

IN THEIR OWN WORDS:

HIV Patients, Providers and Advocates Reflect on the Impact of Utilization Management

HIV is a staggering diagnosis. Adding insurance barriers makes it an even tougher challenge.



“The last two times I’ve tried to switch therapies it’s been because of side effects. Not accessing the best treatment for me means I endure conditions I shouldn’t have to.”

Photo not of actual patient.

“ I left the doctor’s office thinking my treatment would be covered and then it was denied immediately. I was devastated...it made my anxiety go off the chain.

—58 Y/O CAUCASIAN MALE FROM SUBURBAN OH

“ My current medication messes with my liver enzymes, but I have to take it until the new medication my doctor prescribed is approved.

—60 Y/O AFRICAN AMERICAN FEMALE FROM RURAL NJ

People living with HIV represent some of the most marginalized groups in our society. Utilization Management adds to this inequity.

“ So many patients struggle with housing and mental health issues. Let’s not make things tougher than they already are.

—CASE MANAGER FROM HEAVILY ADAP-COVERED CLINIC IN URBAN GA

“ Insurance barriers build on frustration with the healthcare system. African-Americans are already more hesitant to trust the medical system. This doesn’t help.

—PHYSICIAN FROM LOW-INCOME COMMUNITY IN URBAN NY



“It feels like I’m discriminated against by my insurance company for having HIV. The stigma is real and isolating.”

Photo not of actual patient.

Open access to HIV medicines is critical to improving the health of patients and ending the HIV epidemic.



“Barriers from insurance companies make it harder to get treatment and harder to stay undetectable. That can lead to spreading the virus or contracting opportunistic infections.”

Photo not of actual patient.

“ There’s a huge public health benefit to viral suppression. We know the key is helping people to be good patients. There shouldn’t be barriers.

—CEO NATIONAL HIV/AIDS ADVOCACY GROUP

“ Efforts to end the epidemic focus on broadening access to treatment. These policies limit access.

—NURSE MANAGER FROM HIV-SPECIFIC CLINIC IN URBAN CA

We’ve come a long way in the fight against HIV/AIDS. Let’s not put barriers in the way of progress.

What is Utilization Management (UM)?

Utilization Management (UM) is a practice used by insurers or payers to restrict access to prescribed medications by requiring patients to meet extra requirements, such as prior authorizations or step therapy, in order to receive the medication prescribed by their doctor.

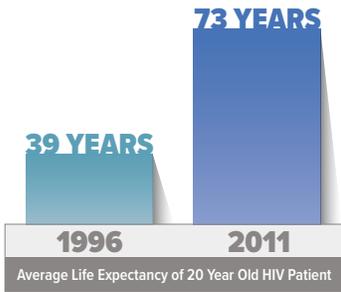
What is Open Access?

In contrast to UM, Open Access is a policy that provides coverage for medications based on what the patient’s doctor indicates as the most appropriate treatment for the patient’s needs.

OPEN ACCESS:



Good for Patients. Good for Public Health. Good for Our Future.



WE'VE MADE REMARKABLE ADVANCES IN HIV TREATMENT AND PREVENTION OVER THE LAST 30 YEARS

Scientific advances have transformed HIV from a fatal and debilitating disease to a manageable chronic condition.

Life expectancy of a 20-year-old with HIV increased by 34 years from 1996 to 2011.¹



STARTING TREATMENT QUICKLY IS KEY TO IMPROVED PATIENT AND COMMUNITY HEALTH

Taking HIV treatment every day can reduce the amount of HIV virus in the body to an undetectable level. According to scientific research, patients who reach and maintain an undetectable viral load have effectively no risk of transmitting HIV to others.²

Patients who initiate treatment as soon as possible have better overall outcomes.³

DOCTORS, WITH THEIR PATIENTS, CAN BEST CHOOSE THE RIGHT TREATMENT

Insurance restrictions—prior authorizations, preferred drug lists, step therapy requirements, and closed formularies—put barriers in the way of this important medical decision and threaten progress towards ending the HIV epidemic.

The Department of Health and Human Services states that HIV treatment regimens should be tailored to the individual patient to improve medication adherence and support long-term treatment success.⁴

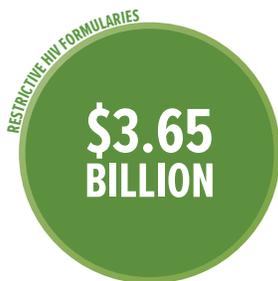


INSURANCE COMPANY BARRIERS MAKE PATIENTS' LIVES HARDER

On top of the difficult reality of an HIV diagnosis, these barriers can make other challenges worse, and for some patients, could mean dropping out of care altogether.

“Living with HIV and the stigma alone is enough. To have issues with access on top of it is just unfair.”⁵

—27 Y/O FEMALE FROM URBAN TX



INCREASING HIV TREATMENT BARRIERS CAN SIGNIFICANTLY INCREASE COSTS FOR PATIENTS AND THE HEALTHCARE SYSTEM

Delaying treatment or forcing patients to take inferior regimens can lead to poorer health outcomes, increased drug resistance, and greater lifetime healthcare costs.

Researchers projected that over 10 years, restrictive HIV drug formularies would result in 2.5 times greater Adverse Event treatment costs compared to open formularies.^{6*}

Adverse Event Treatment Costs (2016-2025)



WHEN YOU DO THE MATH ON UTILIZATION MANAGEMENT, THE NUMBERS JUST DON'T ADD UP

Utilization management can delay and restrict patient access to appropriate and effective HIV medicines and increase the risk of transmitting HIV to others. Every HIV infection takes a new financial and human toll.

Avoiding just one new HIV infection can result in an average of \$850,557 in lifetime healthcare cost savings.⁷

Open access isn't just smart economics,
It's the right thing to do for patients and public health.

*The study defined AE treatment costs as cost related to renal failure and bone fractures.

1. Marcus J, Chao C, et al. Narrowing the Gap in Life Expectancy Between HIV-Infected and HIV-Uninfected Individuals With Access to Care. Journal of Acquired Immune Deficiency Syndromes. 2016;1:73(1):39-46. 2. Centers for Disease Control and Prevention. Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV. 2018. 3. Zolopa, AR, Andersen, J et al. Early Antiretroviral Therapy Reduces AIDS Progression/Death in Individuals with Acute Opportunistic Infections: A Multicenter Randomized Strategy Trial. PLoS ONE. 2019 4(5): e5775. 4. US Department of Health and Human Services. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. AIDSinfo. 2016. 5. Gilead Primary Research with 6 patients, 6 providers and 3 advocates in Oct. '19. 6. Baumgardner, J, Huber C, et al. Modeling the Impacts of Restrictive Formularies on Patients With HIV. The American Journal of Managed Care. 2018; 24 (Spec Issue No. 8): SP332-SP328. 7. Cohen JP, Beabrun A, et al. Estimation of the Incremental Cumulative Cost of HIV Compared with a Non-HIV Population. PharmacoEconomics Open. (2020).