HIV

Drug Utilization Review Board

December 15, 2022

Donna L. Sullivan, PharmD, MS

Chief Pharmacy Officer

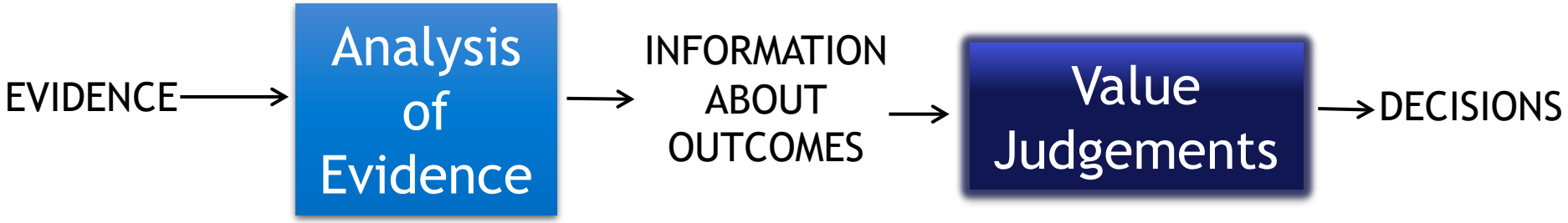
Washington State Health Care Authority

How HCA Uses Evidence to Inform Decision Making

Perform Critical Evaluation of the Evidence

- Drug Effectiveness Review Project (DERP)
- Medicaid Evidenced-Based Decision Making (MED)
- Clinical staff

Determine the strength of the evidence



Modified from a graphic published in D.M. Eddy, (1990). "Clinical Decision Making: From Theory to Practice – Anatomy of a Decision." Journal of American Medical Association, 263(3): 441-3.

Perform Budget Impact Analysis – If Needed

- Identify the target population
- Estimate number of patients in our programs
  - Claims data
  - National and local prevalence data
- Estimate the cost of the new therapy
- Determine impact on WA programs
- Notify authorizing environment when necessary
  - HCA leadership
  - Governor's office
  - Office financial management
  - Legislative members

Develop Clinical Criteria

- Medicaid
  - HCA Clinical staff develop draft policies
    - Reviewed with Medicaid MCO clinicians
    - Reviewed by internal Coverage Parameters workgroup
  - Policies reviewed, edited, and approved by the Drug Utilization Review Board in open public meetings
  - Work toward standardized policies across Medicaid and Public Employee programs

DERP Report August 2020

Initial Antiretroviral Therapies for Treatment-Naïve Individuals with HIV-1: Update

Rapid Review

August 2020

Add-on Therapies

3-drug vs. 3-drug regimens

- Bictegravir (BIC) vs. dolutegravir (DTG)
  - BIC was noninferior to DTG in terms of viral suppression, but the treatment difference between groups was not statistically significant. There were largely no differences between groups in terms of drug resistance, adherence, or increased serum creatinine level indicative of kidney injury. However, there was a greater number of participants with SAEs in the BIC group than in the DTG group, but this was only seen at 96 weeks.

Adherence

In Sax et al.,[29] the median adherence to study medications at week 48 was similar between the BIC and DTG treatment groups (97%, interquartile range [IQR] 94 to 99 vs. 96%, IQR 90 to 99).

Persistence

In Sax et al.,[30,31] both treatments were well tolerated, with a median exposure of 101 weeks (IQR 98 to 107 for BIC and 98 to 108 for DTG).

Single Tablet vs Multi Tablet Regimen

Coformulated bictegravir, emtricitabine, and tenofovir alafenamide versus dolutegravir with emtricitabine and tenofovir alafenamide, for initial treatment of HIV-1 infection (GS-US-380-1490): a randomised, double-blind, multicentre, phase 3, non-inferiority trial

Paul E Sax, Anton Pozniak, M Luisa Montes, Ellen Koenig, Edwin DeJesus, Hans-Jürgen Stellbrink, Andrea Antinori, Kimberly Workowski, Jihad Slim, Jacques Reynes, Will Garner, Joseph Custodio, Kirsten White, Devi SenGupta, Andrew Cheng, Erin Quirk

Implications of all the available evidence

Results from this study showed non-inferiority of bictegravir, emtricitabine, and tenofovir alafenamide fixed-dose combination versus dolutegravir plus emtricitabine and tenofovir alafenamide. Coformulated bictegravir, emtricitabine, and tenofovir alafenamide is a once a day, potent, unboosted INSTI-based regimen that is expected to have virological activity similar to dolutegravir administered with two NRTIs and has a low likelihood of inducing resistance.

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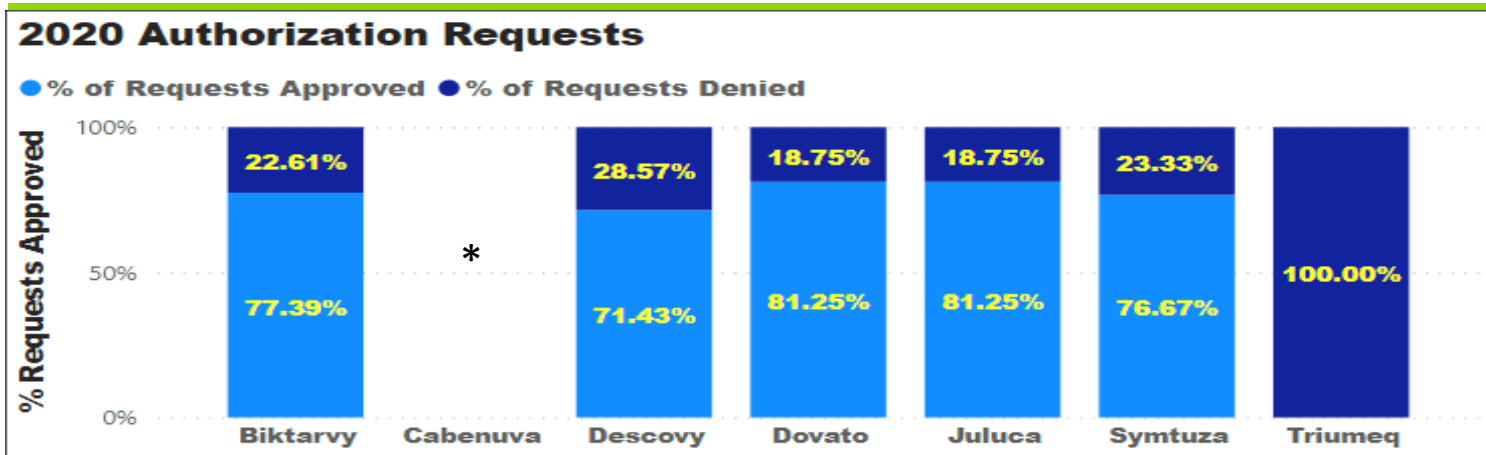
HCA's HIV Policy…

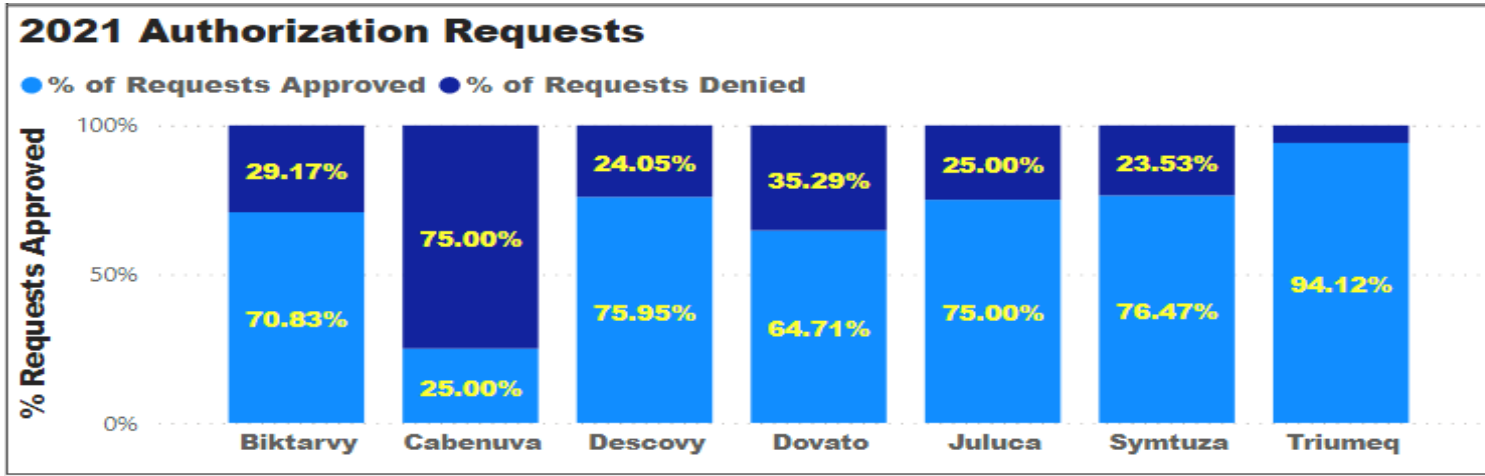
- Supports access to all recommended initial HIV treatment regimens; many regimens are available without prior authorization.
- Does not require patients established on an HIV regimen to change regimens.
- In the absence of certain clinical or psycho-social conditions, requires patients to begin treatment on equally effective, less costly alternative prior to starting the more costly HIV drugs.
- Provides exceptions to the policy and access to non-preferred drugs on a case-by-case basis.

HIV Authorization Requests



2020 Authorization Requests

Label Name	Total # of Requests Approved	Total # of Requests Denied	Total Requests
Biktarvy	202	59	261
Cabenuva	0	0	0
Descovy	145	58	203
Dovato	13	3	16
Juluca	13	3	16
Symtuza	23	7	30
Triumeq	0	1	1
Total	396	131	527



2021 Authorization Requests

Label Name	Total # of Requests Approved	Total # of Requests Denied	Total Requests
Biktarvy	170	70	240
Cabenuva	1	3	4
Descovy	259	82	341
Dovato	11	6	17
Juluca	15	5	20
Symtuza	13	4	17
Triumeq	16	1	17
Total	485	171	656

*Cabenuva not on the market in 2020.

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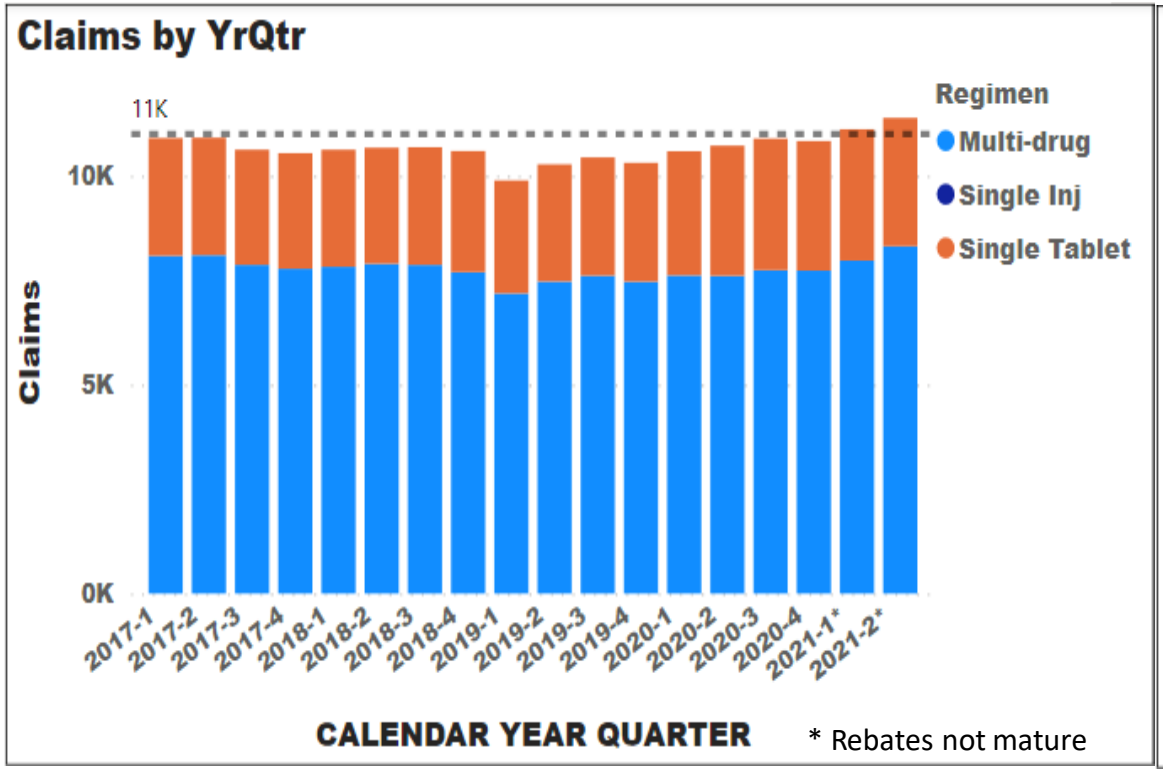
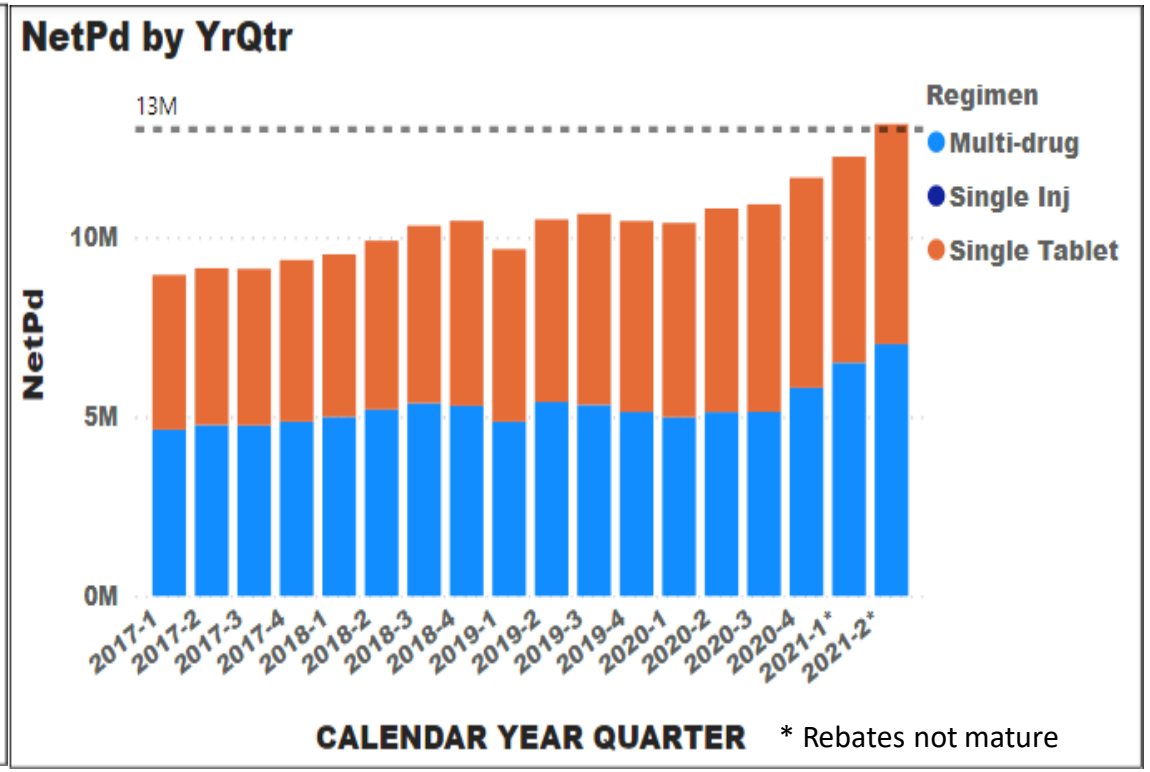
HIV Antiviral Utilization

HIV Utilization - Regimen Type





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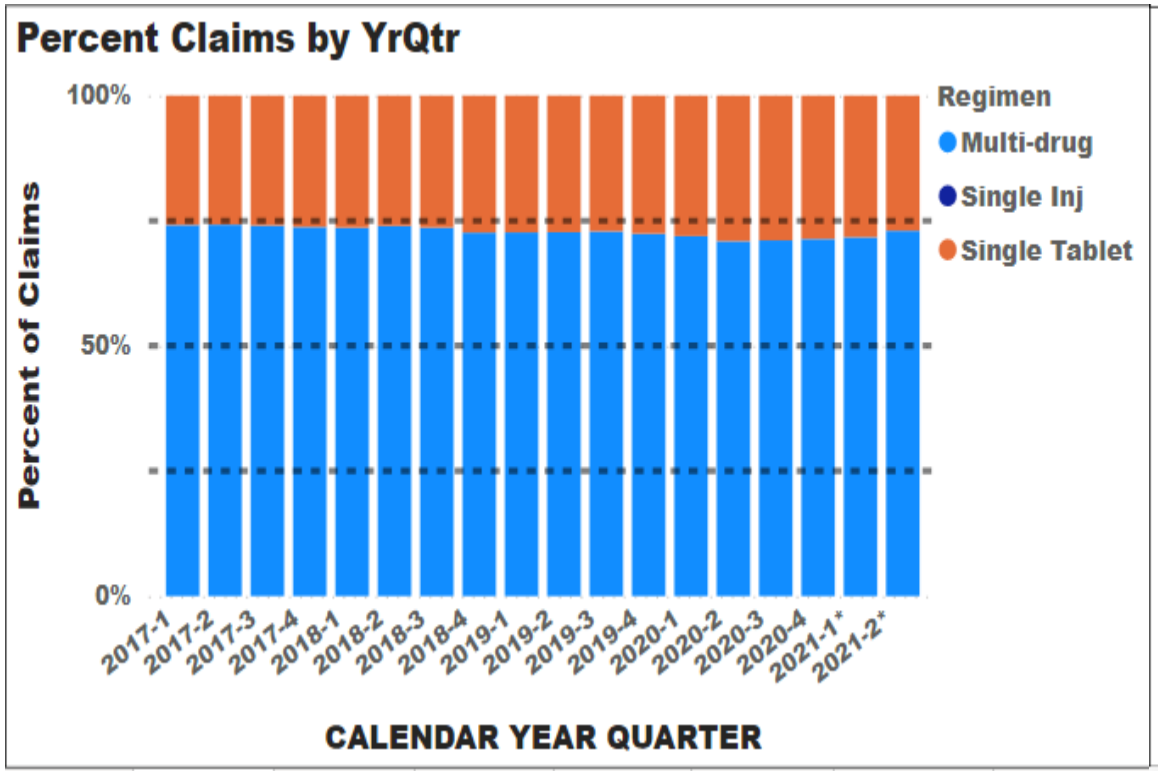
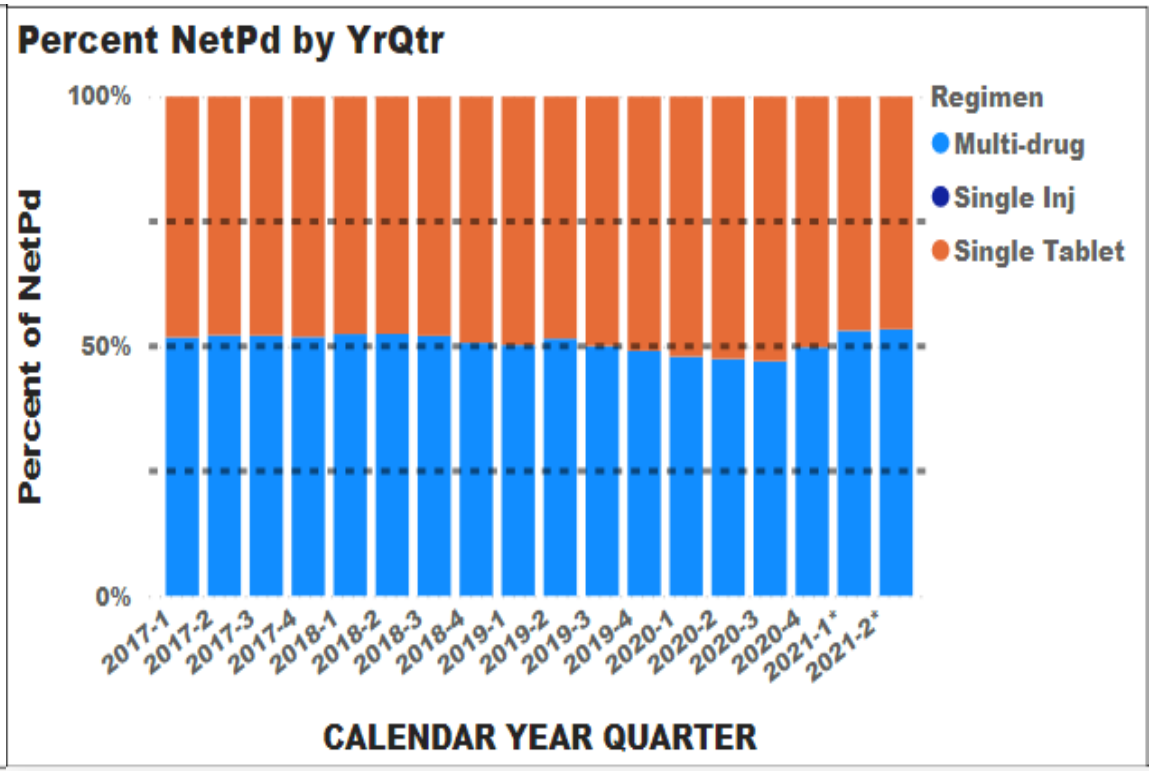
HIV Utilization - Regimen Type





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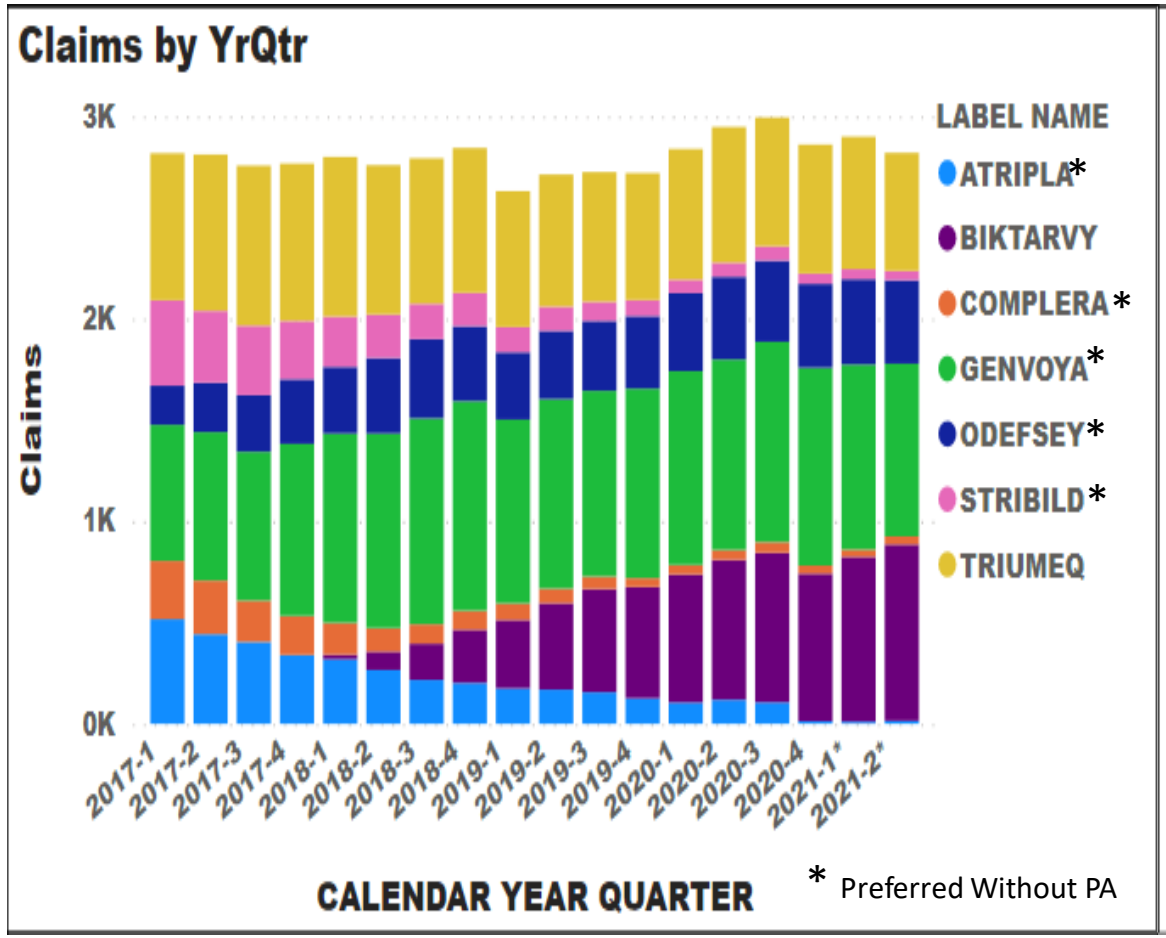
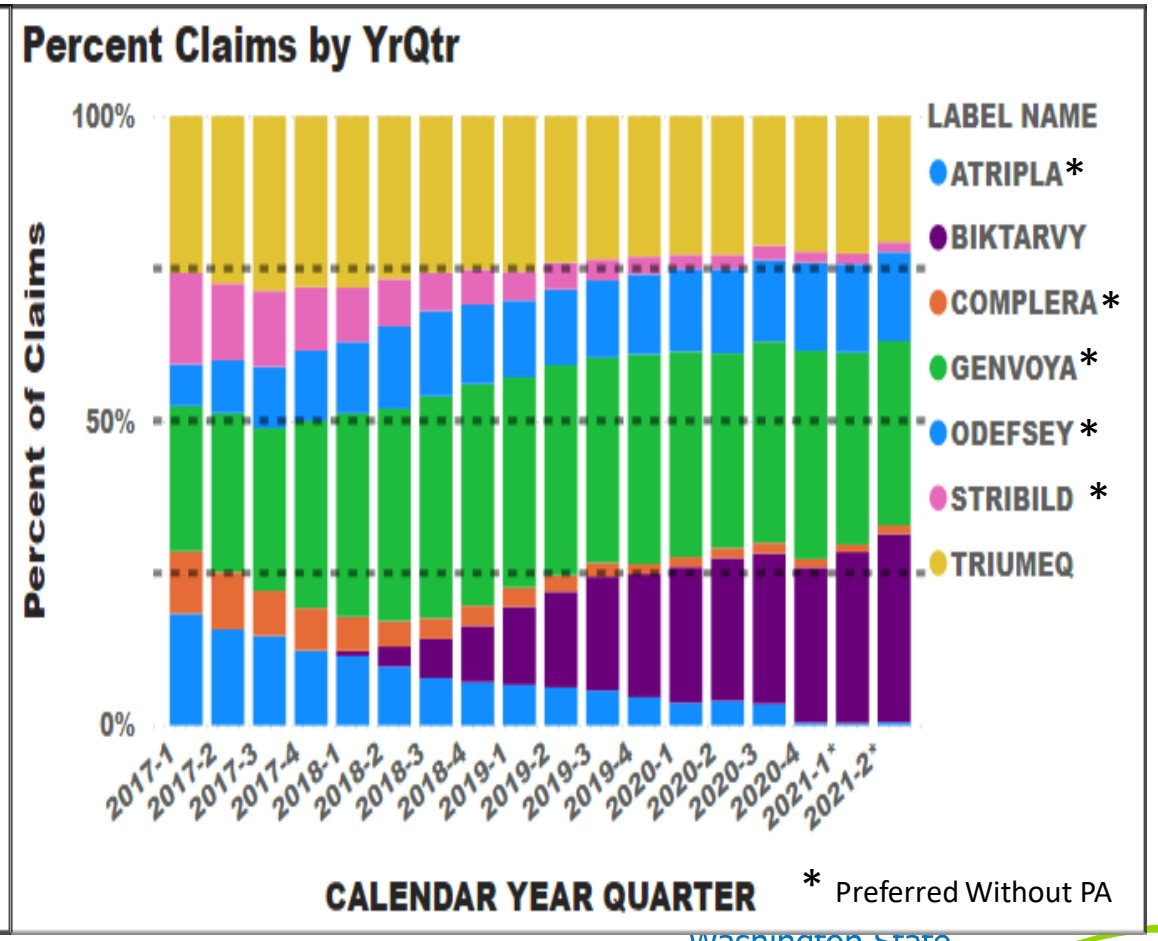
HIV Utilization – Single Tablet Regimens





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What Other States are Doing

What other states are doing

- 28 states have HIV medications on the PDL
  - 21 states do not prefer all HIV medications
  - 16 states have prior authorization requirements on STR
- 23 states (including DC) do not have HIV drugs on a PDL
- 12 states have legislation prohibiting management of HIV drugs
  - Most were passed in early ’90s.
  - Vermont recently repealed its prohibition
- 10 states do not have legislation but do not manage the class or prefer all products
- Utilization of STRs ranges from 10% to 91% of all HIV medications; mid-range is 65% for those states that responded.

What % of all HIV claims are STRs in 2020

HIV Class Not on PDL

- Arkansas* – 40%
- Colorado* – 58%
- Indiana* – 91%
- Kansas* – Unk.
- Maryland* – 50%
- Minnesota* – 43%
- Montana* – 56%
- New York* – 80%
- Oklahoma* – 82%
- South Dakota* – 10%

HIV Class On PDL

- Idaho – 61%
- Maine – 40%
- Missouri* – 21%
- North Dakota* – 53%
- New Hampshire* – Unk.
- Texas* – 51.5%
- Vermont – 65%
- Washington – 26.9%

* Open access to all STRs

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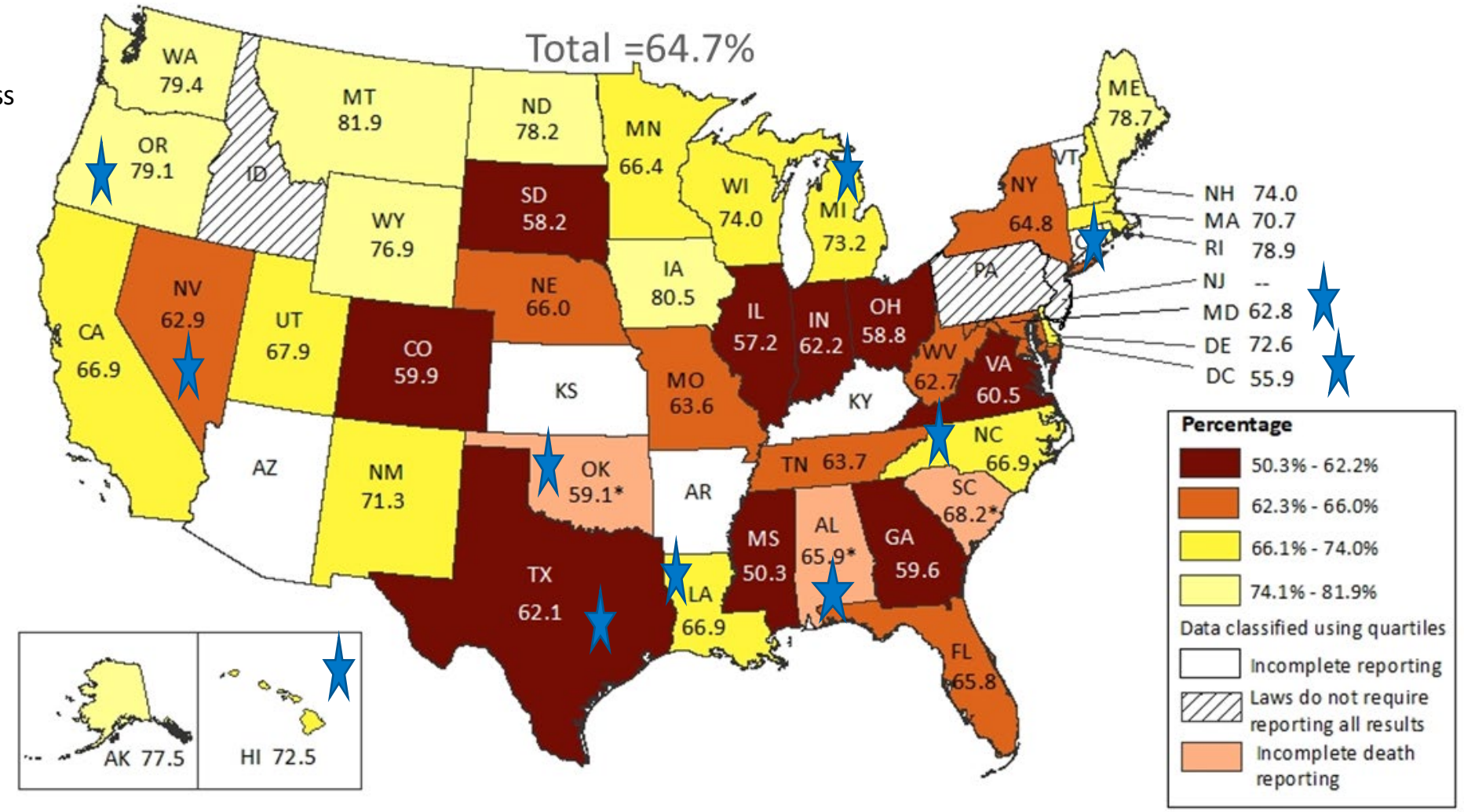
Viral Suppression Rates Before and After PDL Implementation

Viral Suppression among Persons Aged ≥13 Years Living with Diagnosed HIV Infection, 2018—41 States and the District of Columbia

States with legislation mandating open access to all HIV medications



Note. Viral suppression was defined as <200 copies/mL on the most recent VL test in 2018. Residence was based on most recent known address as of year-end 2018. Data for the year 2018 are preliminary and based on death data received by CDC as of December 2019. Due to incomplete reporting of deaths for the year 2018*, data for Alabama, Oklahoma, and South Carolina should be interpreted with caution.

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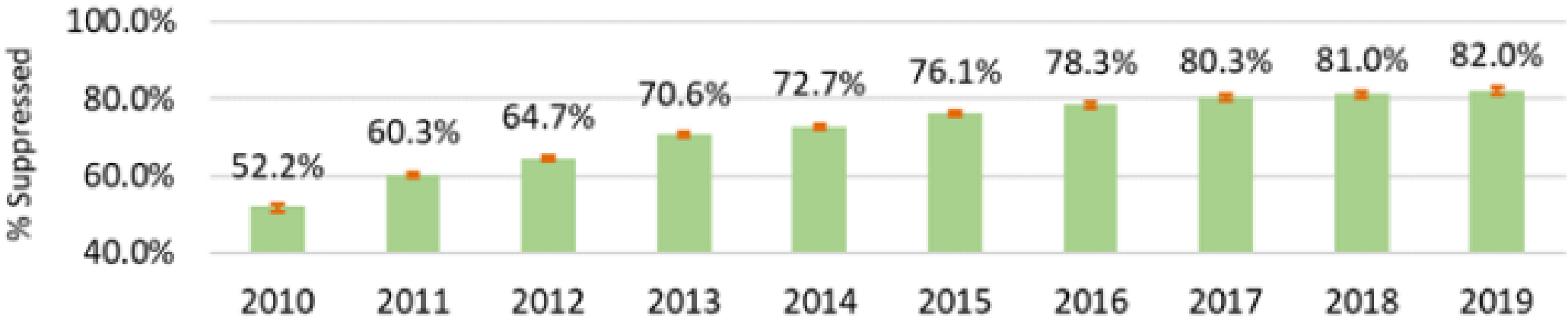
Washington HIV Suppression Rates

Figure 10. Virologic Suppression among Living HIV Cases, WA State, 2010-2019



https://www.doh.wa.gov/Portals/1/Documents/Pubs/150-030-WAHIVSurveillanceReport2020.pdf - accessed 12/14/2021

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Questions?

Donna L. Sullivan, PharmD, MS

Chief Pharmacy Officer

donna.sullivan@hca.wa.gov

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