

Barriers to HIV Medication Access

The Access to HIV Medications Survey (AHMS) was undertaken by the AIDS Institute in response to concerns about barriers to patient access to medications voiced by both consumers and providers. The goals of the survey were to provide an opportunity for providers and consumers to report the difficulties they experience in prescribing and acquiring medications, analyze the causes of each problem, and identify how the AIDS Institute could address each problem. The survey, while limited, helped the AIDS Institute begin to quantify barriers to medications that had previously only been reported anecdotally.

Two versions of the survey were disseminated: one to providers and one to consumers. Each had nine questions covering topics including the type of problem, medicine, dates, location, and coverage. Respondents were given the option to be anonymous, provide contact information, or request staff follow up from the AIDS Institute. On March 18th, 2014, the survey was sent to over 300 providers statewide via email.¹

The AIDS Institute received 106 survey responses as of June 2014, with 42 consumer surveys and 64 provider surveys.

Survey responses unearthed a variety of different problems that HIV providers and consumers face. Problems related to mail order medications and insurance coverage accounted for more than 50% of the issues reported in the surveys (see

Figure 1). Other barriers that arose included problems with prior authorizations, copayments, and a lack of understanding about Medicaid Spenddown policies.² These results were presented at the June 2014 Quality of Care Clinical Advisory Committee (QAC) and Consumer Advisory Committee (CAC) meetings.

Consumers noted in survey responses that insurance companies limit prescription fills to a 30-day supply, even when the provider writes a 90 day prescription. These limits, coupled with overdue

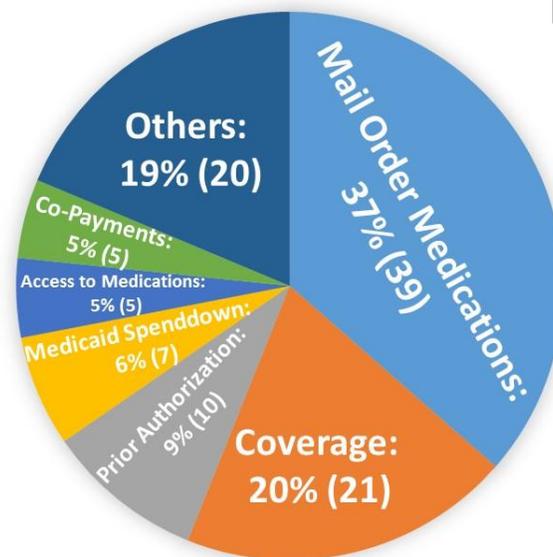


Figure 1: Number of Problems Reported

Others include:

- Communication
- Deductible Cost
- Language Barriers
- Pharmacy Complaints
- Pharmacy Delays
- Pharmacy Errors
- Refills
- Service Complaints

Pimentel, Liriany Y., Timour, Karin E., Tietz, Daniel E, Agins, Bruce D. June 11th, 2014. Access to HIV Medications Survey (AHMS). New York State Department of Health Quality of Care Consumer Advisory Committee. Las Americas, 55 Exchange Place, New York, NY 10005. Presentation.

¹ Pimentel, Liriany Y., Timour, Karin E., Tietz, Daniel E, Agins, Bruce D. June 11th, 2014. Access to HIV Medications Survey (AHMS). New York State Department of Health Quality of Care Consumer Advisory Committee. Las Americas, 55 Exchange Place, New York, NY 10005. Presentation.

² Pimentel, Liriany Y., et al. 2014.

deliveries of mail order medications, often result in missed doses at the beginning of each month. Another problem reported by non-English speaking consumers was an inability to communicate with the staff of insurance companies who were untrained in foreign languages and failed to provide translation services.³

Prior authorization requirements for medication, implemented in order to limit unnecessary medication expenditures, have also resulted in additional delays and treatment interruptions. Prior authorizations increase administrative burden in clinics because they require the doctor, rather than other staff to request them monthly. As a result, many providers have to spend extra time that could be spent with patients on phones with insurance companies in order to secure approvals. Additionally, Medicaid now requires a prior authorization for Truvada when used for PrEP. Some providers have reported that they have encountered problems prescribing Truvada for some ARV regimens because of incorrect differentiation between PrEP and ARV regimens. This confusion has resulted in unnecessary prior authorizations, which has caused delays in medication for some patients. Balancing out the positive effects of prior authorization policy, to control costs and assure appropriate coverage, is an important next step in breaking down barriers to HIV medication.

The AHMS results revealed that many case managers and consumers are not acquainted with the complexities of Medicaid Spenddown. As a result, case managers cannot consistently support their consumers in navigating the Medicaid Spenddown process.⁴

The AIDS Institute is currently following up on problems reported in the survey that lead to medication interruptions and can be solved by the AIDS Drug Assistance Program (ADAP) team, or need consumer or provider ADAP education, or were unclear. Other issues, such as language barriers, pharmacy delays and errors, refill delays as a result of prior authorizations, on-line insurance formularies that are either challenging to find, or incomplete, and employer-provided plans that do not cover ARVS have not been easily addressed.⁵ Discussions at the June CAC and QAC meetings centered on how to fix gaps in coverage that have become evident as a result of the Patient Protection and Affordable Care Act, ways to address issues of Medicaid Spenddown, ADAP, and prior authorizations, and the utility of NYSDOH resources including the Pharmacy Benefit Information Center website.⁶

As this moves forward, appropriate strategies will be discussed to follow up with on-going issues that the AHMS results have uncovered. Improving access to HIV medication in the coming years is critical as New York State seeks to promote uninterrupted care and improved health outcomes for people living with HIV/AIDS. Work with insurance companies, pharmacies, and providers to address barriers to HIV medication access while soliciting consumer and provider feedback will be required to assure consistent medication access to meet the goal of sustainable VLS.

³ Timour, Karin. July 30th, 2014. Internal Communication.

⁴ Timour, Karin. 2014.

⁵ Timour, Karin. 2014.

⁶ New York State Department of Health. *QAC Extended Minutes*. June 12th, 2014. "Access to Medications Survey- Liriany Pimentel." HIVGUIDELINES.ORG. <http://www.hivguidelines.org/quality-of-care/nys-hiv-quality-of-care-program/advisory-committee-meetings/2014-meetings/june-12-2014>

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