

# Discriminatory Design HIV Treatment in the Marketplace

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# Analysis of 2016 QHP Formularies

- Plan Year 2016 saw the release of Public Use Files that required insurers to make their plan and formulary data available in machine-readable format
- NASTAD analyzed plan and formulary data for 91,080 plans; 74% of plans had valid data
- <https://www.nastad.org/resource/discriminatory-design-hiv-treatment-marketplace>
- Intend to repeat this analysis for 2017, with plans to release a tool documenting coverage of all ARVs by mid-November to assist QHP enrollment for PLWH
  - Highly dependent on data availability from CMS

# Key Findings

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- 20% of plans only cover one single-tablet regimen, Atripla, the oldest and least-recommended regimen
- One-third of plans place all covered single-tablet regimens on the specialty tier
- Over 45% of Bronze plans subject all covered single-tablet regimens to co-insurance
- 15% of plans do not cover any HIV drugs introduced since 2013
- 34% of plans place Truvada, which can prevent HIV infection as Pre-Exposure Prophylaxis (PrEP), on the specialty tier
- 29% of plans require patients to “fail first” on another HIV drug before taking Stribild, a leading single-tablet regimen

# State and Issuer Variation

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- Nationwide, 20% of plans only cover Atripla
- That non-coverage, however, comes from only 12 states
- States have varying level of data completeness, so additional review is warranted

State	% Plans that only cover Atripla	% Valid data	State	% Plans that only cover Atripla	% Valid data
AR	11%	100%	NH	28%	95%
GA	46%	99%	NV	100%	79%
IN	47%	87%	OH	31%	78%
ME	48%	100%	TX	18%	21%
MO	43%	100%	VA	68%	100%
MS	54%	100%	WI	20%	55%

# State and Issuer Variation

- Of the big issuers, Anthem **always** limits STRs to just Atripla, and **always** places Atripla on Specialty

Issuer	Silver			Gold		
	Atripla only STR	All STRs Co-Ins	All STRs Specialty	Atripla only STR	All STRs Co-Ins	All STRs Specialty
Blue Cross	17%	48%	27%	6%	43%	16%
Moda	0%	80%	0%	0%	74%	0%
United	0%	0%	0%	0%	22%	0%
Humana	0%	79%	97%	0%	96%	96%
Aetna	0%	0%	0%	0%	0%	0%
Molina	0%	0%	0%	0%	0%	0%
Kaiser	0%	100%	58%	0%	84%	68%
Anthem	100%	86%	100%	100%	100%	100%

# State and Issuer Variation

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- Substantial variation in the average cost of drugs across states, even accounting for use of co-insurance or co-payment (Silver Plans)

State	Stribild Avg. Co-Ins. \$	Stribild Avg. Co-Pay \$
National	\$826.50	\$65.17
AZ	\$270.40	\$51.07
MS	\$1,351.99	\$41.92
SC	\$946.39	\$36.37
NH	\$970.25	\$168.94

State	% Stribild Co-Ins.
National	46%
VA	15%
WY	17%
ME	100%
AK	100%

# Specialty Tiering

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## Plans Placing STRs on Specialty Tier

All Covered STRs - 34%

Atripla - 33%

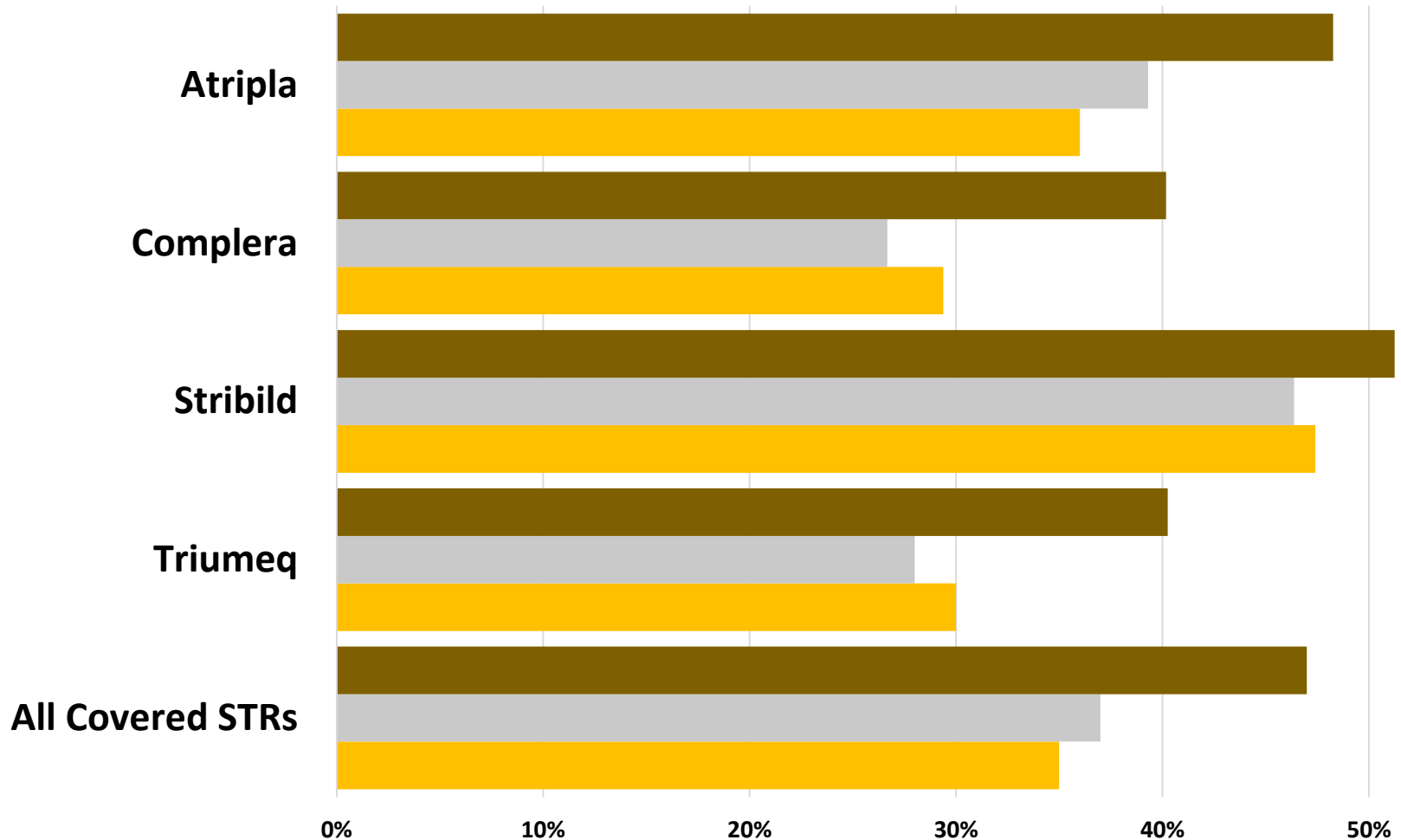
Complera - 21%

Stribild - 39%

Triumeq - 28%

# Co-Insurance Frequency

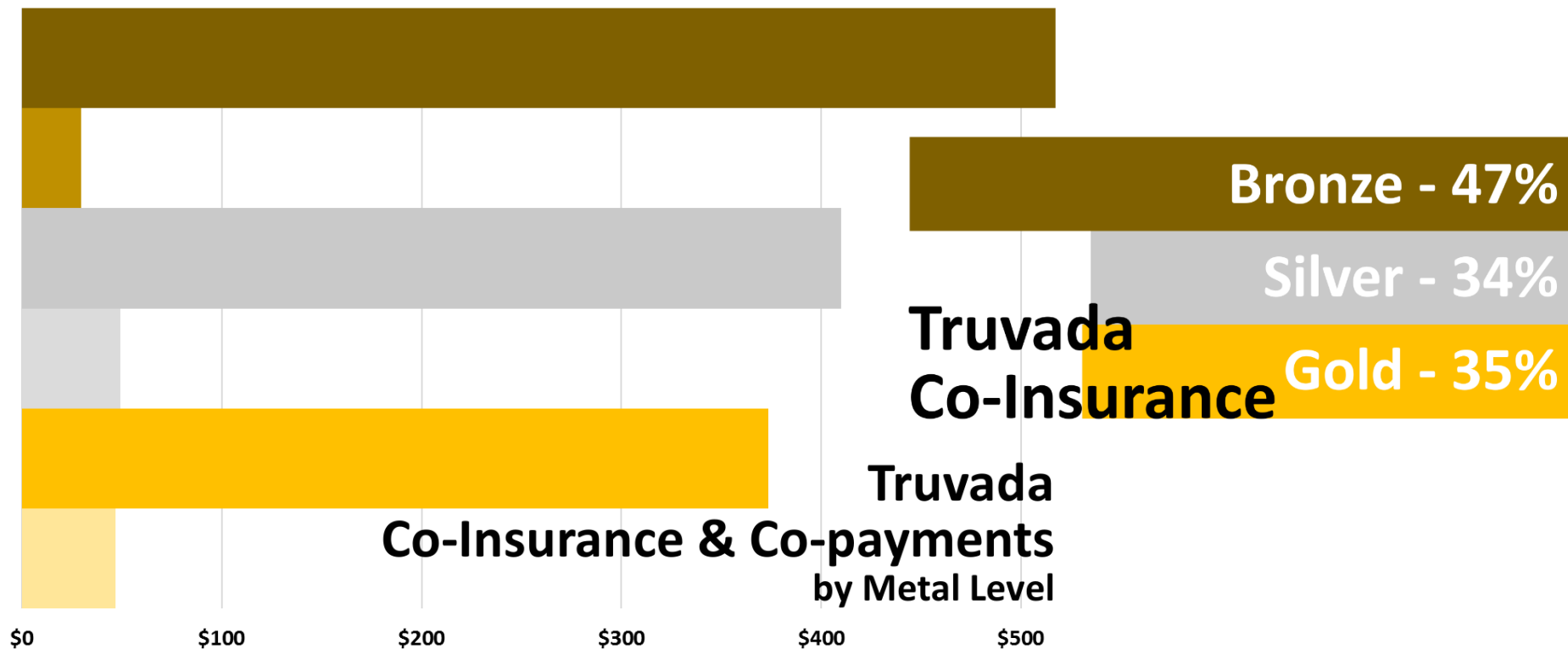
Co-Insurance Frequency





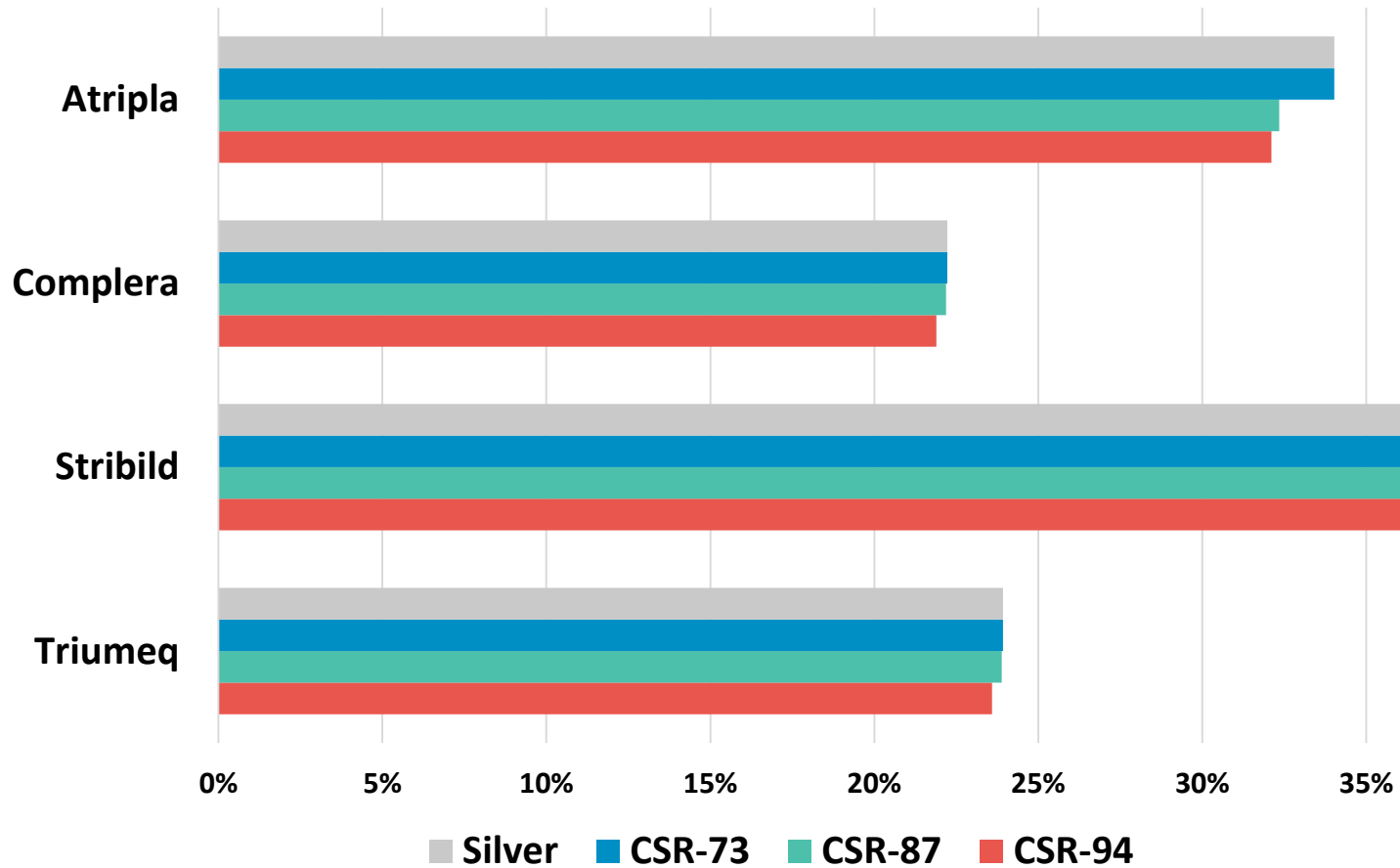
# PrEP

- In Alaska, Louisiana, and Maine, over 75% of plans place PrEP on the Specialty tier; 100% of plans in Nevada do



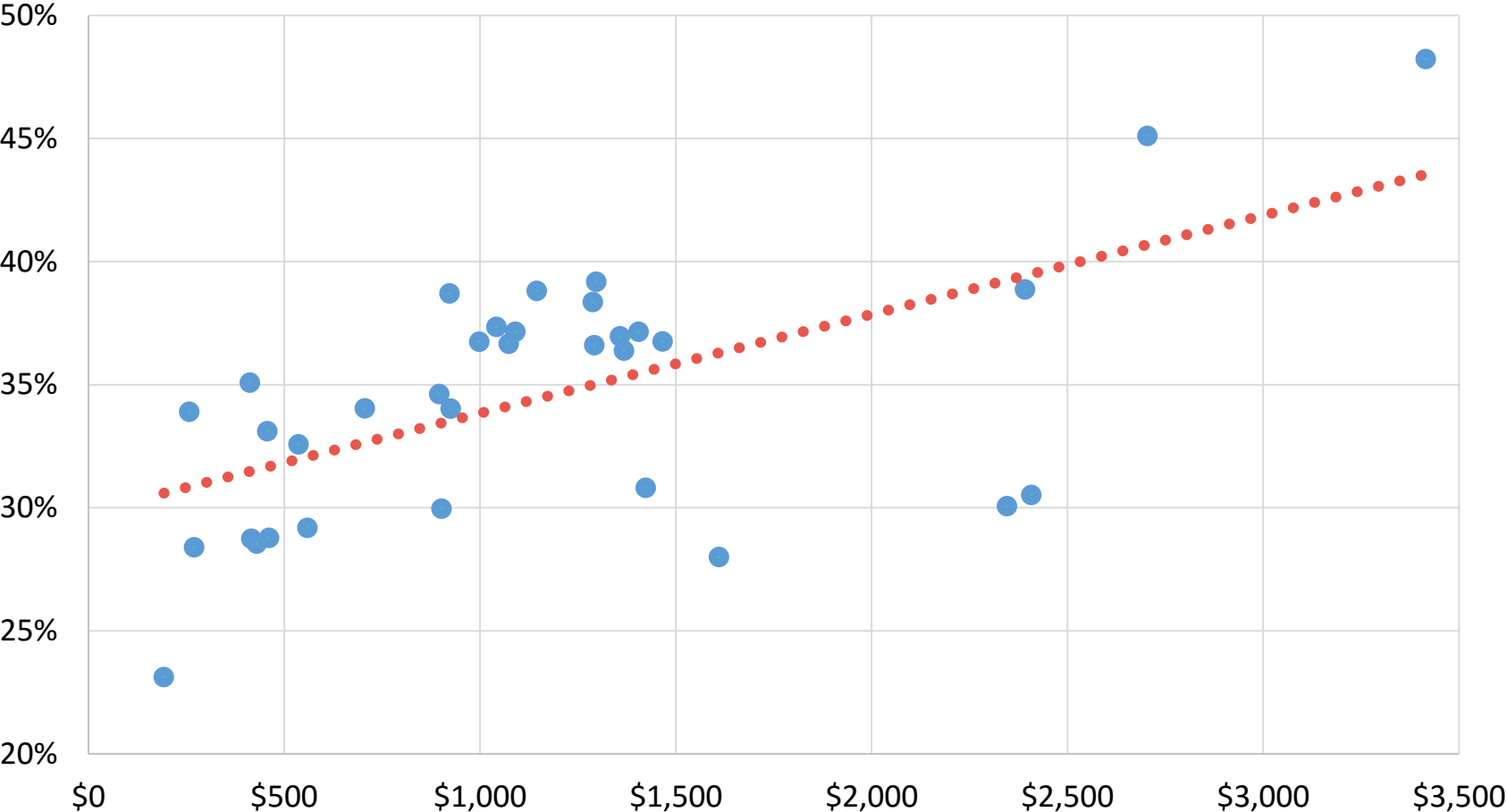
# Cost-Sharing Reduction Plans

## STR Co-Insurance Frequency, Silver vs. CSR

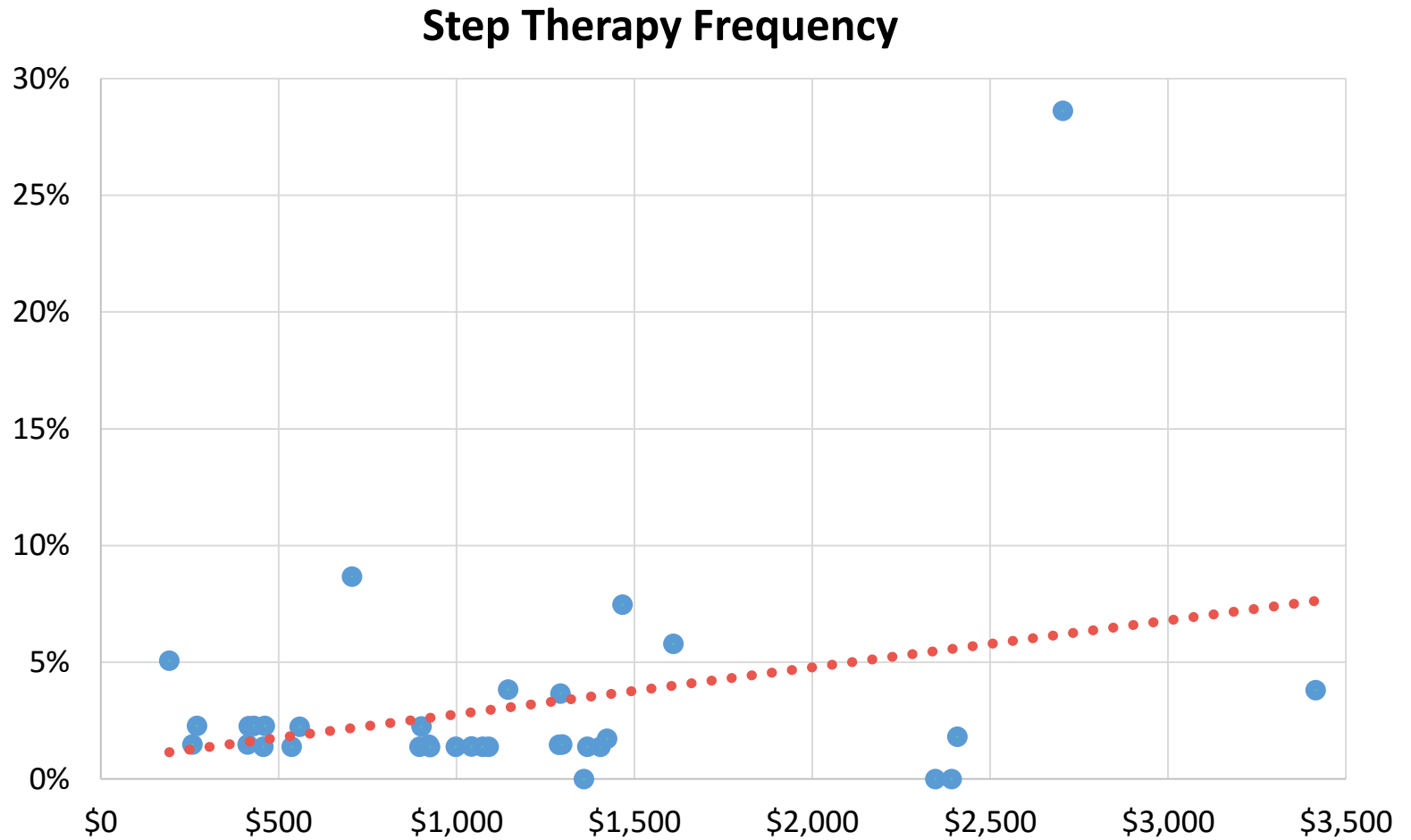


# Relationship of Price to Restrictions

## Co-Insurance Frequency vs. Cost



# Relationship of Price to Restrictions



# Relationship of Price to Restrictions

Prior Authorization Frequency

