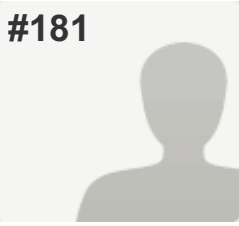


# Ending the Epidemic Task Force Recommendation Form

#181



**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
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**Q2: Title of your recommendation**

Insurance plans should designate pharmacists to resolve barriers to HIV medication access

**Q3: Please provide a description of your proposed recommendation**

The Access to HIV Medications Survey (AHMS), fielded by the AIDS Institute in 2014 and completed by providers and consumers, indicates that there are many barriers to HIV medication access: pharmacy delays and errors, refill delays as a result of prior authorizations or pharmacies providing only a 30 day supply when a 90-day supply was written, formularies that are challenging to find, incomplete and change. Our recommendation is that all the Medicaid Managed Care plans train select pharmacists to be the "HIV pharmacy expert" when consumers or providers call needing help in resolving barriers to HIV Medicaid access encountered at the pharmacy. In addition, Medicaid Managed Care plans can establish and publicize an "HIV pharmacy" telephone number that can efficiently route calls to the HIV pharmacy expert. In the alternative, this recommendation could apply to the Medicaid Managed Care plans that have a certain number of HIV lives, for example 3,000 HIV+ enrollees. We encourage New York State to work with commercial and employer plans to recommend that they have HIV pharmacy experts to resolve pharmacy barriers.

**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)**

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?**

Change to existing 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?**

It is important that people who have started on HIV treatment do not have treatment interruptions. Even if ARVs are available through all the Medicaid Managed Care plans without indication-related prior authorization or step edits, there can be logistical barriers and errors at pharmacies. Resolving these barriers requires a person knowledgeable about HIV treatment at the insurance plan who understands the importance of uninterrupted treatment and works to assess the problem and efficiently resolve it.

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

Medicaid Managed Care plans will have to train and dedicate pharmacy staff to resolve barriers to HIV medication access.

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

*Respondent skipped this question*

**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?**

Patients, who will minimize treatment interruption with dedicated HIV pharmacy staff who will work to resolve issues; and providers, who will have less of an administrative burden in helping patients access the medicines they have been prescribed.

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

Survey of Medicaid recipients and providers a year after the recommendation is implemented.

**Q15: This recommendation was submitted by one of the following**

Other (please specify)

Specialist HIV pharmaceutical company