

Hepatitis B Drug Access

Barriers, Insurance and the Complicated Issue of Access & Affordability

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Overview of the Issue

- Patients are struggling to afford necessary hepatitis B medications
 - Nature of usually lifelong medication recommendations
- Barriers vary by type of insurance and plan
 - Access issues for uninsured, Medicaid, ACA covered and privately insured
- Drug tiering greatly affects pricing and access to these medications
- Patients are “falling through the cracks” despite assistance programs

Who is struggling?

- Lower income, patients on Medicaid/Medicare, ACA covered and privately insured patients (mainly on silver and lower plans)
- Many patient assistance programs only assist uninsured or patients under a certain income
 - What about privately insured who still struggle?
 - Even with assistance, cost could still be hundreds per month!
- These issues are amplified for patients with
 - Limited English proficiency
 - Cultural barriers
 - Trust issues
 - Limited knowledge of the US healthcare system

“Adverse Tiering”

- Prescription drugs are classified by “tiers” (1-5) which dictate pricing and availability
 - Ex: generic antibiotic = tier 1
 - New brand-name drug = tier 4 - 5
- Although provisions to protect patients with pre-existing conditions exist – insurers are tiering HBV drugs in tiers 3 and higher; which incur higher costs and may deter patients from selecting their plan
- 2015 report by AIDS Institute found discriminatory practices in silver-level plans
 - Aetna placed many of its HBV drugs on the most expensive tiers with coinsurance rates up to 50%
 - Humana had a \$1,500 prescription drug deductible and also had many of its HBV drugs on the highest tiers with large cost-sharing













Drug Tier	What it means	Cost
Tier 1	Preferred generic. These are commonly prescribed generic drugs.	For most plans, you'll pay around \$1 to \$3 for drugs in this tier.
Tier 2	Generic. These are also generic drugs, but they cost a little more than drugs in Tier 1.	For most plans, you'll pay around \$7 to \$11 for drugs in this tier.
Tier 3	Preferred brand. These are brand name drugs that don't have a generic equivalent. They're the lowest-cost brand name drugs on the drug list.	For most plans, you'll pay around \$38 to \$42 for drugs in this tier.
Tier 4	Nonpreferred drug. These are higher-priced brand name and generic drugs not in a preferred tier.	For most plans, you'll pay around 45% to 50% of the drug cost in this tier.
Tier 5	Specialty. These are the most expensive drugs on the drug list. Specialty drugs are used to treat complex conditions like cancer and multiple sclerosis. They can be generic or brand name.	For most plans, you'll pay 25% to 33% of the retail cost for drugs in this tier.



Tiers for HBV Drugs

- The higher the tier, the higher the out-of-pocket cost
- Higher tiers can require a patient to pay up to 50% of a drug's cost
- **HIGH VARIABILITY IN COST DEPENDING ON INSURANCE COMPANY AND PLAN**

Insurance Plans

Coverage Levels percent insurance pays	Monthly Premium	Out-of-Pocket Expenses
Platinum 90% 		
Gold 80% 		
Silver 70% 		
Bronze 60% 		

Example: Silver Plan Scenario in Florida

- Analysis of 6 silver-level plans participating in FL marketplace
 - 6 antiviral medications, brand-name and generic versions

Ambetter Balanced Care 2	Florida Blue BlueSelect 1443	Molina Silver 250
<ul style="list-style-type: none"> • Deductible: \$6500/\$13500 individual/family • 4 drug tiers <ul style="list-style-type: none"> • Baraclude and Entecavir: both tier 4 (specialty) • No charge after deductible; require prior authorization, quantity limits 	<ul style="list-style-type: none"> • Deductible: \$6050/\$12100 individual/family • 7 drug tiers <ul style="list-style-type: none"> • Baraclude: Tier 6 (nonpreferred brand); 50% coinsurance after deductible • Entecavir: Tier 3 (generic); \$35 copay after deductible 	<ul style="list-style-type: none"> • Deductible: \$4950/\$9900 individual/family • 4 drug tiers <ul style="list-style-type: none"> • Baraclude: Tier 2 (preferred brand); \$60 copay • Entecavir: Tier 1 (generic); \$20 copay

The Aids Institute. Review of Florida Qualified Health Plans for 2018.

<http://www.theaidsinstitute.org/federal-policy/health-reform/review-florida-qualified-health-plans-2018-qhps>

Example: Silver Plan Scenario in Florida

- **High variability in cost depending on insurance company and plan**
- **Additional barriers:**
 - Area coverage
 - In 21/67 counties in Florida, Blue Cross Blue Shield is the only carrier
 - In 22/67 counties, there are only 2 carriers
 - Some tiers require quantity limits and prior authorization



“Having a specialty tier is not on its face discriminatory,”

“However, placing most or all drugs for a certain condition on a high-cost tier without regard to the actual cost the issuer pays for the drug may often be discriminatory in application when looking at the totality of the circumstances, and therefore prohibited.”

- Centers for Medicare and Medicaid Services

HIV Drug Tiering Wins

- AIDS Institute brought adverse tiering issues in HIV drugs to light in 2015
- Collaborated with The National Health Law Program to file a complaint with HHS last year against Aetna, Cigna, Humana and Preferred Medical, alleging their drug formularies discriminated against HIV patients
- Lead Aetna (and many others) to change policies
 - Declassifying HIV drugs as “specialty”
 - Lowering co-pays to \$5-\$100 after deductibles are met
- Access improved
- How can we leverage their work to extend this policy change to HBV drugs?

Aetna revises HIV drug policy for all exchange plans

By [Bob Herman](#) | March 27, 2015

Aetna has changed how HIV drugs are listed within health plans sold on the exchanges after consumer groups criticized the health insurer's policy as discriminatory.

Many plans on the Affordable Care Act exchanges have been found to engage in “adverse tiering.” Although the ACA prohibits health insurers from denying care to someone with a pre-existing medical condition, some companies have crafted health-benefit designs that would deter sicker people from choosing the plans by imposing higher out-of-pocket costs.

Types of Assistance Programs

- Co-Pay assistance
 - For patients with private insurance
- Patient assistance programs
 - Free or low cost drugs for low-income, un-insured or under-insured who don't qualify for Medicaid or Medicare

PATIENT SCENARIOS

Sierra

Patient Scenario 1

- Patient from New Jersey
- Insurance: Blue Cross Blue Shield Bronze
 - \$6,000 deductible
 - Makes “too much money” for patient assistance programs
- \$1800 a month – has tried Viread, Vemlidy, Baraclude

Patient Scenario 2

- Pediatric patient from California
- United Healthcare
- Currently paying \$933 a month for pediatric Entecavir
- Last year, paid \$700/mo – then once they met the deductible - \$5/mo for 6 mos – then restart

Patient Scenario 3

- Patient from California
- Cigna insurance
 - \$6,000 deductible
 - Tiering issues – 2015-2016 HBV medication was tier 2 (\$50/mo), then tier 3 (\$250/mo), then tier 5
- GoodRx through Costco brought cost down to \$140/mo

WHAT CAN BE DONE?

WHAT ARE A PATIENT'S RIGHTS?