BUILDING A HEALTH SYSTEM FOR PEOPLE AGING WITH HIV

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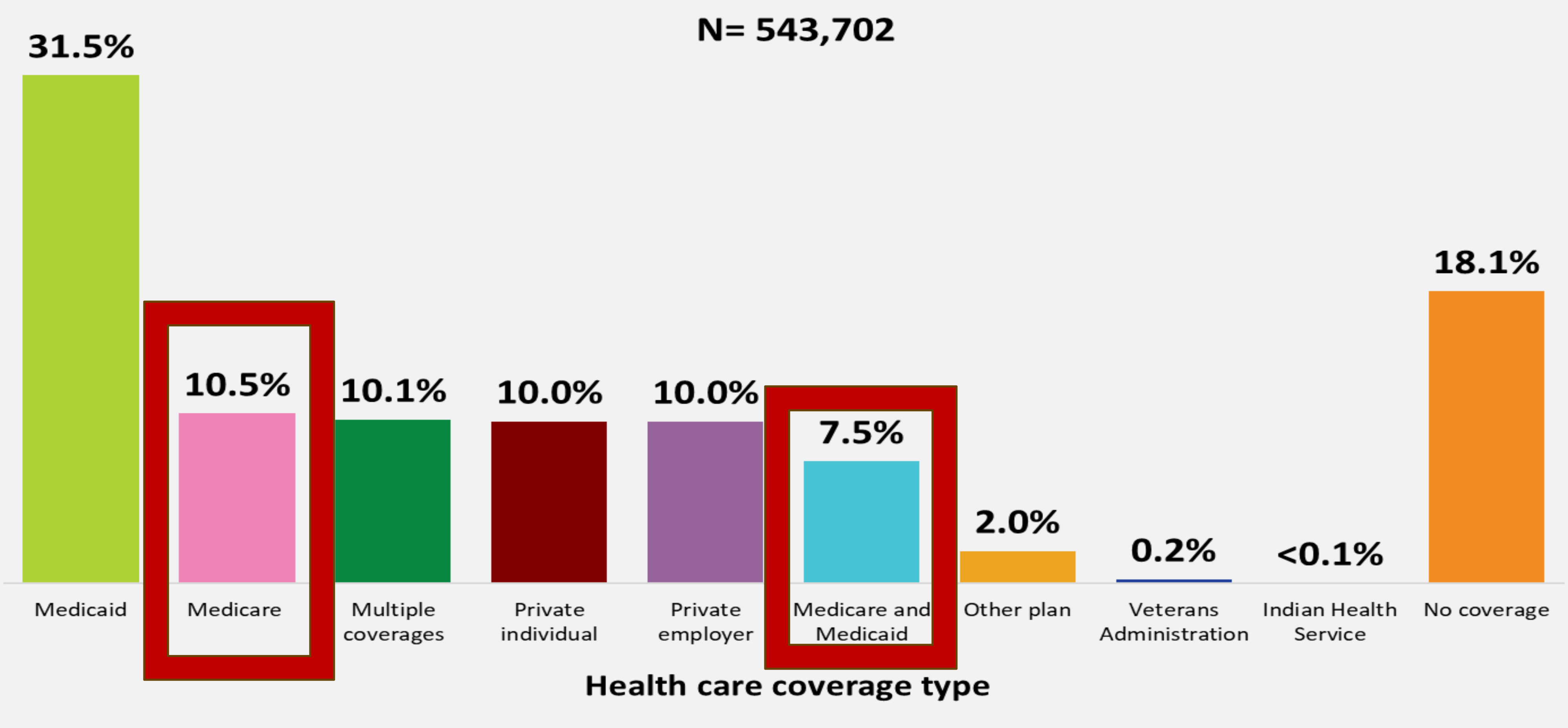
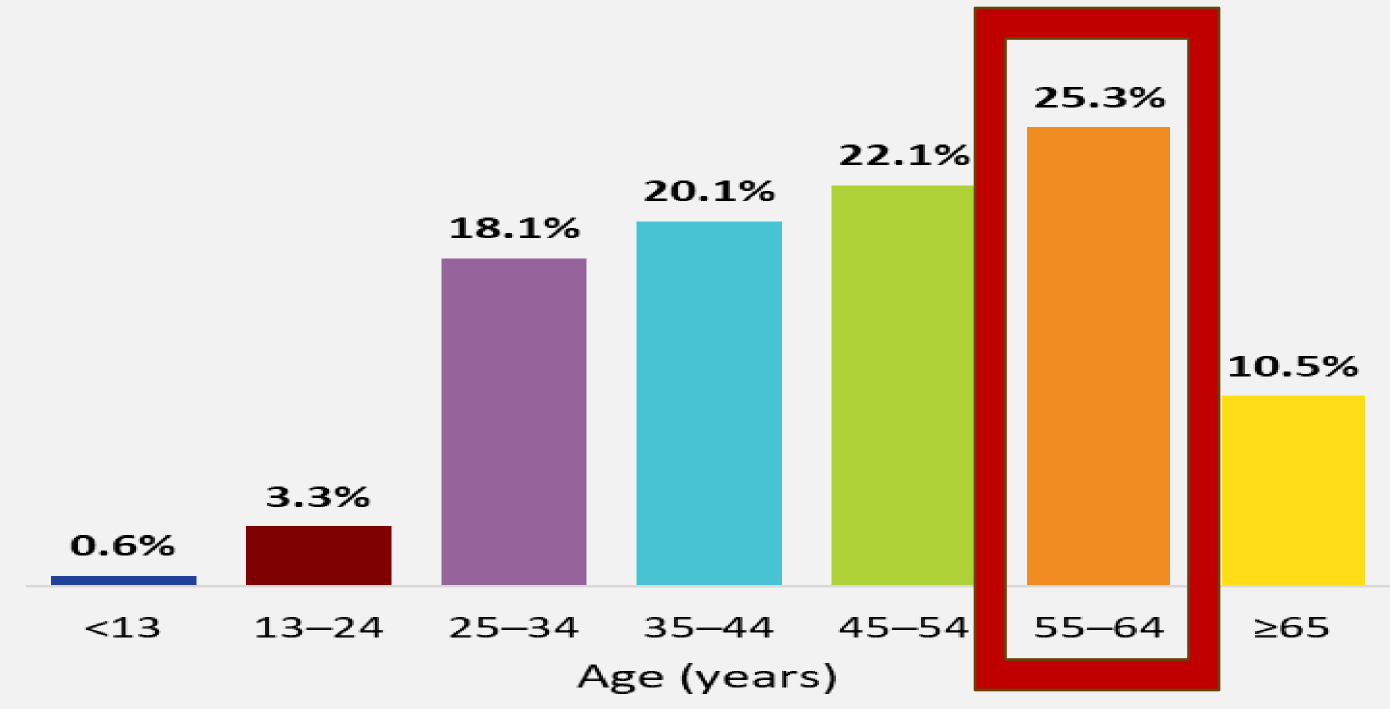
NASTAD National HIV and Hepatitis Technical Assistance Meeting

THREE PILLARS

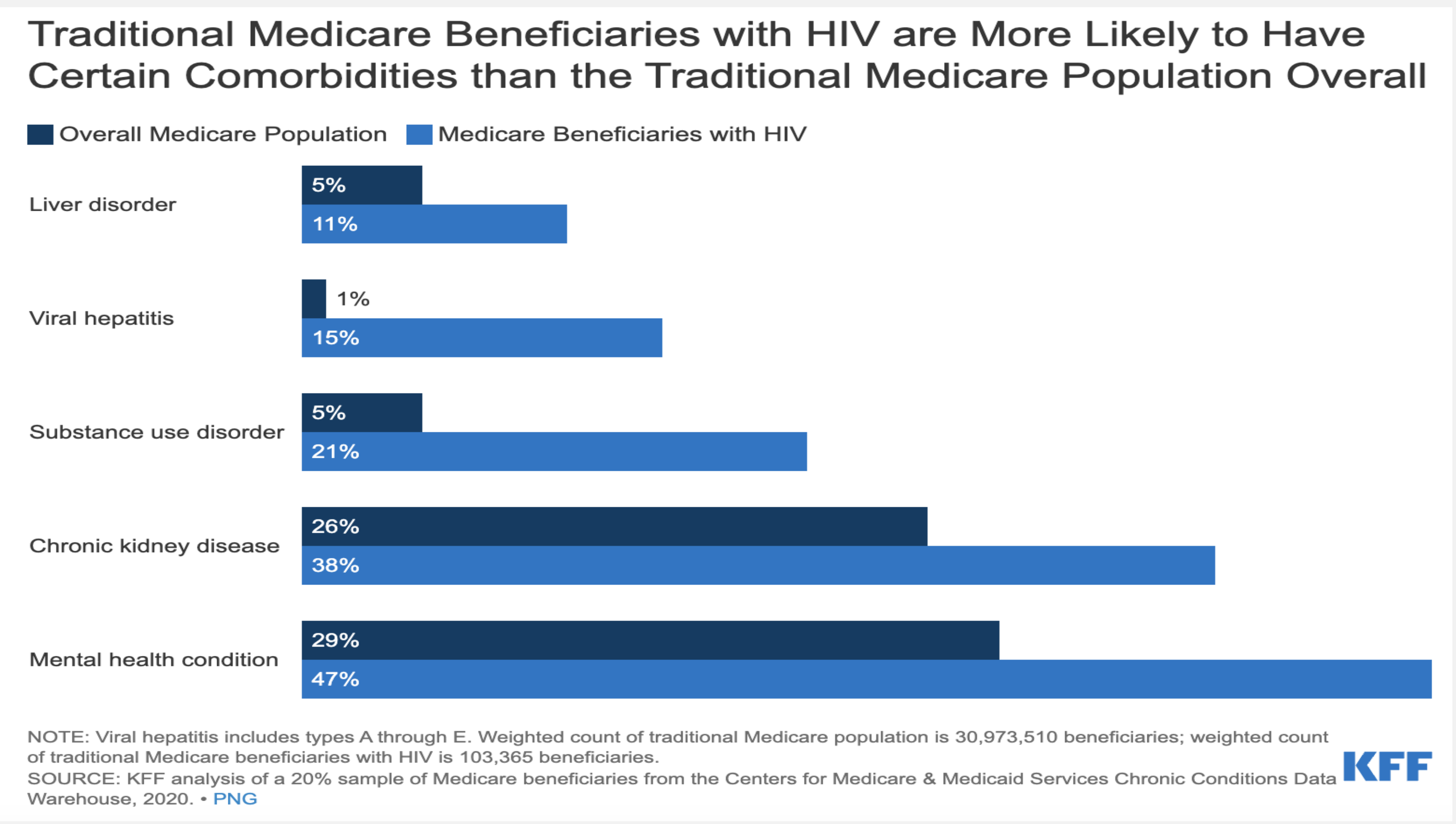
MEDICARE WAVE



MEDICARE WAVE

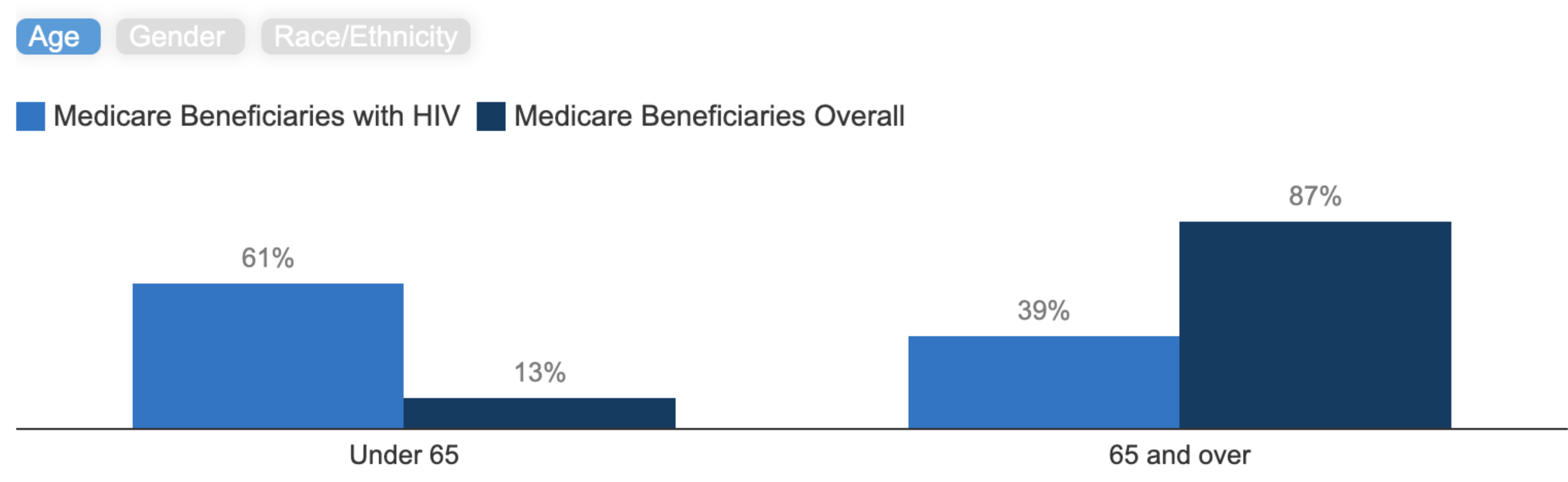


A COMPLEX POPULATION



Source: Kaiser Family Foundation (2023)

A COMPLEX POPULATION



Source: Kaiser Family Foundation (2023)

MEDICARE = HIV CARE

MEDICARE MEDICATION ACCESS: CURRENT LANDSCAPE

HIV Protections

Antiretroviral therapy = one of "six protected classes" meaning all ARVs must be covered by all Part D plans

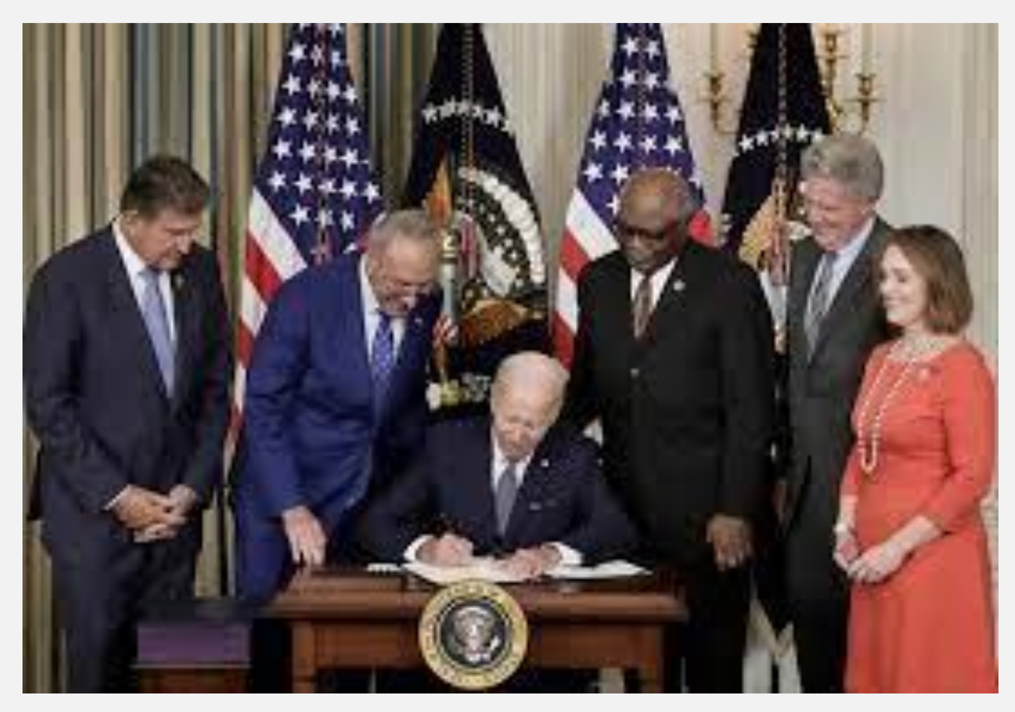
Part D plans may not subject ARVs to step therapy

Continued Challenges

Protected class and utilization management protections don't apply to Medicare Part B (where long-acting injectables are covered)

There are not cost-sharing protections for ARVs, and many are put on specialty tier with high cost sharing

MEDICARE MEDICATION ACCESS: A WHOLE NEW WORLD



- In August 2022, President Biden signed the Inflation Reduction Act (IRA) into law
- The law gives the Secretary of Health and Human Services the authority to negotiate the price of drugs for Medicare
- The law also reduces the the Medicare Part D out-of-pocket costs, putting in place a $2,000 cap starting in 2025

WHAT DOES THE IRA MEAN FOR HIV MEDICATION?

CMS selects drugs that will be subject to negotiation

- First 10 Part D drugs selected September 2023
- Next 15 Part D drugs selected February 2025
- Next 15 Part B or D drugs selected February 2026
- 20 Part B or D drugs selected each year starting in 2027

Negotiation to establish maximum fair price

Using a negotiation framework spelled out in statute and in CMS guidance, CMS undergoes negotiation process with manufacturers

CMS announces maximum fair price drugs subject to negotiation

- First 10 drugs, prices announced September 2024 (goes into effect 2026)
- Next 15 drugs, prices announced November 2026 (goes into effect 2027)
- Next 15 drugs, princes announced November 2027 (goes into effect 2028)
- Prices announced for 20 Part B or D drugs each year starting in 2027

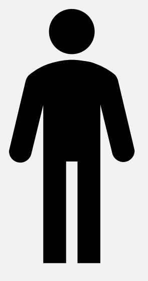
2028: HIV DRUGS MAY BECOME SUBJECT TO NEGOTIATION

Subject to negotiation in 2028

1	B	Keytruda	Pembrolizumab	Merck Sharp & D	3,500,947,569	13.3
2	D	Trulicity[h]	Dulaglutide	Eli Lilly & Co.	3,284,873,062	13.3
3	B	Opdivo	Nivolumab	BMS	1,586,591,103	13.0
	D	Biktarvy	Bictegravir/emtricitabine/tenofovir	Gilead Sciences	1,775,846,507	9.9
	D	Genvoya	Elvitegravir/cobicistat/emtricitabine/tenofovir	Gilead Sciences	755,819,244	12.2
	D	Triumeq	Abacavir/dolutegravir/lamivudine	Viiv Healthcare	738,986,222	13.4
7	D	Farxiga	Dapagliflozin	Astrazeneca	736,787,564	14.0
	D	Tivicay	Dolutegravir	Viiv Healthcare	656,037,862	14.4

Source: Dickson S, Hernandez I. Drugs likely subject to Medicare negotiation, 2026-2028. J Manag Care Spec Pharm. 2023 Mar;29(3):229-235.

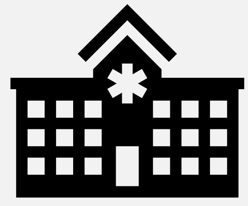
IRA IMPACT: CONSUMERS AND HIV CLINICAL SYSTEMS



Part D OOP cap = cost sharing will be drastically reduced fpr all medications

Part D smoothing mechanism = consumers can spread drug costs out over 12 mos.

Maximum fair prices for expensive drugs = savings to fund OOP reductions



More clients can afford medications (esp non-HIV medications) = health outcomes

Part D OOP cap = less 340B rebate revenue for ADAPs, **BUT** lower cost sharing that ADAPs pay

Maximum fair prices may reduce 340B program income opportunities

HOW DO WE NAVIGATE THESE CHANGES?

- Are our HIV systems prepared to help a growing population enroll in Medicare?
- Are our HIV systems prepared for list price reductions for ARVs?
- Are our HIV systems prepared to assist people living with HIV to access both ARV and non-ARV medications?