An Examination of Access to HIV/AIDS Medications in Exchange Plans

*United States Conference on AIDS*

September 10, 2015

[www.Avalere.com](http://www.Avalere.com)
Agenda

- PlanScape® Methodology
- Key Takeaways
- Access to HIV/AIDS Medications
- Cross-Class Comparisons
Methodology and Key Takeaways
Background on Avalere’s PlanScape® and Methodology for Formulary Analysis

**PLANSCAPE® BACKGROUND**

- Beginning in 2014, millions of previously uninsured consumers gained access to health coverage and prescription benefits through the exchanges.
- These markets exhibit unique characteristics compared to more established markets, such as Medicare and employer coverage.
- As consumers learn more about their coverage options, information on health plan participation, benefit designs, and formulary coverage is critical.

**PLANSCAPE® METHODOLOGY**

- This analysis reviews formulary coverage in the exchanges, drawing insights through comparisons to 2014 and employer coverage.
- Avalere analyzed formularies for silver plans participating in 8 states—6 states relying on the federally-facilitated exchange (FL, IL, PA, TX, GA, NC), CA and NY.
- Formulary data is collected by Managed Markets Insight & Technology, LLC.
- Data is weighted according to unique silver benefit designs by state. Analysis excludes plans in which the deductible is equal to the annual out-of-pocket maximum and plans for which there is no cost sharing across service categories.
Key Takeaways: Access to HIV/AIDS Medicines

- Exchanges offer less favorable HIV/AIDS coverage than employers (94% to 98% coverage, respectively)
  - Coverage is low for STRs compared to other single source NRTIs

- Exchanges increased utilization management for HIV/AIDS products in 2015
  - Between 2014 and 2015, prior authorization increased (from 4% of the time to 10% of the time)

- Specialty tiering for HIV/AIDS medicines grew markedly in 2015
  - Between 2014 and 2015, specialty tier placement increased (from 24% of the time to 35% of the time)
Access to HIV/AIDS Medications
Exchange Plans Increased UM for HIV/AIDS Drugs in 2015, Higher Rates of UM Compared to Other Markets

UTILIZATION MANAGEMENT TECHNIQUES FOR HIV/AIDS
SINGLE-SOURCE DRUGS

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Listed with Open Access</th>
<th>PA</th>
<th>ST</th>
<th>PA&amp;ST</th>
<th>Not Listed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014 Exchange</td>
<td>89%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015 Exchange</td>
<td>84%</td>
<td>6%</td>
<td>10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015 Employer</td>
<td>97%</td>
<td>2%</td>
<td>1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Avalere Health PlanScape®, a proprietary analysis of exchange plan features, February 2015. This analysis is based on data collected by Managed Markets Insight & Technology, LLC.
1 Includes Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs), Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTIs), Protease Inhibitors (PIs), and HIV-Other

Note: Coverage is weighted according to unique plan-state combinations. Sample includes silver plans in 6 states (FL, GA, IL, NC, PA, and TX) relying on HealthCare.gov, and CA and NY. MMIT uses universal tier status rather than “raw” tier numbers to facilitate comparisons across plans and markets. PA = Prior Authorization; ST = Step Therapy
Specialty Tiering for HIV/AIDS Medicines Grew Markedly in 2015

TIER PLACEMENT FOR HIV/AIDS¹ SINGLE-SOURCE DRUGS

<table>
<thead>
<tr>
<th>Tier</th>
<th>2014 Exchange</th>
<th>2015 Exchange</th>
<th>2015 Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>56%</td>
<td>47%</td>
<td>59%</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>24%</td>
<td>35%</td>
<td>36%</td>
</tr>
<tr>
<td>Non-preferred Brand</td>
<td>13%</td>
<td>11%</td>
<td>3%</td>
</tr>
<tr>
<td>Specialty</td>
<td>7%</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>Not Listed</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

¹Includes Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs), Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTIs), Protease Inhibitors (PIs), and HIV-Other

Note: Coverage is weighted according to unique plan-state combinations. Sample includes silver plans in 6 states (FL, GA, IL, NC, PA, and TX) relying on HealthCare.gov, and CA and NY. MMIT uses universal tier status rather than “raw” tier numbers to facilitate comparisons across plans and markets.
## Plans Place Single-Source HIV/AIDS Medications on the Specialty Tier About 30% of the Time

### PERCENT OF PLANS PLACING ALL SINGLE-SOURCE DRUGS IN CLASS ON SPECIALTY TIER, 2015

<table>
<thead>
<tr>
<th>Class</th>
<th>NRTIs</th>
<th>NNRTIs</th>
<th>PIs</th>
<th>HIV-Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>29%</td>
<td>29%</td>
<td>27%</td>
<td>30%</td>
<td></td>
</tr>
</tbody>
</table>

### PERCENT OF PLANS REQUIRING HIGH COINSURANCE FOR ALL SINGLE-SOURCE DRUGS IN CLASS, 2015

<table>
<thead>
<tr>
<th>Class</th>
<th>NRTIs</th>
<th>NNRTIs</th>
<th>PIs</th>
<th>HIV-Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 30% coinsurance for all drugs in class</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
<td>23%</td>
</tr>
<tr>
<td>Over 40% coinsurance for all drugs in class</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>11%</td>
</tr>
</tbody>
</table>

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

Note: Coverage is weighted according to unique plan-state combinations. Sample includes silver plans in 6 states (FL, GA, IL, NC, PA, and TX) relying on HealthCare.gov, and CA and NY. MMIT uses universal tier status rather than "raw" tier numbers to facilitate comparisons across plans and markets. Avalere uses universal tier status for tiering analyses and raw tier status for cost-sharing analyses.

UM = Utilization Management; NNRTIs = Non-Nucleoside Reverse Transcriptase Inhibitors; NRTIs = Nucleoside and Nucleotide Reverse Transcriptase Inhibitors; PIs = Protease Inhibitors
Coverage Low for STRs Compared to Other Single-Source Source NTRIs, and Compared to Employers

**COVERAGE SINGLE-SOURCE NRTIS, STRs AND NON-STRs, EXCHANGE VERSUS OTHER MARKETS, 2015**

<table>
<thead>
<tr>
<th></th>
<th>Listed</th>
<th>Not Listed</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRs</td>
<td>25%</td>
<td>75%</td>
</tr>
<tr>
<td>Non-STRs</td>
<td>100%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Avalere Health PlanScape®, a proprietary analysis of exchange plan features, February 2015. This analysis is based on data collected by Managed Markets Insight & Technology, LLC. For the purpose of this analysis, “coverage” means formulary inclusion. Note: Coverage is weighted according to unique plan-state combinations. Sample includes silver plans in 6 states (FL, GA, IL, NC, PA, and TX) relying on HealthCare.gov, and CA and NY. STRs include Atripla, Complera, Stribild and Triumeq. Non-STRs include Emtriva, Epzicom, Truvada and Viread. STR = Single Tablet Regimen
Coverage of HIV Medicines Is Less Favorable in Exchanges, but Better than Other Therapeutic Areas

COVERAGE OF SINGLE-SOURCE DRUGS IN SELECT THERAPEUTIC AREAS, BY MARKET

- HIV/AIDS: Exchange 94%, Employer 98%
- Hepatitis: Exchange 82%, Employer 88%
- Mental Health: Exchange 78%, Employer 93%
- Oncology: Exchange 84%, Employer 96%

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Note: Coverage is weighted according to unique plan-state combinations. Sample includes silver plans in 6 states (FL, GA, IL, NC, PA, and TX) relying on HealthCare.gov, and CA and NY. For the purpose of this analysis, "coverage" means formulary inclusion. Avalere excluded physician-administered drugs from this analysis, except when comparing to state benchmark minimums.
UM Is Lower for HIV/AIDS Drugs Than Other Therapeutic Areas Though Rates Increased Between 2014 and 2015

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

Note: Coverage is weighted according to unique plan-state combinations. Sample includes silver plans in 6 states (FL, GA, IL, NC, PA, and TX) relying on HealthCare.gov, and CA and NY.

PA = Prior Authorization; ST = Step Therapy
HHS Adds More Specific Guidance Regarding Discriminatory Benefit Design for 2016

The ACA prohibits discrimination based on age, expected length of life, disability, and health status. However, current non-discrimination standards are not well-defined and are left to the states to enforce.

### 2014 & 2015

<table>
<thead>
<tr>
<th>COST-SHARING OUTLIER REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>to flag plans that require prior authorization and/or step therapy for an unusually large number of drugs in a particular category and class</td>
</tr>
</tbody>
</table>

### NEW FOR 2016

<table>
<thead>
<tr>
<th>CLINICAL APPROPRIATENESS REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>to ensure that QHPs cover a sufficient number and type of drugs for the effective treatment of bipolar disorder, diabetes, rheumatoid arthritis, and schizophrenia</td>
</tr>
</tbody>
</table>

The preamble of the Notice of Benefit and Payment Parameters includes a section on discrimination that includes several examples of benefits that HHS views as discriminatory.

- Exclusion of common single-tablet drug regimen or extended-release products
- Placing most or all drugs that treat a specific condition on the highest cost tiers without regard to cost
- Mid-year cost-sharing changes

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ACA = Affordable Care Act; HHS = The Department of Health and Human Services; QHP = Qualified Health Plan
Contact Information

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