ACCESS TO HIV/AIDS MEDICATIONS IN EXCHANGE PLANS

Prescription medicines are a crucial component of treatment for HIV/AIDS. Multidrug regimens have substantially reduced HIV progression to AIDS and AIDS-related opportunistic infections, hospitalizations, and deaths. Early antiretroviral therapy (ART) regimens often required patients to ingest several large pills multiple times per day. New formulations, such as single-tablet regimens (STRs), reduced the pill burden dramatically, improving patient adherence and thereby slowing disease progression.[i] The results presented below provide insights into how plans in the health insurance exchanges and employer plans cover four classes of HIV/AIDS medicines.[ii] Findings are primarily based on an analysis of silver plans available in all states nationwide in 2015;[iii] accordingly, discussion of exchange plans below refers to these silver plans.

COVERAGE AND ACCESS FOR HIV/AIDS MEDICINES

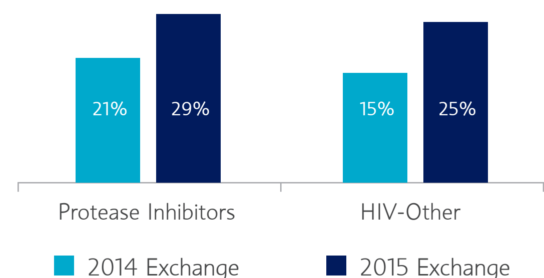
Many exchange plans have high coinsurance for HIV/AIDS medications and access to STRs is sometimes restricted

Compared to patients with employer coverage, patients in exchange plans often face higher cost sharing and other access barriers to HIV/AIDS medications, with STRs being less likely to be included on plan formularies than other HIV/AIDS medicines. Additionally, unlike most employer plans,[iv] many exchange plans subject both prescription medicines and other items and services to a single global deductible. Those deductibles average about $2,700 among silver plans in 2015.[v]

Adverse Tier Placement: Some exchange plans in 2014 and 2015 place all medications for HIV/AIDS on the specialty tier

Though HIV/AIDS medications often are covered by exchange plans, these medicines are frequently placed on the specialty tier. Among 2015 exchange plans, innovator HIV/AIDS medicines in four classes (NNRTIs, NRTIs, Protease Inhibitors, HIV-Other) appear on the specialty tier 33% of the time. In contrast, employer plans place these medications on the specialty tier only 3% of the time. Nearly 30% of exchange plans place all medications in the protease inhibitors or HIV-other classes on the specialty tier in 2015, showing sharp increases since 2014 for both of these classes.

Percent of Plans Placing All HIV Medicines in a Class on a Specialty Tier



Cost Sharing: Medicines to treat HIV/AIDS are sometimes subject to high coinsurance

In 2015, exchange plans use coinsurance for innovator HIV/AIDS medications about half (51%) of the time. Coinsurance requires patients to pay a share of the total cost of the medicine after a patient reaches the deductible. When coinsurance applies, cost-sharing for HIV/AIDS innovator medications averages 37% of the cost of the drug.

At the average coinsurance for 2015, monthly cost sharing for a single STR medication could range from about $200 to over $1,200, depending on the drug. This level of cost sharing could result in patients meeting their out-of-pocket maximum in just a few months.[vi] When exchange plans use copayments for these innovator medications instead of coinsurance, monthly cost sharing averaged about $55 in 2015.

These cost-sharing details do not reflect cost-sharing subsidies for exchange plan enrollees with income below 250% of the federal poverty level; however, exchange plans have flexibility in how they implement cost-sharing reductions and are not required to apply reductions to medicines.

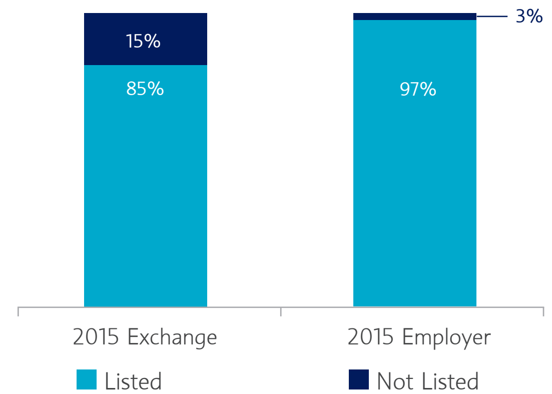
Analytics by Avalere Health. Developed by PhRMA.

Formulary Coverage: STRs are more likely to be excluded from formularies in exchange plans compared to employer plans

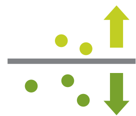
STRs are five times more likely to be excluded from exchange plan formularies compared to employer formularies. This raises discrimination concerns because these medicines are now the standard-of-care for patients with HIV/AIDS.[vii]

When HIV/AIDS medicines are on formulary, typically they are not subject to utilization management, such as prior authorization or step therapy, by employer plans. These techniques, however, are used more frequently by exchange plans: 7% of the time for innovator HIV/AIDS drugs by exchange plans, compared to 2% of the time by employer plans.

Coverage of STRs in 2015 Exchange and Employer Plans

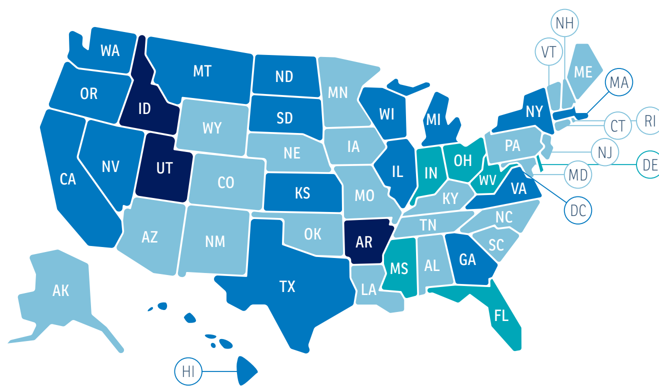


EXCHANGE PLAN COVERAGE AND COST SHARING FOR HIV/AIDS MEDICINES VARY ACROSS STATES

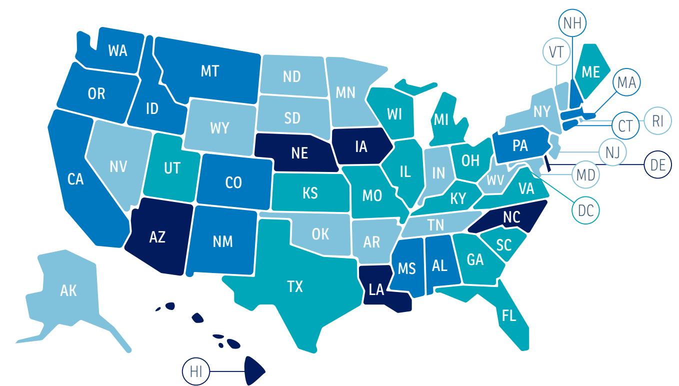


There is wide variation across states for coverage and specialty tier placement for HIV/AIDS medicines in 2015, potentially making access to HIV/AIDS medicines difficult for some patients.

Percent of the Time Innovator HIV/AIDS Medicines are on Formulary



Percent of Plans with All Medicines in an HIV/AIDS Class on Specialty Tier



[i] S Bangalore et al. "Fixed Dose Combinations Improve Medication Compliance: A Meta-Analysis." The American Journal of Medicine, 2007; JM Liber, et al, "Clinical implications of fixed-dose formulations of antiretroviral on the outcome of HIV-1 therapy." AIDS 2011 Sep 10; 25(14):1683-90.

[ii] Innovator medications are brand-name medications that have no generic alternative. Includes medicines from the following 4 classes: Non-nucleoside Reverse Transcriptase Inhibitors, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors, Protease Inhibitors, and Other Anti-HIV Agents.

[iii] Avalere Health PlanScape®, a proprietary analysis of exchange plan features, March 2015. This analysis is based on data collected by Managed Markets Insight & Technology, LLC.

[iv] Kaiser/HRET Survey of Employer Sponsored Health Benefits 2014.

[v] Avalere PlanScape®, a proprietary analysis of exchange plan features, December 2014. Avalere analyzed data from the FFM Individual Landscape File released November 2014 and the California and New York state exchange websites.

[vi] Select set of HIV/AIDS medicines that are single-tablet regimens (STRs) covered under the pharmacy benefit including Epzicom, Truvada, Combivir, Kaletra, Trizivir, Atripla, Complera, and Stribild.

[vii] S Bangalore et al. "Fixed Dose Combinations Improve Medication Compliance: A Meta-Analysis." The American Journal of Medicine, 2007; JM Llibre, et al, "Clinical implications of fixed-dose formulations of antiretroviral on the outcome of HIV-1 therapy." AIDS 2011 Sep 10; 25(14):1683-90.