

Plan Benefit Design, Prescription Drugs & Race

Carl Schmid

Executive Director

HIV+Hepatitis Policy Institute

NAIC Consumer Representative

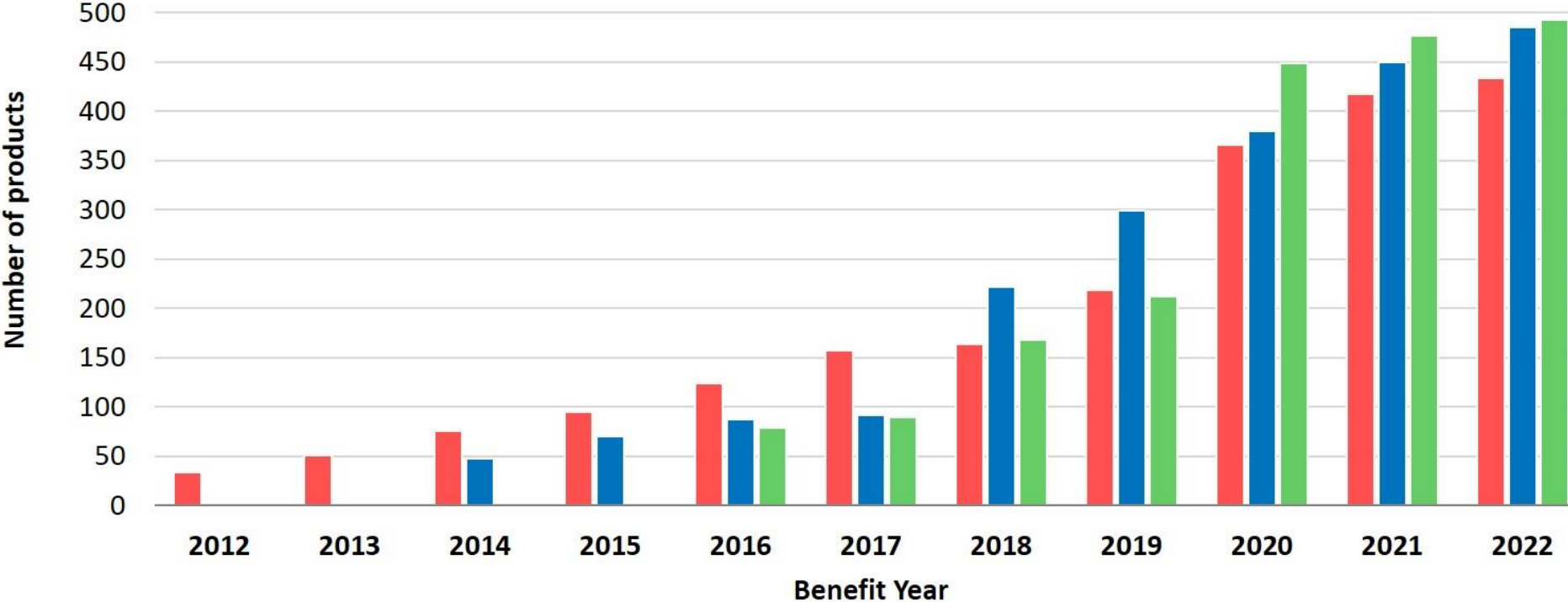
NAIC Special Committee on Race & Insurance

HIV+HEP

POLICY INSTITUTE

PBM Drug Exclusions

Caremark (CVS Health) Express Scripts (Cigna) OptumRx (UnitedHealth Group)



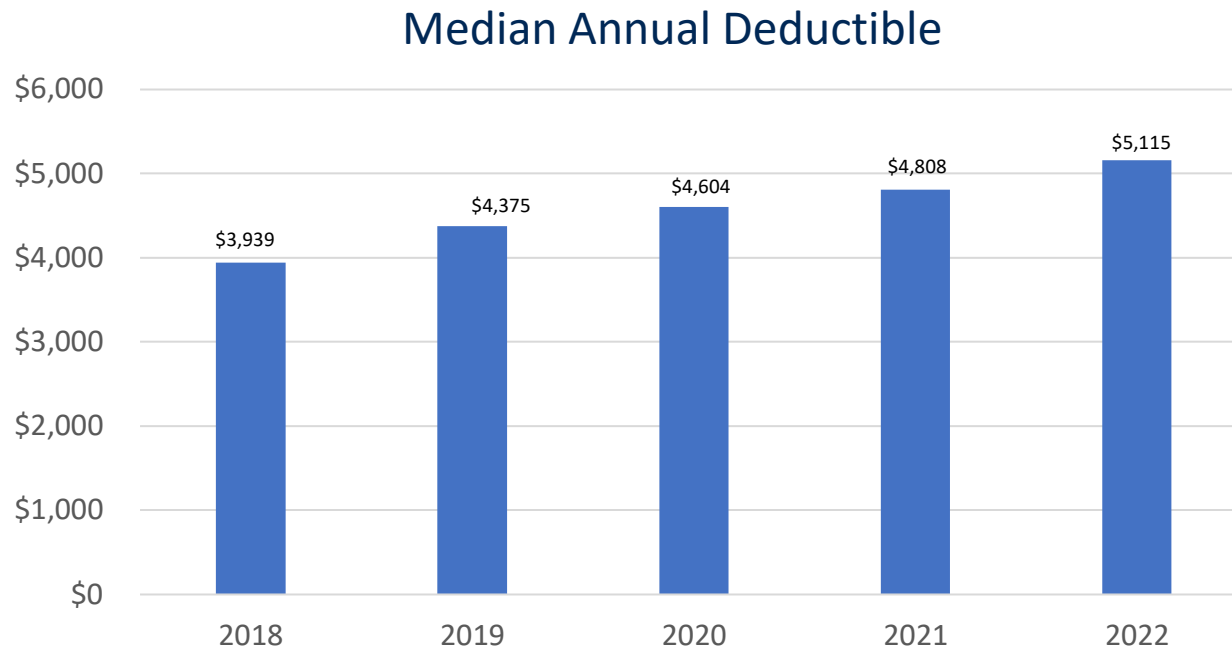
Source: Drug Channels Institute analysis of company reports; Xcenda. Note that some data have been restated due to midyear additions to exclusion lists. Express Scripts did not publish exclusion lists before 2014. OptumRx did not publish exclusion lists before 2016. Note that PBMs may exclude many of the same medications, so certain products may appear on multiple lists.

Published on *Drug Channels* (www.DrugChannels.net) on January 19, 2022.



Increasing Deductibles

Median QHP Deductibles – Silver Level

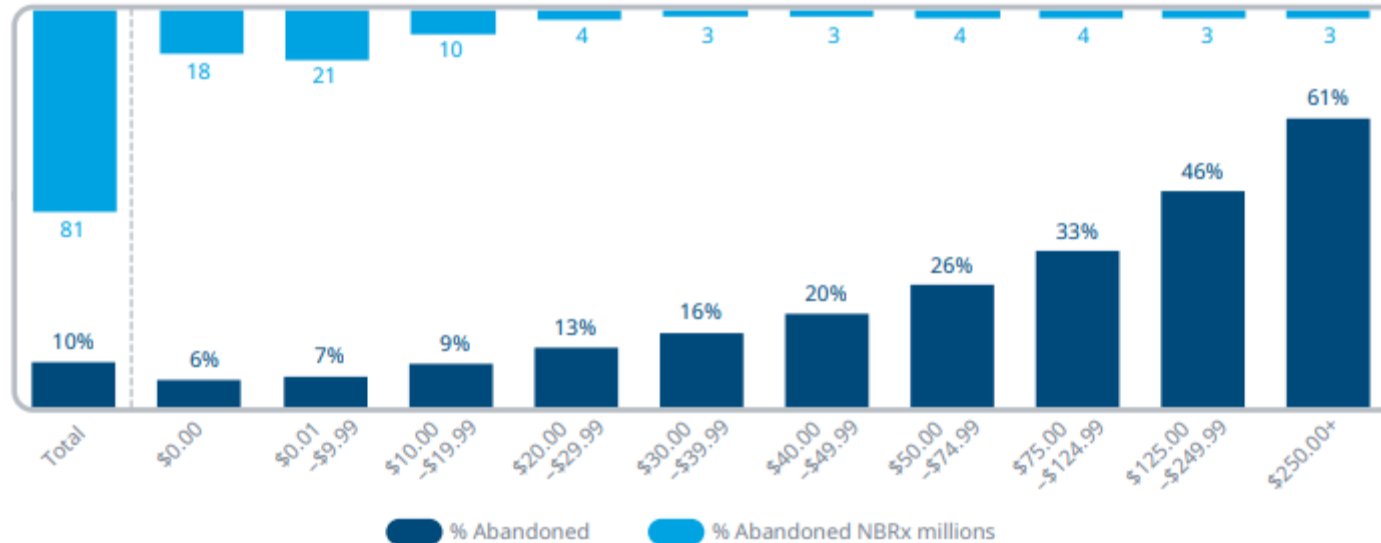


The PY22 silver plan median deductible is \$5,155, which is an increase of 6% from PY21 and 23% from PY18.

Cost-Sharing and Rx Abandonment

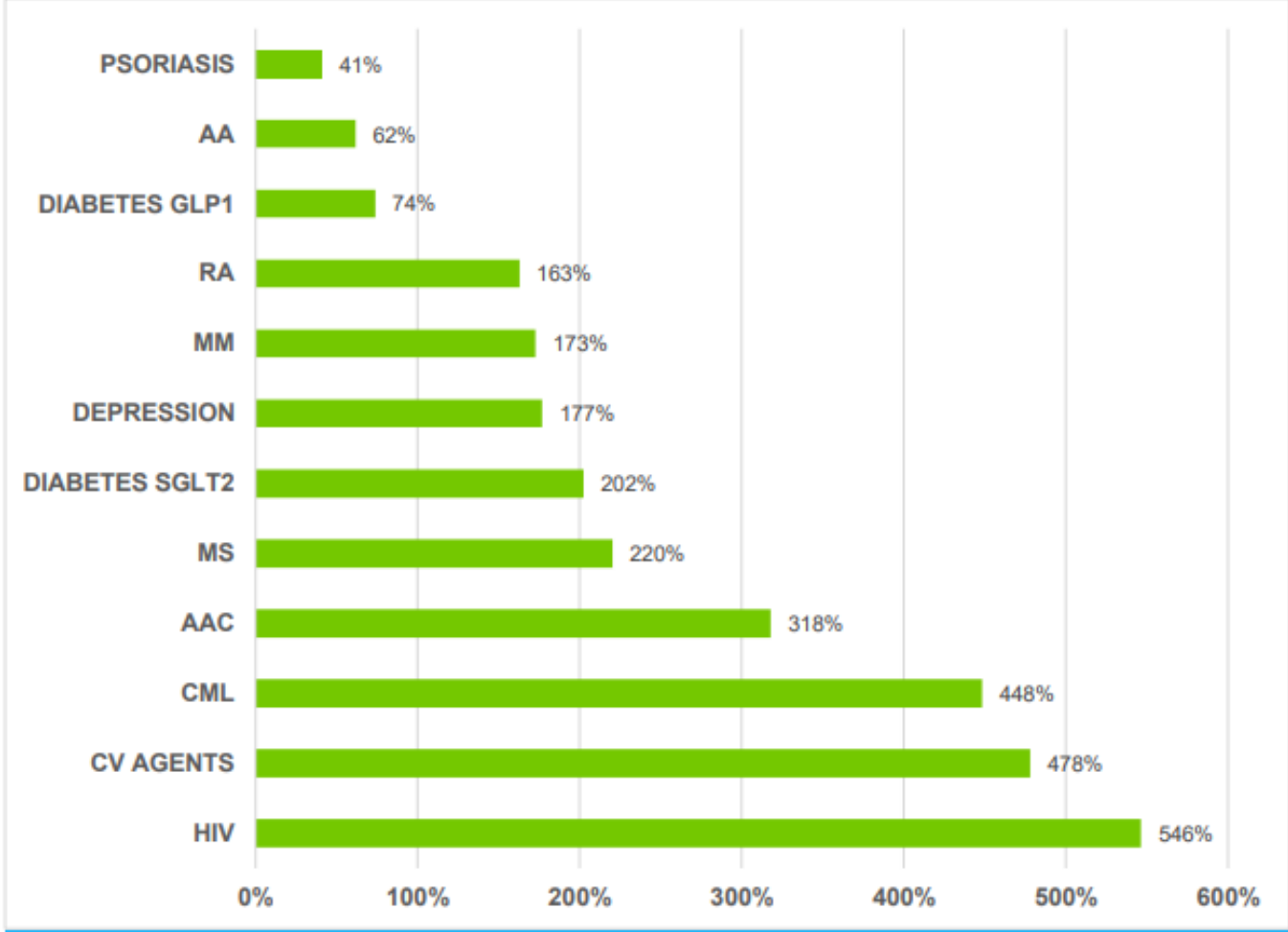
Patients starting new therapy abandoned 81Mn prescriptions at pharmacies in 2021 with increasing frequency as costs rise

Exhibit 35: 14-day abandonment share of new-to-product prescriptions by final out-of-pocket cost in 2021, all payers, all products



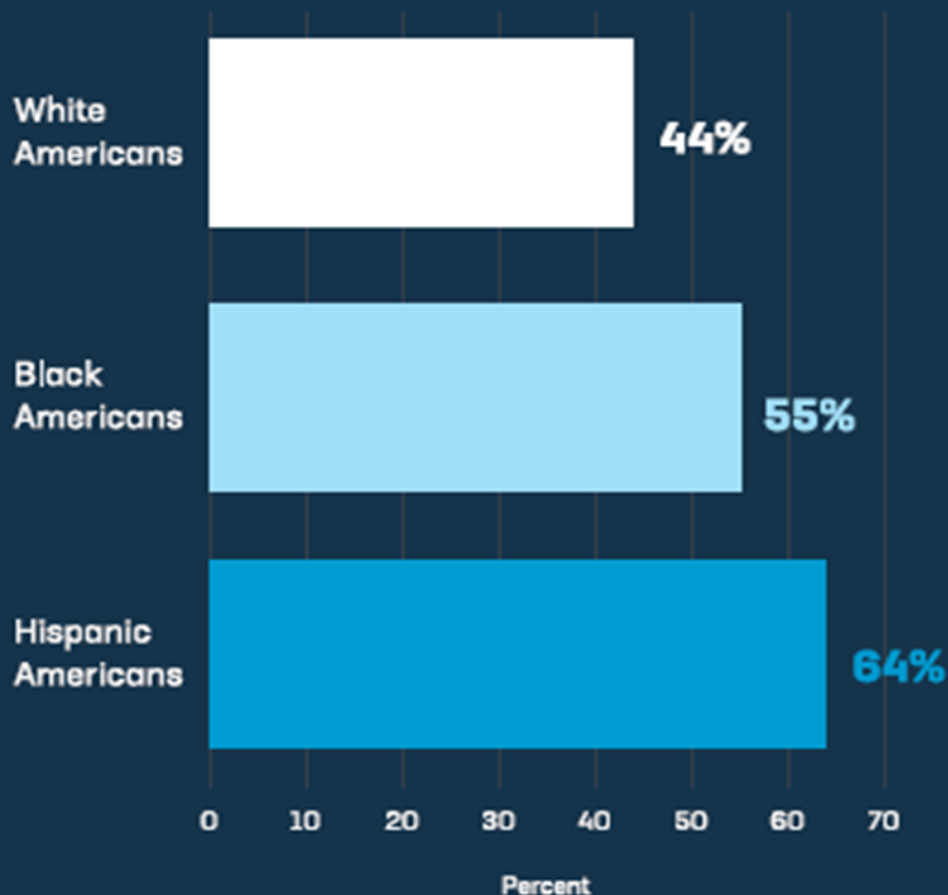
Source: IQVIA National Prescription Audit: New to Brand, LAAD Sample Claims Data, Dec 2021.

Change in ST for Single-Source Brand Drugs in the Commercial Market by TA, 2014-2020



AA: Atypical Antipsychotics, GLP1: Glucagon-like peptide-1, RA: Rheumatoid Arthritis, MM: Multiple Myeloma, SGLT2: Sodium-glucose Cotransporter-2, MS: Multiple Sclerosis, AAC: Asthma/Allergy Corticosteroids, CML: Chronic Myeloid Leukemia, CV: Cardiovascular

Insurance Practices (Such As Prior Authorization and Fail First) Disproportionately Impact Black and Hispanic Americans



Q: Have any of the following happened to you or your family over the past three months? Please answer regarding any kind of prescription medicine for any condition or illness.

Base: 3,624 Patients who take prescription medicines

Source: Patient Experience Survey, November 30 - December 18, 2021

FIGURE 1. Abandonment Rate of New Prescriptions for Brand Medicines, 2020

■ WHITE ■ AFRICAN AMERICAN

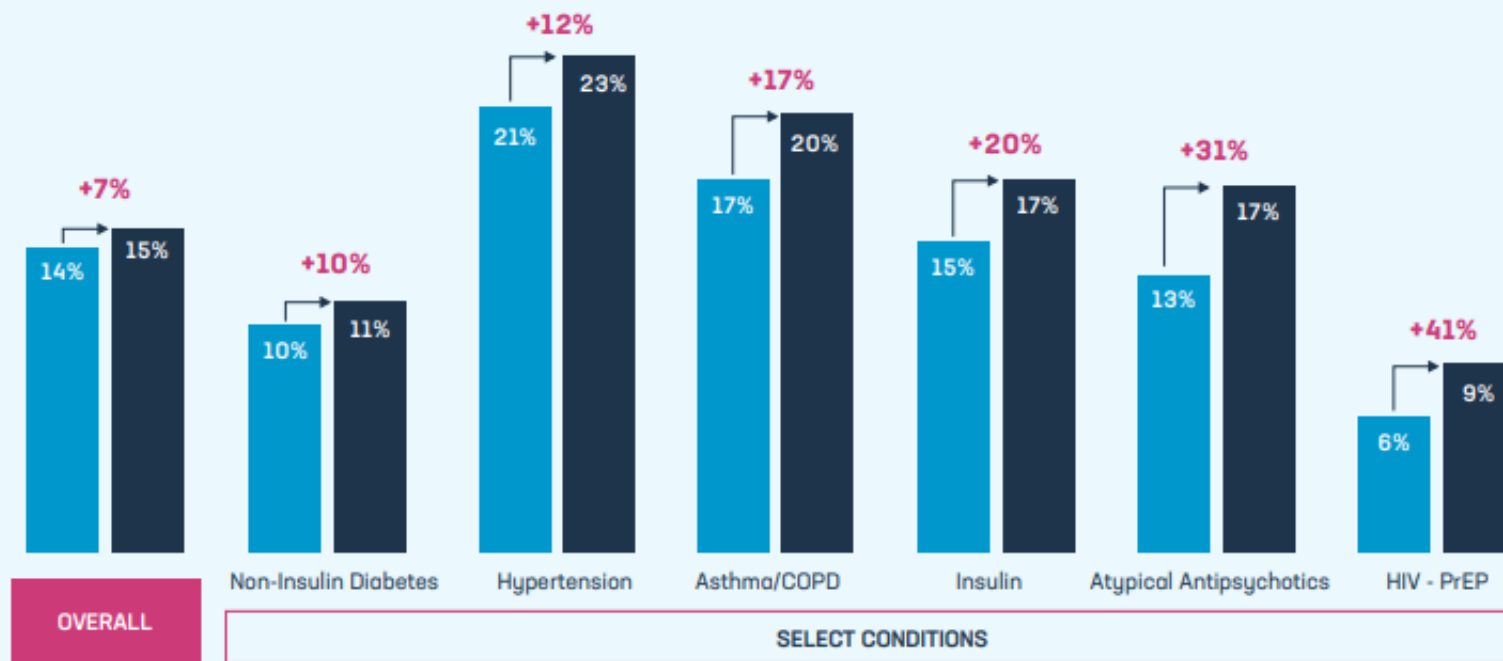
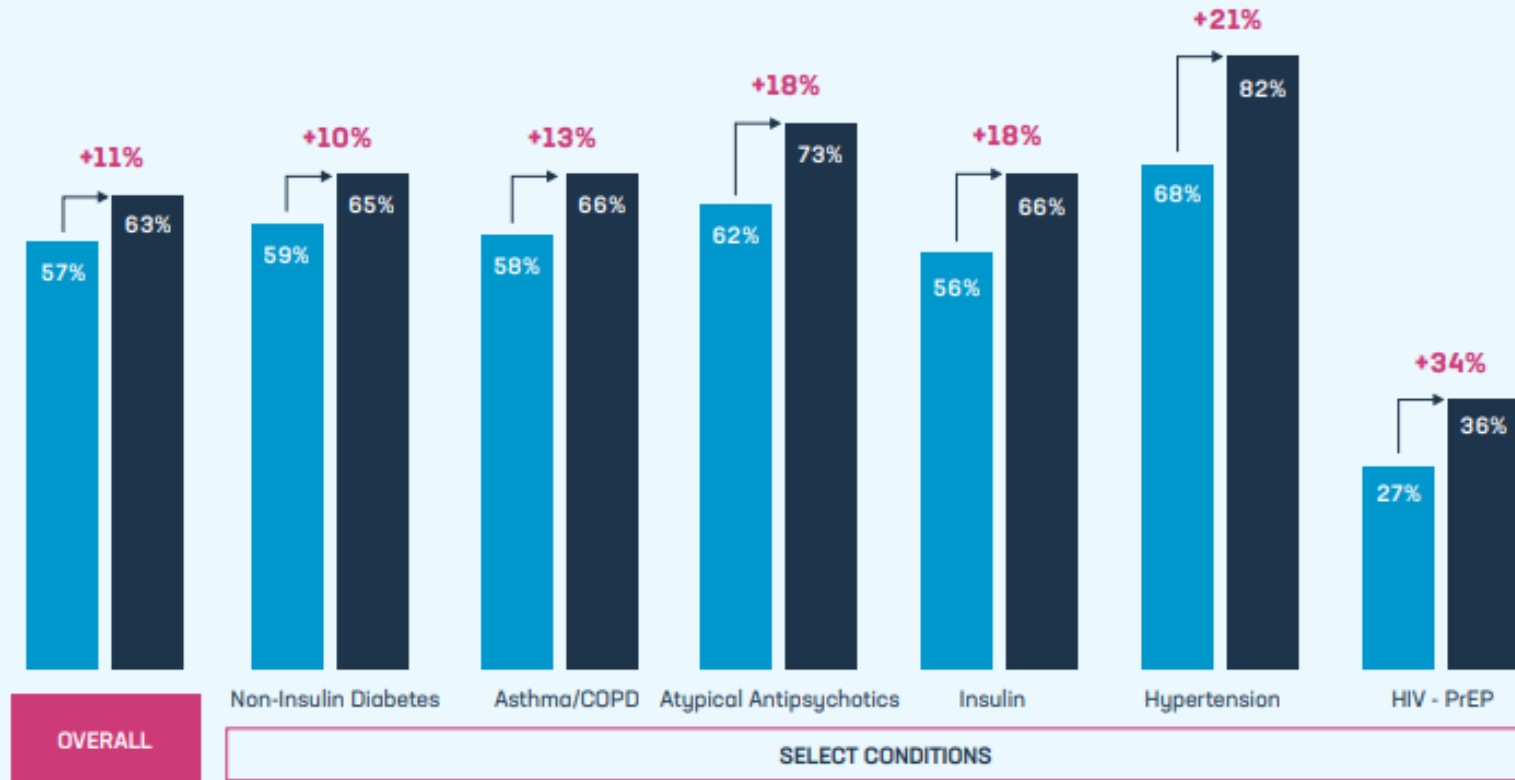


FIGURE 2. Abandonment Rate of New Prescriptions for Brand Medicines with High Out-of-Pocket Costs (\$125+), 2020

■ WHITE

■ AFRICAN AMERICAN



Timely Hepatitis C Treatment* by Insurance Type

Medicaid

23%

77% not treated

Medicare

28%

72% not treated

Private

35%

65% not treated

0%

50%

100%

*Hepatitis C treatment started within 12 months of diagnosis during January 30, 2019 to October 31, 2020

Vital^{CDC}**signs**[™]

Source: August 2022 Vital Signs



CS331675

Hepatitis C

- ▶ In a population of more than 14,000 privately insured people with hepatitis C, the odds of initiating direct acting antiviral agents were 20% and 30% lower for Hispanic and Black patients, respectively, compared to whites

Blood Pressure & Cholesterol Medications

- ▶ Among patients with commercial insurance, Asian, Hispanic, and Black Americans are approximately 20% to 50% more likely than white Americans to be nonadherent with their blood pressure medications, and 35% to 60% more likely to be non-adherent with their cholesterol medications.

Sickle Cell Disease

- ▶ Thirty-eight percent of patients who were prescribed a new sickle cell treatment cited denial of prior authorization as the reason they failed to initiate treatment, and 70% of those who didn't start treatment cited some aspect of their insurance coverage as the reason.

Kaiser Permanente. Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE Voxelotor (Oxbryta). Available at: <https://healthy.kaiserpermanente.org/content/dam/kporg/final/documents/formularies/nw/oxbryta-nw-en.pdf>. Accessed January 13, 2022.

Ogu UO, Thomas M, Chan F, Sebastian G, Minniti C. Barriers to the Use of Endari™ in an Urban Adult Sickle Cell Center. *Blood*. 2019;(Supplement_1): 2287.

Physicians Survey about their Cardiovascular Patients

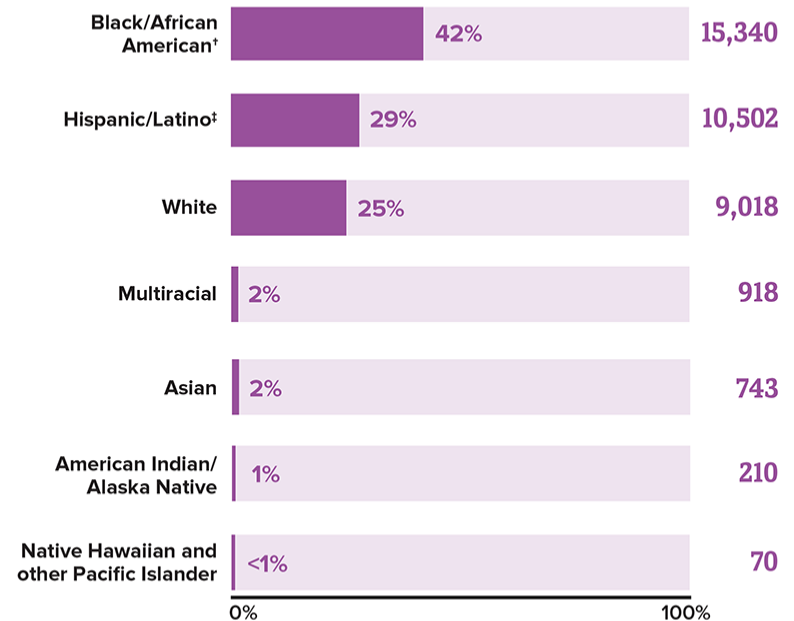
- ▶ Almost all physicians (98%) noted the existence of a barrier when prescribing new evidence-based therapy, with one the most prevalent being prior authorization documentation/administrative burden (75%).
- ▶ Impact of PA process on their minority patients:
 - ▶ Reduction in medication adherence (32% of physicians surveyed)
 - ▶ Increased medication discontinuation (45% of physicians surveyed)
 - ▶ Higher patient costs (50% of physicians surveyed)
 - ▶ Delays in care (61% of physicians surveyed)

High Deductible Health Plans

- ▶ 24.6% of black patients on HDHPs *took less medication* in order to save money
 - ▶ Compared to 8.6% of white patients.
- ▶ 28.1% of black patients on HDHPs *delayed filling* a prescription in order to save money
 - ▶ Compared to 7.7% of white patients

New HIV Diagnoses in the US and Dependent Areas by Race/Ethnicity, 2019*

Racial and ethnic differences in HIV diagnoses continue to exist.



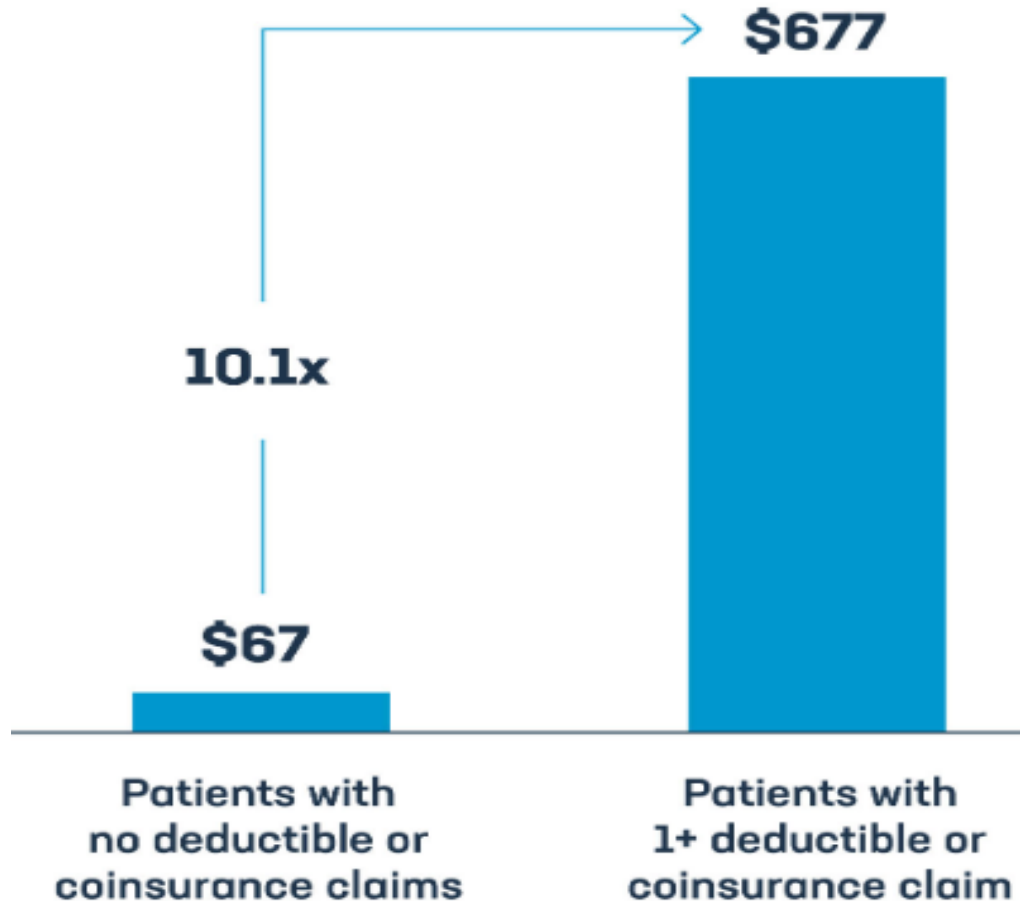
* Among people aged 13 and older.

† *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

‡ Hispanic/Latino people can be of any race.

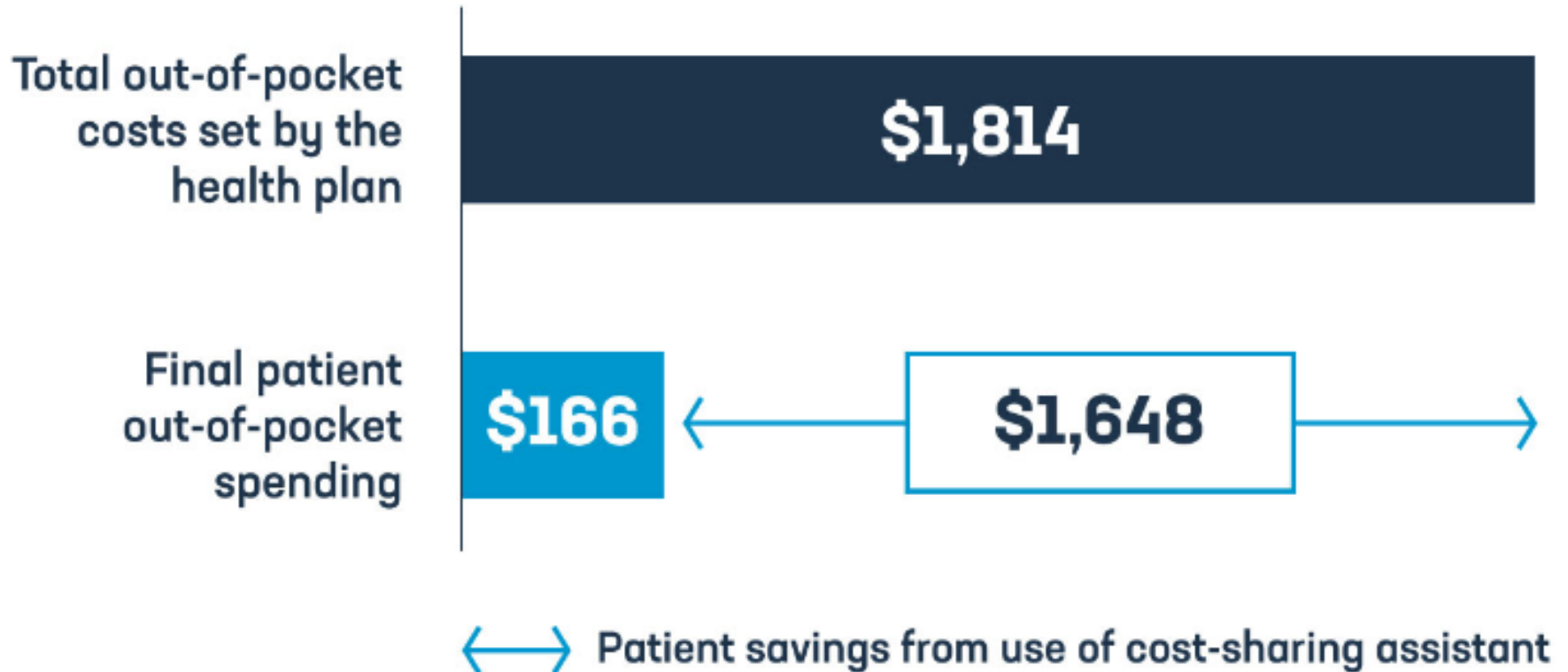
Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2019. *HIV Surveillance Report* 2021;32.

Patients w/ deductibles and coinsurance taking brand HIV medicines paid 10 times more out of pocket in 2019, on average, compared to patients with copays



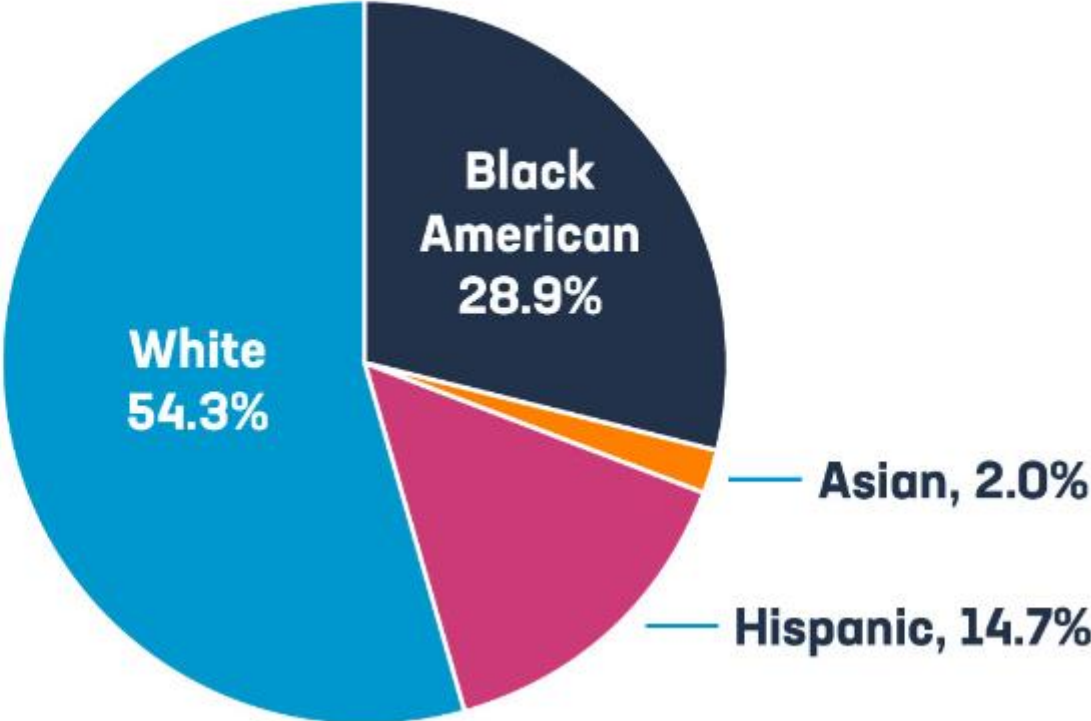
https://catalyst.phrma.org/making-coupons-count-for-patients-with-hiv?utm_campaign=Subscribe&utm_medium=email&_hsmi=222119637&_hsenc=p2ANqtz--h09rchSYaXv40Sxrka5M-moRPqvr2Evy_z7nU5mt9UxhVI-B6gUmrus9MSJXBV3xWpUmKXh-FvM7gu5LXaQAdYQM3Q&utm_content=222119637&utm_source=hs_email

For patients taking brand HIV medicines, their average out-of-pocket costs would have been 11 times higher in 2019 without cost-sharing assistance



https://catalyst.phrma.org/making-coupons-count-for-patients-with-hiv?utm_campaign=Subscribe&utm_medium=email&hsmi=222119637&hsenc=p2ANqtz--h09rchSYaXv40Sxrka5M-moRPqvr2EvY_z7nU5mt9UxhVI-B6gUmrus9MSJXBV3xWpUmKXh-FvM7gu5LXaQAdYQM3Q&utm_content=222119637&utm_source=hs_email

Coupon Use in 2020 for Brand HIV (non-PrEP) Medicine



<https://www.phrma.org/-/media/Project/PhRMA/PhRMA-Org/PhRMA-Org/PDF/M-O/Making-Coupons-Count--Case-Study-for-Patients-with-HIV-4-1.pdf>

USPSTF Issues Grade A Recommendations for PrEP & HIV Testing

By: [U.S. Preventive Services Task Force](#) | Published: June 11, 2019

Apr 27, 2022 - Health

HIV PrEP is supposed to be covered, but often isn't



Tina Reed, author of [Axios Vitals](#)



Black people represented only **14% of PrEP users (2021)** but **accounted for 42% of new HIV diagnoses (2020)**, indicating a **significant unmet need for PrEP.**



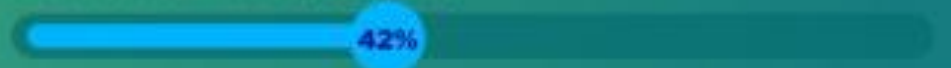
Black People

0 20 40 60 80 100

Percent of PrEP Users, 2021



Percent of New HIV Diagnoses, 2020



**Hispanic/
Latinx
People**

0 20 40 60 80 100

Percent of PrEP Users, 2021



Percent of New HIV Diagnoses, 2020



White People

0 20 40 60 80 100

Percent of PrEP Users, 2021



Percent of New HIV Diagnoses, 2020



Solutions

- ▶ Ensure Rx's on formularies
- ▶ Reduce Utilization Management Measures
 - ▶ Proposed 1557 Rule cautions issuers against excessive UM
- ▶ Keep Rx's pre-deductible
- ▶ Lower Cost-sharing, use copays instead of co-insurance
- ▶ Standardized Plans
- ▶ Subtract rebates when calculating cost-sharing
- ▶ Ensure copay assistance counts
- ▶ Ensure no cost for Preventive Services
- ▶ Enforce non-discrimination requirements
 - ▶ Benefit design must be based on clinical guidelines, be balanced & tier placement cannot be based on cost of drug alone
 - ▶ Do not put all Rx's on highest tier

Thank you!

Carl Schmid

Executive Director

HIV+Hepatitis Policy Institute

cschmid@hivhep.org

Follow: @HIVHep

HIV + HEP

POLICY INSTITUTE