HIV Health Care Access Working Group

October 31, 2011

Jeffrey Kelman, MD
Chief Medical Officer
Centers for Medicare and Medicaid Services
Baltimore, MD

Re: CMS Proposal to Improve Drug Utilization Review Control in Part D

Dear Dr. Kelman:

We are writing on behalf of the HIV Health Care Access Working Group (HHCAWG) in response to the Center for Medicare and Medicaid Services (CMS) proposal to reduce payment under Medicare Part D for overutilization of certain drugs, including antiretrovirals. HHCAWG is a coalition of more than 100 national and community-based AIDS service organizations representing HIV medical providers, advocates and people living with HIV/AIDS and providing critical HIV-related health care and support services.

Since Medicare Part D was implemented in 2006 – CMS has maintained important protections for HIV treatment by requiring plans to cover all of the drugs in the antiretroviral drug class, along with five other drug classes, and barring plans from applying utilization management to them. This policy has been critical to ensuring Medicare beneficiaries with HIV avoid delays in accessing their antiretroviral therapy. For prescription drugs not considered “classes of clinical concern”, many beneficiaries routinely experience delays as a result of complex and burdensome utilization management techniques employed by the Part D plan sponsors to control costs.

While we appreciate the need to prevent inappropriate prescribing of antiretrovirals – we are very concerned by the potential unintended consequences of the proposal to implement beneficiary level antiretroviral utilization controls. We strongly urge you to consider the following in your decision making process:
1. Many Medicare Part D plans have little incentive to effectively manage HIV treatment because they are only responsible for the enrollee’s prescription drug costs and are not at risk for other health care system costs.

2. The Department of Health and Human Services convenes an expert panel to maintain recommendations for HIV treatment, the Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents (updated October 14, 2011),¹ which identify preferred drug regimens and dosage recommendations. The proposed policy must at minimum support their recommendations.

3. The multitude of Medicare Part D plans makes it extremely difficult for CMS to monitor and evaluate plan practices with regard to controlling prescribing of antiretrovirals to prevent delays in access to treatment for those whose lives depend on it.

4. In conjunction with any policy to control prescribing of antiretrovirals – a plan to monitor Part D beneficiary access to antiretrovirals from the beneficiary and provider perspective must be implemented.

5. Decisions regarding appropriate antiretroviral prescribing must be made by experienced HIV medical providers and not a P&T committee without the expertise to make these decisions. A significant body of evidence indicates that medical providers with experience and expertise managing the care of people with HIV are more likely to prescribe HIV treatment according to the federal treatment guidelines and to deliver more cost effective care. The American Academy of HIV Medicine and the HIV Medicine Association have developed criteria for identifying expert HIV physicians and plans should be required to utilize these criteria in identifying medical providers qualified to make decisions regarding antiretroviral prescribing.²

Finally, we have greatly appreciated our ongoing partnership with CMS since 2006 when Medicare Part D was first implemented. We hope this relationship will continue and would appreciate the opportunity to meet with you to discuss development of this policy prior to its implementation.

Medicare beneficiaries with HIV by virtue of qualifying for the program are sicker and more likely to need timely and uninterrupted access to the range of antiretrovirals available to suppress HIV. It is imperative that their health and lives are not jeopardized by this policy.

¹ Available at: http://aidsinfo.nih.gov.
Please contact the HHCAWG co-chairs (Robert Greenwald, Treatment Access Expansion Project at rgreenwa@law.harvard.edu and Andrea Weddle, HIV Medicine Association at aweddle@hivma.org) regarding our comments.

Respectfully Submitted by the Steering Committee of the HIV Health Care Access Working Group,

South Carolina Campaign to End AIDS| Treatment Access Expansion Project | Treatment Action Group | VillageCare