HEPATITIS B & C DRUGS DIFFICULT TO ACCESS IN FLORIDA’S HEALTH PLANS
More Plans Place All Drugs on Highest Cost Tiers than HIV Medications
All Plans Not Covering New Hepatitis C Cure Drugs

Tampa, FL – Eight out of the 12 major insurers offering qualified health plans in Florida charge beneficiaries coinsurance as high as 30 to 50 percent of cost for all or almost all hepatitis B and C drugs. This makes access to these medications difficult for people living with hepatitis. While The AIDS Institute previously has filed a complaint against four issuers with discriminatory plan design for placing all HIV drugs on the highest cost tier, the analysis released today of Florida’s Silver 2015 qualified plans reveals that discriminatory plan design is much more widespread for people accessing hepatitis B and C drugs than HIV drugs.

For example, Cigna places all brand hepatitis B and C drugs on Tier 5, which translates into coinsurance of between 30 and 50 percent of drug cost, depending on the pharmacy network or delivery option, after the patient pays a $2,750 deductible. Humana places almost all hepatitis B and C drugs on Tier 5, which translates into coinsurance of 40 or 50 percent of drug cost depending on the pharmacy network, after the patient pays a $1,500 drug deductible. Additionally, Humana requires a prior authorization for 7 of the 14 brand drugs. CoventryOne places all hepatitis drugs on Tiers 4 and 5, which carry coinsurance of 40 percent and 50 percent of drug cost, all after payment of a $500 drug deductible. CoventryOne also requires a prior authorization for most of the drugs. Health First places all hepatitis drugs on Tier 5, which carries a coinsurance of 30 percent of drug cost, after payment of a $500 drug deductible. Health First also requires a prior authorization for all hepatitis drugs.

In contrast, only two plans are offered with reasonable patient cost-sharing for hepatitis medications. Florida Blue puts all hepatitis B drugs on Tiers 1 and 2, which carries a $20 or $70 copay, and hepatitis C drugs on Tiers 2 and 3, which carries a $70 or $100 copay. They require prior authorization for 11 brand drugs. United Healthcare places its hepatitis drugs on Tiers 1 through 4, with copays of between $10 and $160. They require prior authorization for 10 brand drugs.
“The Affordable Care Act (ACA) makes it illegal for insurers to discriminate against beneficiaries based on their illness or perceived health care use through plan benefit design, but that is what these plans are doing,” commented Carl Schmid, Deputy Executive Director of The AIDS Institute. “We call on these insurers to immediately end these discriminatory plan practices and make access to hepatitis drugs more affordable for patients.”

In a letter sent to insurers as they prepare their 2016 plans, the federal government warned insurers that they would consider it discriminatory if plans placed all or nearly all drugs to treat a certain condition on the highest cost tier. The Florida Insurance Commissioner has also stated he will not certify 2016 plans that engage in these same discriminatory practices.

“In just a few weeks, as the 2016 plans become public, we will see how both state and federal regulators have done in reviewing plans for these discriminatory plan designs and practices. We expect full enforcement of the law and an end to adverse drug tiering,” added Michael Ruppal, Executive Director of The AIDS Institute. “We want the ACA to work for people living with hepatitis, and all beneficiaries who rely on medications for their health care.”

The high patient cost sharing cannot be attributed to the new curative hepatitis C medications since the plans were designed before most of them were approved and were added to some plans mid-year. The AIDS Institute’s analysis found several of the Florida plans were not including these three drugs (Sovaldi, Harvoni and Viekira Pak) on their formularies. Three of the 12 plans (Aetna, Molina and Preferred Medical) currently do not cover any of the new hepatitis C cure drugs, while only three cover all three drugs (Florida Blue, United Healthcare and CoventryOne). The AIDS Institute calls on the plans to revise their formularies to include these and other recently or soon to be approved hepatitis C drugs so that their beneficiaries can take advantage of them and be cured of their hepatitis C.

Nationwide, nearly 2 million people are living with hepatitis B and 3.2 million people are living with hepatitis C, however, as many as 75 percent have not been diagnosed. According to the Florida Department of Health, approximately 318,000 people are living with hepatitis C in Florida, while there is no estimate on the number for hepatitis B. Similar to HIV treatment, chronic carriers of hepatitis B must take daily medications for the rest of their lives. New hepatitis C medications provide a cure for nearly all patients after an 8 to 12 week course of treatment.

The ACA ensures that patient cost sharing, excluding premiums, is capped at $6,600 for individuals enrolled in qualified health plans in 2015. Additionally, patient cost sharing can be reduced for qualified lower income individuals through subsidies.

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