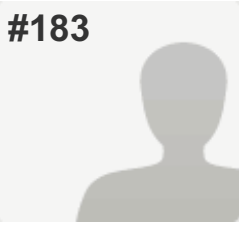


Ending the Epidemic Task Force Recommendation Form

#183



COMPLETE

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Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

First Name	Marc
Last Name	Meachem
Affiliation	ViiV Healthcare
Email Address	Marc.s.meachem@viivhealthcare.com

Q2: Title of your recommendation Access to ARVs through Medicaid Managed Care plans

Q3: Please provide a description of your proposed recommendation

Contracts that the state enters into to provide services to Medicaid beneficiaries, including Medicaid Managed Care plans, Accountable Care Organizations, Medical Homes and other service delivery models, should not allow utilization management tools for antiretroviral drugs, such as prior authorization, unless those restrictions are being used to insure that medicines are being prescribed for FDA approved or compendia supported indications.

Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply) Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

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Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.

Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available.

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

New policy

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Permitted under current law

Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?

Within the next year

Q9: What are the perceived benefits of implementing this recommendation?

The Access to HIV Medications Survey (AHMS), fielded by the AIDS Institute in 2014 and completed by providers and consumers, indicates that barriers to medicines include prior authorizations. PAs “have resulted in additional delays and treatment interruptions” for patients and “increase administrative burden in clinics” for providers. Without utilization management barriers, providers will be able to offer their patients the best treatment options for them, and will allow patients to obtain the medicine without unnecessary barriers to access.

Q10: Are there any concerns with implementing this recommendation that should be considered?

Respondent skipped this question

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Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

The cost to the state is likely to be significantly offset by other cost savings.

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

Respondent skipped this question

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

Medicaid patients, who will be able to obtain medicines prescribed by providers without unnecessary barriers. Medicaid providers, who will be able to offer their patients the best treatment options for them with minimal administrative burden.

Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

Tracking the percent of patients with suppressed viral load, and if significant numbers are virally suppressed, that indicates that Medicaid beneficiaries are taking their medicines, although that could not be directly linked to this recommendation.

Q15: This recommendation was submitted by one of the following

Other (please specify)
Specialist HIV pharmaceutical company