The American Academy of HIV Medicine (AAHIVM) and the HIV Medicine Association (HIVMA) recently conducted a survey of their HIV medical provider members to obtain information on how Medicare’s new prescription drug benefit, also known as Part D, has affected HIV care today. Medicare has historically been an important source of health insurance coverage for people with HIV/AIDS, and stands to play an even greater role as a result of the new prescription drug benefit. As of January 1, 2006, all people on Medicare were given access to the new Part D benefit and people with Medicaid and Medicare coverage were automatically enrolled in the new program.

INTRODUCTION

Through the passage of the Medicare Modernization Act of 2003, Medicare now offers prescription drug coverage to its elderly and disabled beneficiaries, including approximately 100,000 Medicare beneficiaries with HIV/AIDS. Even before the prescription drug benefit, Medicare was the second largest source of federal funding for HIV care and treatment behind Medicaid. Through the extension of drug coverage, Medicare plays an even more important role in the disease management of people living with HIV/AIDS in America.

By now most Americans are familiar with the dramatic improvements in the treatment of HIV infection that have reduced mortality due to the disease by nearly 80 percent. What was once almost always considered a fatal diagnosis; HIV disease can now be managed with consistent and reliable access to a combination of medications known as highly-active antiretroviral therapy (HAART) medications.

These medications are critical to the health and well-being of patients infected with HIV/AIDS; however, successful viral suppression demands strict adherence to a complex drug regimen that requires multiple doses of three or more highly expensive medications daily. In addition, antiretroviral medications are simply not interchangeable with one another due to individual physiological factors and differences in toxicity, efficacy, drug interactions, and potential drug resistance. As a result, it is critical that people with HIV/AIDS maintain unhindered access to all of the FDA-approved medications available to treat the disease and its complications. Beyond viral suppression, people with HIV disease often must contend with opportunistic complications and serious co-occurring conditions such as hepatitis C and mental illness.

The Centers for Medicare & Medicaid Services (CMS) has recognized that these concerns make the HIV-infected population particularly vulnerable and has included antiretrovirals as one of six protected drug classes for which Part D plans are required to cover “all or substantially all drugs” available. Specifically, the formulary guidance in effect during our survey period required drug plans to cover all drugs available in the antiretroviral class available on January 1, 2006 and prohibited plans from applying utilization management techniques such as prior authorization to these drugs with the exception of enfuvirtide (Fuzeon).

Prescription drug coverage through Medicare Part D is complicated for Medicare beneficiaries with HIV/AIDS by the fact that a majority of them are also enrolled in other safety-net programs. An estimated 80,000 are dually eligible for both Medicaid and Medicare and were automatically enrolled in Medicare Part D. Many also received assistance from the Ryan White CARE Act’s AIDS Drug Assistance Program (ADAP) prior to the availability of Medicare Part D. Beginning in January 2006, ADAPs were required to enroll all eligible ADAP beneficiaries into Medicare Part D. Some state ADAPs were able to supplement the Medicare Part D coverage by paying co-pays, deductibles, premiums, and/or coverage for beneficiaries in the doughnut hole. However, since payments made by ADAPs on behalf of Medicare
beneficiaries do not count toward the true out of pocket cost limit known as “TrOOP” many states could not afford to help Medicare beneficiaries with these expenses.

Given these complex interactions among payors, patients, plans, and providers, the HIVMA and AAHIVM conducted a joint survey of their memberships to ascertain how the Medicare Part D program is working for HIV medical providers and their patients living with HIV/AIDS. Included below is a summary of the survey findings as well as recommendations for improving the Medicare drug benefit to help alleviate ongoing implementation issues.

SURVEY METHODOLOGY

The survey was administered online through a web-based survey engine. The sample for the survey was created through a de-duplication of the membership lists of HIVMA and AAHIVM and totaled 3378 HIV medical providers. The preliminary findings are based on the 561 responses received as of November 27, 2006 to the 44-question online survey and represent a 17% response rate. Ninety-one percent of respondents were HIVMA or AAHIVM members and the remainder were their proxies.

Due to the design limitations of the survey, the results and conclusions (while highly illustrative) cannot be generalized to the entire population of our memberships or to all HIV medical providers.

KEY FINDINGS

Clinic/Practice Characteristics

- 64% of respondents worked at clinics that treat more than 400 patients (HIV and non-HIV).
- 39% worked at clinics with more than 400 patients with HIV/AIDS.
- 54% worked at clinics that received Ryan White CARE Act funding.
- 81% reported having at least “some” patients with Medicare Part D coverage.
- 88% of the respondents that have patients with Medicare Part D coverage reported having at least “some” patients who were enrolled in Medicaid and Medicare.

In addition:
- 26% worked in private practice
- 24% worked in a hospital-affiliated clinic
- 21% worked in a university academic medical center

Respondent Characteristics

- 66% identified as male
- 78% identified as white
- 82% identified as physicians
The following data are based on the 452 respondents that indicated that they see HIV patients with Medicare Part D coverage.

Medicare Part D Drug Plans are not meeting the needs of beneficiaries with HIV/AIDS.

- 83% of respondents reported that their patients had experienced problems getting their prescriptions since joining a Medicare drug plan. Of those reporting problems for their patients with HIV/AIDS:
  - 80% reported one or more of a patient’s drugs were subject to prior authorization.
  - 76% reported one or more of a patient’s drugs were not covered by their plan’s formulary.
  - 73% reported that patients could not afford the co-payments/cost-sharing requirements.
  - 46% had patients that had problems getting enrollment cards or letters.
  - 44% reported that a patient’s drugs were subject to quantity limits.

Graph #1: Percentage of Survey Respondents Reporting Problems Filling Part D prescriptions

People with HIV/AIDS experienced lapses in medications due to Part D problems.

- Of those reporting problems with Part D, 75% reported that patients with HIV/AIDS went without medications due to Part D problems. Of those that reported on specific medication lapses:
  - 65% reported patients with HIV/AIDS going without antiretrovirals as well as other medications.
  - 11% reported patients with HIV/AIDS going without only antiretrovirals
  - 24% respondents reported patients with HIV/AIDS going without only non-antiretroviral medications.

Problems with Part D coverage led to unscheduled medical visits and other adverse health consequences for some patients.

- 60% of respondents that reported problems indicated that patients with HIV/AIDS came in for unscheduled or extra medical visits due to Part D problems.
- 28% of respondents that reported problems indicated that patients with HIV/AIDS experienced other adverse health consequences due to Part D problems.
For those that reported problems, the percentage of respondents reporting that patients with HIV/AIDS had trouble accessing medications included: antiretroviral medications (54%); mental health medications (55%); cholesterol medications (55%); pain medications (46%); medications for HIV-related opportunistic infections (36%); hypertensive medications (35%) and hepatitis medications (22%).

Graph # 2: Problems with Medicare Part D Prescriptions: By Drug Type

Some drug plans are requiring prior authorization for antiretrovirals.

- 45% of respondents reported that they had requested prior authorization for an antiretroviral medication.

HIV medical providers find the administrative burden associated with Part D is greater than it is for other insurance plans.

- 69% of respondents indicated that the administrative burden under Part D is “worse” than that required for other insurance plans, including Medicaid.
- 79% of respondents indicated that the amount of time spent ensuring Medicare patients get access to drugs has increased – 36% reported that the time increased substantially.

Many dual eligibles are worse off under Medicare Part D and now pay more for their prescription drugs.

- 48% of respondents reported that their dual eligible patients with HIV/AIDS were worse off under Medicare Part D; 40% reported drug coverage for their dual eligible patients stayed the same; and 9% reported drug coverage improved for their dual eligible patients.
- 58% of respondents reported that out-of-pocket costs increased for their dual eligible patients with HIV/AIDS; 34% reported that costs stayed the same; and 5% reported that costs decreased.
Overall Impressions

- 57% of respondents indicate that they understand Part D “very well” or “somewhat well.”
- 63% of respondents indicated an “unfavorable” impression of Medicare Part D; 24% reported a “neutral” impression of Medicare Part D and 12% reported a “favorable” impression.

CONCLUSIONS and RECOMMENDATIONS

HIV medical providers reported challenges obtaining antiretroviral and non-antiretroviral medications for their Medicare patients with HIV/AIDS. Many of the problems appear to stem from complex and in some cases inappropriate prior authorization processes; high prescription drug co-payments; and inadequate formulary coverage of non-antiretroviral medications – particularly for cholesterol medications, pain medications, medications for HIV-related opportunistic infections and hypertensive medications. These problems occurred despite the protections for antiretrovirals and the five other drug classes included in the Centers for Medicare and Medicaid (CMS) 2006 and 2007 formulary guidance.

Of particular concern is the high percentage of HIV medical providers that reported that their patients that are dually eligible for Medicare and Medicaid are worse off under Medicare Part D. Dual eligibles with HIV/AIDS by virtue of qualifying for both programs live on very low monthly incomes and have been disabled for more than two years. With Medicaid drug coverage, this population had access to an open drug formulary and in many states were not subject to cost-sharing. (If they were subject to cost sharing, Medicaid law ensures that beneficiaries are not denied access to drugs or other services due to an inability to pay cost-sharing.) Better monitoring of the dual eligible population is needed along with stronger protections to ensure that they maintain reliable access to lifesaving drug therapies.

While our findings are limited by the relatively small pool of respondents, the numerous challenges and negative outcomes raised warrant further attention. Some issues such as the burdensome prior authorization processes should be addressed administratively by CMS; while others such as formulary inadequacies and prohibitive cost sharing require the U.S. Congress to intervene legislatively.

Nearly 100,000 Medicare beneficiaries have HIV/AIDS. Their lives depend on consistent and affordable access to these medications. We must do everything we can to ensure the health and well-being of this most-vulnerable population.

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FOR MORE INFORMATION

Together the American Academy of HIV Medicine and the HIV Medicine Association represent nearly every experienced HIV medical provider in the United States. For more information or to see the original survey design, please contact Andrea Weddle with HIVMA at (703) 299-1215 or Greg Smiley with AAHIVM at (202) 659-0699 or visit either website at www.hivma.org or www.aahvim.org