Paying for PrEP:

What Nurses, Administrators and Patients Need to

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Carole Treston, ANAC

January 26, 2016
Housekeeping

• Participant lines muted during the webinar
• Type questions in the “Question” pane of your Dashboard
• Q & A session at the end of the webinar.
Continuing Nursing Education

Upon full participation in this webinar & completion of an evaluation, participants will be awarded 1.0 contact hours.

The Association of Nurses in AIDS Care (ANAC) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
Disclosures

Faculty Conflict of Interest Disclosures

Kenyon Farrow, Amy Killelea, Carole Treston have no actual or perceived conflicts of interest related to the content of this program.

This program is part of a project supported by funding from Gilead Sciences, Inc. awarded to ANAC.
Learning Objectives

At the end of presentation participants will be able to:

1. Examine the link between PrEP uptake and insurance access, enrollment and affordability
2. Describe financial and other challenges and barriers experienced by patients seeking PrEP
3. Discuss the actions and approaches nurses and other healthcare workers can take to lessen the financial barriers to PrEP.
Agenda

1. ANAC & PrEP Overview
2. Paying for PrEP: Policy Considerations, Advocacy Priorities and Solutions
3. Patient PrEP Experiences
4. Paying for PrEP: Tips & Resources for Providers
5. Q &A/ Discussion
ANAC & PrEP

Policy & Advocacy

Provider Education
ANAC PrEP Policy & Advocacy

Core Ideology: Public policy must be grounded in patient advocacy, human rights, compassion, and social justice.

Two Fundamental Beliefs:
- Nurses can have an influential and powerful voice as public policy advocates.
- Nurses have expertise related to health care and human rights.

PrEP works to prevent HIV

Education, Implementation & Uptake lags

New HIV infections disproportionally affect racial and sexual minorities.
PrEP Evidence & Guidelines

- Nov 2010 IPREX Study
- Jan 2011 CDC Interim Guidance MSM
- July 2011 Partners PrEP TDF2
- July 2012 FDA Approval of PrEP
- Aug 2012 CDC Interim Guidance Hetero M/F
- May 2014 USPHS CDC Guidelines
- July 2014 IPREX Ole
- Sept 2015 WHO Global Recommendations
Daily oral PrEP with the fixed-dose combination of tenofovir 300 mgm/FTC 200 mgm (Truvada) has been shown to be safe and effective in reducing the risk of sexual HIV acquisition in adults; therefore PrEP is recommended as one prevention option for:

- sexually-active adult MSM at substantial risk of HIV
- adult heterosexually active men and women at substantial risk of HIV
- adult injection drug users
- In sero-discordant couples to protect the uninfected partner during conception and pregnancy
ANAC & PrEP
Preparing Nurses & NPs for PrEP Education & Implementation

• PrEP 1: PrEP Overview, Evidence & Resources
• PrEP 2: PrEP for Nurses: Clinical Practice Considerations in Patient-Centered PrEP Programs
• PrEP 3: Nursing Advocacy & Strategies for PrEP in Substance Abuse Treatment, Reproductive Health and Primary Care Settings

www.nursesinaidscare.org
Paying for PrEP: Advocacy Priorities and Solutions

Amy Killelea
NASTAD
PrEP as Part of a New Prevention Paradigm

The Changing Science

The Coverage Landscape
16.4 million people have gained health insurance coverage through the ACA

New Attention to Population Health by Medicaid and Insurance

A Math Problem

- CDC and HRSA do NOT cover PrEP (the medication)
- We cannot fight an epidemic with discretionary funding alone
A New Insured Landscape Nationwide

Changing Uninsured Rates by County: 2013-2015

Source: Enroll America
The Financing Conundrum

**PrEP Services**
- PrEP medication access
- Laboratory services
- Primary care visits (LGBT health)
- Linkage to social support services
- Mental illness & substance use/abuse services
- Adherence counseling and support
- Health insurance enrollment and plan navigation
- HCV, HIV and STI screening
- HIV Risk Reduction Counseling

**CDC**
- Will not pay for medication and labs

**Ryan White Program**
- Can pay for limited services for HIV negative individuals

**Medicaid**
- 19 states have still not expanded

**Private insurance**
- Co-pays are still expensive!
Financing Considerations

• Enroll eligible individuals into insurance coverage
• Assess insurance plan options and plug affordability gaps
• Build off of existing Ryan White/ADAP infrastructure to create public health PrEP program
• Create a PrEP Public Health Safety Net
1) Enrollment into New Coverage

Messages and Messengers Matter

Most Important Motivators for People Under 30

Here are the top three messages that motivate young Americans to learn more about the new health coverage options through the Health Insurance Marketplace:

- If you or a family member gets sick, you won’t have to worry about big medical bills or going bankrupt.
- You will be able to find a plan that fits your budget.
- The insurance plan you choose will be there to cover the care you need.

Best Messengers

- Someone like them
- Someone their age and who has experienced the process of applying for health insurance
- Family member (mom)
- Doctor
It’s Getting Harder to Identify and Enroll the Remaining Uninsured

Nine in Ten Uninsured Unaware that the Affordable Care Act’s Second Open Enrollment Period Starts in November

Figure 1. Distribution of Remaining Uninsured Adults Ages 18 to 64 by Family Income and State Medicaid Expansion Status, March 2015

- Family income at or below 138% of FPL in Medicaid expansion state: 27.7%
- Family income between 139% and 399% of FPL in Medicaid expansion state: 15.5%
- Family income between 101% and 399% of FPL in Medicaid nonexpansion state: 27.6%
- Family income at or below 100% of FPL in Medicaid nonexpansion state: 22.6%
- Family income at or above 400% of FPL: 6.6%

Total share potentially eligible for financial assistance for coverage through the ACA: 70.8%
Insurance Education and Assistance is a New Prevention Activity

- DIS, HIV linkage staff, and other frontline prevention staff are first touch to both prevention and overall health and wellness

PrEP Access

Treatment access

Primary care; insurance coverage; health and wellness
Insurance Assistance as PrEP Strategy


Nov, 30, 2015

People who are HIV-negative but vulnerable to HIV infection can take a daily medication to help prevent HIV. This is known as pre-exposure prophylaxis, or PrEP. A drug called Truvada was approved by the U.S. Food and Drug Administration (FDA) for use as PrEP in 2012. PrEP is recommended by the U.S. Centers for Disease Control and Prevention. When taken consistently and correctly, PrEP can reduce one’s risk of contracting HIV by close to 100%.

This document summarizes the monthly out-of-pocket cost a person can expect to pay for Truvada under each of the plans on the Illinois health insurance marketplace offered in Cook County, IL. To learn more about the marketplace and health care coverage, get started at GetCoveredIllinois.com.
2) Assessing Affordability and Coverage and Filling Gaps

PERCENTAGE OF SILVER PLANS PLACING ALL SINGLE-SOURCE BRANDS IN THE CLASS ON THE SPECIALTY TIER

- **2014**
- **2015**

<table>
<thead>
<tr>
<th>Category</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>NNRTIs</td>
<td>16%</td>
<td>27%</td>
</tr>
<tr>
<td>NRTIs</td>
<td>14%</td>
<td>29%</td>
</tr>
<tr>
<td>Protease Inhibitors</td>
<td>16%</td>
<td>29%</td>
</tr>
<tr>
<td>HIV-Other</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>Antihepatitis Agents</td>
<td>16%</td>
<td>26%</td>
</tr>
<tr>
<td>Antimetabolites</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>Molecular Target Inhib.</td>
<td>34%</td>
<td>47%</td>
</tr>
<tr>
<td>Antiangiogenics</td>
<td>67%</td>
<td>60%</td>
</tr>
<tr>
<td>Emetogens</td>
<td>6%</td>
<td>10%</td>
</tr>
<tr>
<td>Multiple Sclerosis Agents</td>
<td>9%</td>
<td>42%</td>
</tr>
</tbody>
</table>

**HIV/AIDS**
- **Oncology**

NNRTIs = Non-Nucleoside Reverse Transcriptase Inhibitors
NRTIs = Nucleoside and Nucleotide Reverse Transcriptase Inhibitors
Emetogenic = Emetogenic Therapy Adjuncts

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## Assessing QHP Metal Tiers and OOP Plan Costs

<table>
<thead>
<tr>
<th>QHP Metal Tiers</th>
<th>What It Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronze</td>
<td>Plan pays 60% of costs (on average)/enrollee pays 40%</td>
</tr>
<tr>
<td>Silver</td>
<td>Plan pays 70% of costs (on average)/enrollee pays 30%</td>
</tr>
<tr>
<td>Gold</td>
<td>Plan pays 80% of costs (on average)/enrollee pays 20%</td>
</tr>
<tr>
<td>Platinum</td>
<td>Plan pays 90% of costs (on average)/enrollee pays 10%</td>
</tr>
</tbody>
</table>
## Putting It Together: Comparing Costs Across Plans

<table>
<thead>
<tr>
<th></th>
<th>Bronze Plan</th>
<th>Silver Plan (with CSR)</th>
<th>Gold Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual premium contribution (after tax credit)</strong></td>
<td>$13/month</td>
<td>$53/month</td>
<td>$130/month</td>
</tr>
<tr>
<td><strong>Annual OOP cap</strong></td>
<td>$6,850</td>
<td>$2,250</td>
<td>$6,850</td>
</tr>
<tr>
<td><strong>Cost sharing</strong></td>
<td>Tier 2: 30% ~$385/mo.</td>
<td>Tier 2: 20% ~$257/mo.</td>
<td>Tier 2: $35</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$6,850</td>
<td>$2,000</td>
<td>$500</td>
</tr>
</tbody>
</table>

**John**
- Makes ~$17,000 per year (150% FPL)
- Gets $202/month in APTC
- Prescribed Truvada

**Putting It Together:**

John makes ~$17,000 per year (150% FPL) and gets $202/month in APTC. He prescribes Truvada. Industry co-pay assistance programs can help.
PrEP Access is a Part of Broader Advocacy around Affordability

HIV Health Care Access Working Group (HHCAWG) Asked and the Center for Medicaid Medicare Services (CMS) Listened!

Abigail Wood | April 16, 2014

"I AM ESSENTIAL" COALITION URGES IMPROVEMENTS TO ESSENTIAL HEALTH BENEFITS

November 20, 2014 | Health Insurance Exchanges | Comments

'Cap-the-copay' movement takes off

May 26, 2015

By: Anthony Brino

As California goes, so goes the country in capping consumer costs for medicines? That's what patient advocacy groups and and some pharmaceutical companies may be hoping.

Covered California has become the first state health insurance exchange to require health plans to cap out-of-pocket costs for speciality drugs. The exchange's board voted to adopt a limit of $150 to $500 per month for speciality medications that treat arthritis, cancer, HIV/AIDS, diabetes, hepatitis C and other complex conditions.
3) Building off of RW/ADAP Infrastructure to Create a PrEP Safety Net

• PrEP Drug Assistance Programs
  o E.g., Washington and Colorado
    • Using ADAP infrastructure and purchasing PrEP medication and insurance for HIV negative individuals with state funds
    • BUT, purchasing at full price (no 340B discount)

• Ryan White Program flexibility
  o Purchasing family plans that include an HIV negative partner
  o Limited flexibility for EIS/EIHA to include PrEP
Medicaid Expansion = PrEP Access X Factor

Current Status of State Medicaid Expansion Decisions

NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. *AR, IA, IN, MI, MT, NH and PA have approved Section 1115 waivers. Coverage under the PA waiver went into effect 1/1/15, but it has transitioned coverage to a state plan amendment. Coverage under the MT waiver went into effect 1/1/2016. LA’s Governor Edwards signed an Executive Order to adopt the Medicaid expansion on 1/12/2016, but coverage under the expansion is not yet in effect. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion. See source for more information on the states listed as “adoption under discussion.”

Resources

• National Alliance of State & Territorial AIDS Directors (NASTAD), www.NASTAD.org
  o Amy Killelea, akillelea@nastad.org
  o Edwin Corbin-Gutierrez, ecg@nastad.org
  o Xavior Robinson, xrobinson@nastad.org

Health Systems Integration resources
• Guttmacher Institute, Medicaid Family Planning Eligibility Expansions, May 2015,
  http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf
• HIV Health Reform, http://www.hivhealthreform.org/
• Treatment Access Expansion Project, www.taepusa.org
• HIV Medicine Association, www.hivma.org
• Health Care Reform Resources
  o Center on Budget and Policy Priorities, Beyond the Basics,
    http://www.healthreformbeyondthebasics.org
  o State Refo(ru)m, www.statereforum.org
  o Kaiser Family Foundation, www.kff.org

PrEP Billing and Operations resources:
• PrEP Facts: prepfacts.org
• Association of Nurses in AIDS Care: http://www.nursesinaidscare.org
• Cicatelli: http://caiglobal.co/j_cba/index.php/available-cba-services
THANK YOU!
Patient Advocate Perspective

Kenyon Farrow
Treatment Action Group
U.S. and Global Health Policy Director
HIV prevention and treatment activist
Paying for PrEP:
Tips & Resources for Providers

Insurance reality
• Truvada Cost $~ $1300/mos
• Insurance deductibles = >$1000
• Prescriptions costs towards deductible
• Co-pays $200-$300
Paying for PrEP:
Tips & Resources for Providers

• Education & discussion on financial processes
  • Deductibles
  • Prescription delivery choice/restrictions
• Manage expectations of time to obtain prescription
• Insured- multiple pre-authorizations attempts
• Patient Assistance programs for Insured & Uninsured
  • Insured: Co-pays & Deductibles
  • Uninsured: Cost of medications

• Importance of Provider-patient partnership
• Expect 2 weeks- 1 month for complete process
• Education on navigating the health care system & processes
• Timing of renewals
Paying for PrEP:
Tips & Resources for Providers

Insurance pays for Truvada for Prep
2016 ICD-10 Codes October 2015

Z20.6 Contact with and (suspected) exposure to HIV

Z20.82 Contact with and (suspected) exposure to other viral communicable diseases
Z20 Contact with and (suspected) exposure to communicable diseases
Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
W46.0 Contact with hypodermic needle (hypodermic needle stick NOS)
Z72.5 High risk sexual behavior
Paying for PrEP:
Tips & Resources for Providers

Pre-Authorizations
Commercial Insurance
Medicaid MCO

Role for Nurses and Case Managers as part of the PrEP Team
Paying for PrEP: Tips & Resources for Providers

**Gilead Co-pay Coupon Program for Truvada**

Enroll online  www.gileadcopay.com
Call M-F 8AM-8 PM 1-877-505-6986

Deductible and co-insurance coverage is up to $3600 per year – no longer limited to $300 per month
• People must have private insurance
• This program does not cover individuals with Medicaid or Medicare
• No income requirement
• Issues a co-pay card for use at pharmacies
• www.gileadcopay.com
Paying for PrEP: Tips & Resources for Providers

GILEAD Advancing Access

Call 1-800-226-2056 Monday through Friday, 9am to 8pm ET. You can also leave a confidential message any time and day of the week.

Enrollment Form
Provider & Patient information
Income & Residence documentation
Fax - process
Insurance Eligibility
Appropriate Patient Assistance Program
Paying for PrEP: Tips & Resources for Providers

Medication Assistance Programs for Truvada
Income below $58,850 500% of the FPL and no other sources for health insurance or prescription coverage (reevaluated on a regular basis- Note- 6 mos recertification)
Have a prescription for Truvada
U.S. residency proof is required, but not immigration legal status
Income verified
Drugs shipped to provider’s office—may take two weeks
Contact: 1-855-330-5479
Paying for PrEP: 
Tips & Resources for Providers

**Patient Access Network (PAN) Co-pay Program**

• $Max. $7500 per year – may reapply, but program funding will dictate response

• Does cover deductibles and co-insurance and is designed for those who’s out-of-pocket costs are not fully covered by the Gilead program

• Income below 500% of FPL

• People must have private insurance

• This program does not cover individuals with Medicaid, but it does cover those with Medicare

• Most pharmacies should be able to bill PAN directly

  • [www.panfoundation.org/fundingapplication/welcome.php](http://www.panfoundation.org/fundingapplication/welcome.php) or 1-866-316-PANF
Paying for PrEP: Tips & Resources for Providers

Special tips:

• Coupon does not require name in a database
• MAP application fax: call to insure all documents received
• Income = pay stubs ok
• Notarized letters can be used as documentation-ask!
• Signature of Patient – patient rep is guardian- not case manager, etc.
• Medication supply- ship to home or pick up at pharmacy/provider often missed!
• Assistance Denials: Possibility for Special Exceptions when denied
Resources

GILEAD Advancing Access
Call 1-800-226-2056
https://www.gileadadvancingaccess.com/insurance-support

Gilead Co-Pay Coupon
Enroll Activate Replace
http://www.gileadcopay.com/

Patient Access Network (PAN) 1-866-316-PANF (7263)
www.panfoundation.org
Resources

PrEP Support Hotline for Clinicians
The CCC Pre-Exposure Prophylaxis Service
11 a.m. – 6 p.m. ET
National Clinicians Consultation Center. http://nccc.ucsf.edu

• Project Inform: www.projectinform.org/prep
• Patient access tracker: www.myprepexperience.com
• Patient education (SFAF): http://prepfacts.org
Q & A Discussion

Additional questions?
Email Erin at erin@anacnet.org
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To be awarded contact hours for this webinar, complete the evaluation found at

http://www.nursesinaidscare.org/i4a/forms/index.cfm?id=161&widgetPreview=w=0

Additional questions?
Email Erin at erin@anacnet.org

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