



How a Medicaid HIV Special Needs Plan in NYC Achieved Cost Savings and Successful Clinical Outcomes

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BACKGROUND

- Special Needs Health Plan
 - ~6400 Members in NYC
- Co-morbid Conditions
 - Severe Mental Illness
 - Substance Abuse Disorder
 - Hep C
- Regulatory Challenges
 - Medicaid Criteria
 - Specialty Pharmacy Limits

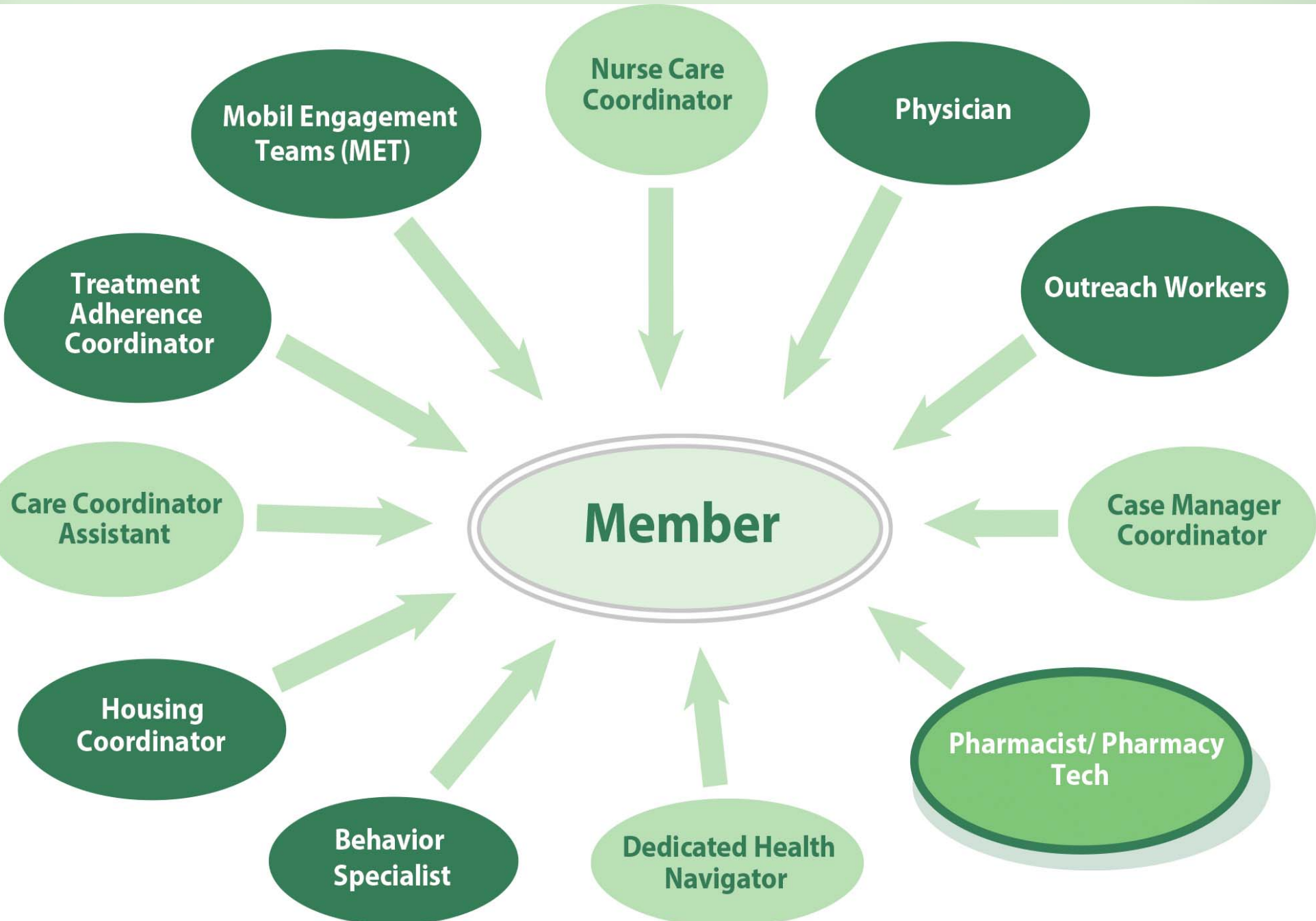
OBJECTIVES

- Verify that an Integrated Care Team (ICT) approach to managing HIV/HCV co-infected members assured that appropriate patients received successful drug regimens.
- Determine the impact of this approach on Hepatitis C drug costs

NY Medicaid Clinical Criteria for Initial DAA Review - Highlights

1. Adult patient age ≥ 18 years old; AND
2. Prescribed by a hepatologist, gastroenterologist, infectious disease specialist, transplant physician, or health care practitioner experienced and trained in treatment of hepatitis C or a healthcare practitioner under direct supervision of a listed specialist; AND
3. Patient is sofosbuvir treatment naïve (no claims history or reference in medical records to previous trial and failure of sofosbuvir); AND
4. Patient has demonstrated treatment readiness and ability to adhere to drug regimen; AND
5. Baseline HCV RNA must be submitted with a collection date within the past 3 months. Prescriber must submit lab documentation indicating HCV genotype and quantitative viral load; AND
6. Patient meets the diagnosis and disease severity criteria, as follows:
 - **Evidence of Stage 3 or Stage 4 hepatic fibrosis OR**
 - Organ transplant; OR
 - HIV-1 coinfection; OR
 - HVB coinfection; OR
 - Other coexistent liver disease; OR
 - Type 2 diabetes mellitus (insulin resistant); OR
 - Porphyria cutanea tarda; OR
 - Debilitating fatigue.
7. Patient commits to the planned course of treatment (blood tests and visits); AND
8. Female patients of child bearing potential must not be pregnant; AND
9. For HIV-1 co-infected patients – No detectable viral load for the past 6 months.

Methodology-Integrated Care Team (ICT)



RESULTS (Dec. 2013-April 2015)

Drug Treatment ±

	SOF+ Riba	SOF+ Peg + Riba	SOF+ SIM	SOF+ SIM + Riba	SOF+LED +/-Riba	OMB+PAR+RIT +DAS +/- Riba	Total
Approved	67	68	31	2	178	15	361 (84%)
Not Approved	13	6	22	2	28	0	71 (16%)
Completed	42	50	26	2	47	3	170 (47%)
Did Not Complete	8	17	5	0	5	0	35 (10%)
Currently on Treatment	17	1	0	0	126	12	156 (43%)

COST AVOIDANCE ASSESSMENT

Savings opportunity	No.	Costs Avoided
Medication request denied/ Did not meet criteria	26	\$3,360,749
Unable to reach member within allotted start time (1.5 months after approval)	4	\$469,453
Member Dis-enrolled	5	\$376,684
Member Incarcerated	2	\$175,290
Member Deceased	2	\$126,293
Prescriber Withdrawn Initial request	4	\$731,832
Member unable to tolerate side effects	5	\$335,141
Additional billed claims reversed	1	\$10,000
Provider discontinuation	7	\$545,294
Total		\$6,120,735

Conclusion

An integrated, multidisciplinary team approach and continuous follow-up was effective in HCV treatment, maximized outcomes and minimized costs.