linked to participants' most recent semiannual questionnaire for demographics, primary diagnosis, and patient-reported outcomes
- Participant's states of residence were categorized by abortion legality status (Table 1)

RESULTS

- Of 1,706 respondents, 396 reported attempting to fill a prescription for MTX since June 24; of those, 23 (6%) reported experiencing a barrier to MTX access (Figure 2A)
- One additional respondent reported restricted access to hydroxychloroquine
- Descriptive statistics are presented in Table 2
- Most (63%) respondents who reported an issue indicated experiencing a delay in prescription filling by their pharmacy (Figure 2B)
- Of the 24 who experienced a problem, 11 responded to a request for follow up; of those, 5 experienced barriers that were overtly a result of the Supreme Court's decision and 6 experienced barriers suggestive of being a consequence of the decision (Figure 2C)
- Selected quotes from participants are displayed in Figure 3

CONCLUSION

- Within 2 months of the Supreme Court's overturn of Roe v Wade, 1 in 17 individuals who tried to fill an MTX prescription experienced an unexpected barrier
- Respondents to this survey were predominantly white, older than child-bearing age, educated, and insured; the impact in higher risk populations may be more severe
- Most issues experienced were delays by pharmacies seeking to confirm the purpose of the prescription with the patient's health care provider
- To reduce or avoid delays, we recommend that health care providers prescribing methotrexate or other medications that are teratogenic or abortifacient include the patient's diagnosis on the prescription

Rheumatology patients are experiencing barriers to MTX access following the overturn of Roe v Wade. To avoid or reduce delays, providers can include the patient's diagnosis on the prescription.

Post-Roe Medication Availability Questions

On June 24, the Supreme Court overturned Roe v Wade, which previously allowed nationwide access to abortion. Methotrexate is a medication used to treat many rheumatic conditions, but it has another use as a treatment for miscarriage and ectopic pregnancy.

Because of this, some patients with rheumatic diseases have reported that they cannot get their methotrexate prescriptions filled. FORWARD wants to hear about your experiences and determine the level of impact.

* Since the Supreme Court's decision on June 24, 2022, have you had any of the following issues?

- Healthcare provider asked excessive questions about pregnancy
- Healthcare provider delayed prescribing/renewing
- Healthcare provider would not prescribe/renew
- Pharmacist asked excessive questions about pregnancy
- Pharmacy delayed filling
- Pharmacy would not fill
- No issues

Figure 1. Excerpt from FORWARD's questionnaire on post-Roe medication availability. Participants were also asked if they had tried to fill a prescription for MTX since June 24. Those who experienced an issue were asked which medication was affected, were referred to ACR's task force, and were contacted for follow up.

Table 1. States by abortion legality. Data from the New York Times article "Tracking the States Where Abortion is Now Banned" accessed August 10, 2022.

| Abortion Legality Status | States |
|--------------------------|--|
| Legal/Protected | AK, CA, CO, CT, DE, DC, HI, IL, KS, ME, MD, MA, MN, NV, NH, NJ, NM, NY, OR, RI, VT, WA |
| Hostile/At-risk | AZ, FL, ID, IN, IA, MI, MT, NE, NC, ND, PA, UT, VA, WV, WY |
| Banned/Severely Limited | AL, AR, GA, KY, LA, MS, MO, OH, OK, SC, SD, TN, TX, WI |

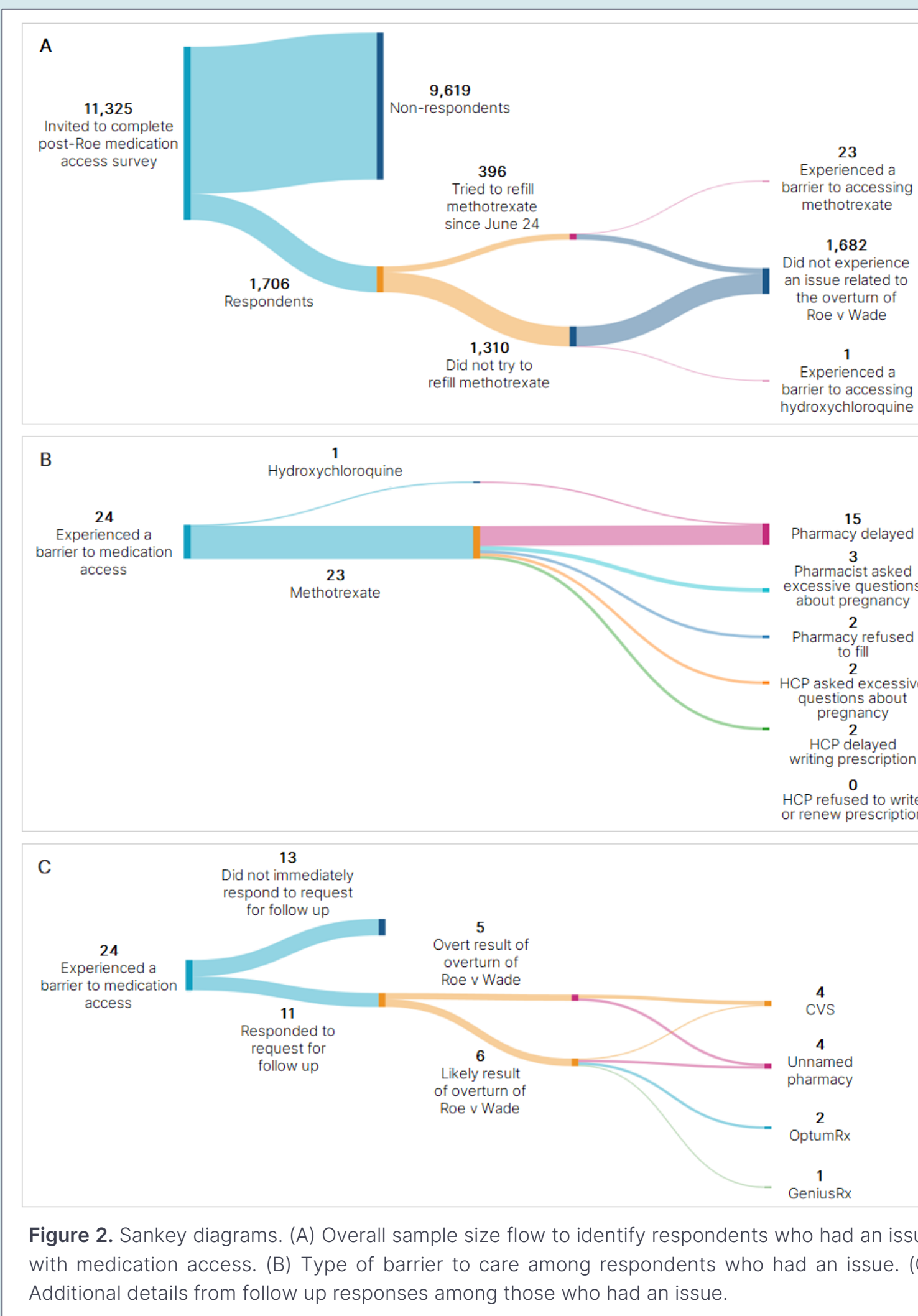


Figure 2. Sankey diagrams. (A) Overall sample size flow to identify respondents who had an issue with medication access. (B) Type of barrier to care among respondents who had an issue. (C) Additional details from follow up responses among those who had an issue.

Table 2. Descriptive statistics for respondents to the post-Roe medication access questionnaire.

| Characteristics | All Respondents n=1706 | Refilled MTX n=396 | Impaired Access n=24 |
|-----------------------------------|------------------------|--------------------|----------------------|
| Demographics | | | |
| Age, mean (SD), years | 67.2 (11.1) | 66.4 (10.9) | 58.6 (10.7) |
| Female, % | 84.6 | 84.1 | 100 |
| White, % | 93.3 | 93.5 | 86.4 |
| Education, mean (SD), years | 15.2 (2.1) | 15.4 (2.0) | 15.4 (1.5) |
| Rural, % | 20.2 | 18.3 | 4.3 |
| History of smoking, % | 37.0 | 33.3 | 37.5 |
| BMI, mean (SD), kg/m ² | 28.5 (6.8) | 28.0 (6.3) | 29.8 (7.6) |
| Health insurance, % | 99.9 | 100 | 100 |
| State Abortion Legality | | | |
| Legal/Protected, % | 42.5 | 42.5 | 33.3 |
| Hostile/At-risk, % | 32.2 | 29.4 | 41.7 |
| Banned/Severely Limited, % | 25.3 | 28.1 | 25.0 |
| Primary Diagnosis | | | |
| Rheumatoid Arthritis, % | 67.2 | 85.9 | 79.2 |
| Osteoarthritis, % | 12.5 | 3.8 | 4.2 |
| Systemic Lupus Erythematosus, % | 5.3 | 1.8 | 4.2 |
| Psoriatic Arthritis, % | 3.5 | 3.0 | 0 |
| Fibromyalgia, % | 3.5 | 1.0 | 0 |
| Ankylosing Spondylitis, % | 1.4 | 0.8 | 4.2 |
| Other, % | 6.6 | 3.8 | 8.3 |
| Patient-Reported Outcomes | | | |
| Pain (0-10), mean (SD) | 3.4 (2.7) | 3.1 (2.5) | 2.6 (2.6) |
| Global Severity (0-10), mean (SD) | 3.4 (2.4) | 3.2 (2.3) | 2.9 (2.3) |
| HAQ-II (0-3), mean (SD) | 0.8 (0.6) | 0.7 (0.6) | 0.7 (0.6) |
| PAS-II (0-10), mean (SD) | 3.2 (2.1) | 3.0 (2.0) | 2.5 (2.0) |

"Why does the pharmacist ask so many (in my opinion) invasive questions in front of other customers? It's degrading when they ask you are you pregnant and are you sure when you answer no."

"The prescription was moved to a specialty pharmacy that required me to call and speak with a CVS representative about my health and reproductive status."

"The first time I refilled after the decision, it was delayed for a day or two. I was then able to get it."

"I missed weekly shots waiting on refills."

"My last fill the pharmacy tried to insist I needed a negative pregnancy test prior to filling...it was ridiculous and frustrating."

"CVS delayed my refill...for over a week because its policy is that it must confirm with the prescribing provider whether the medication is to be used for abortion."

"They put my medication on hold and would not tell me why...Last time I ordered my refill...again CVS put my medication on hold with this message that a prescriber response is needed."

Figure 3. Quotes from participants who experienced a barrier to care.