

HIVI



HIV Initiative of Kaiser Permanente and Care Management Institute



PrEP: Access and Cost from Private Sector Payor

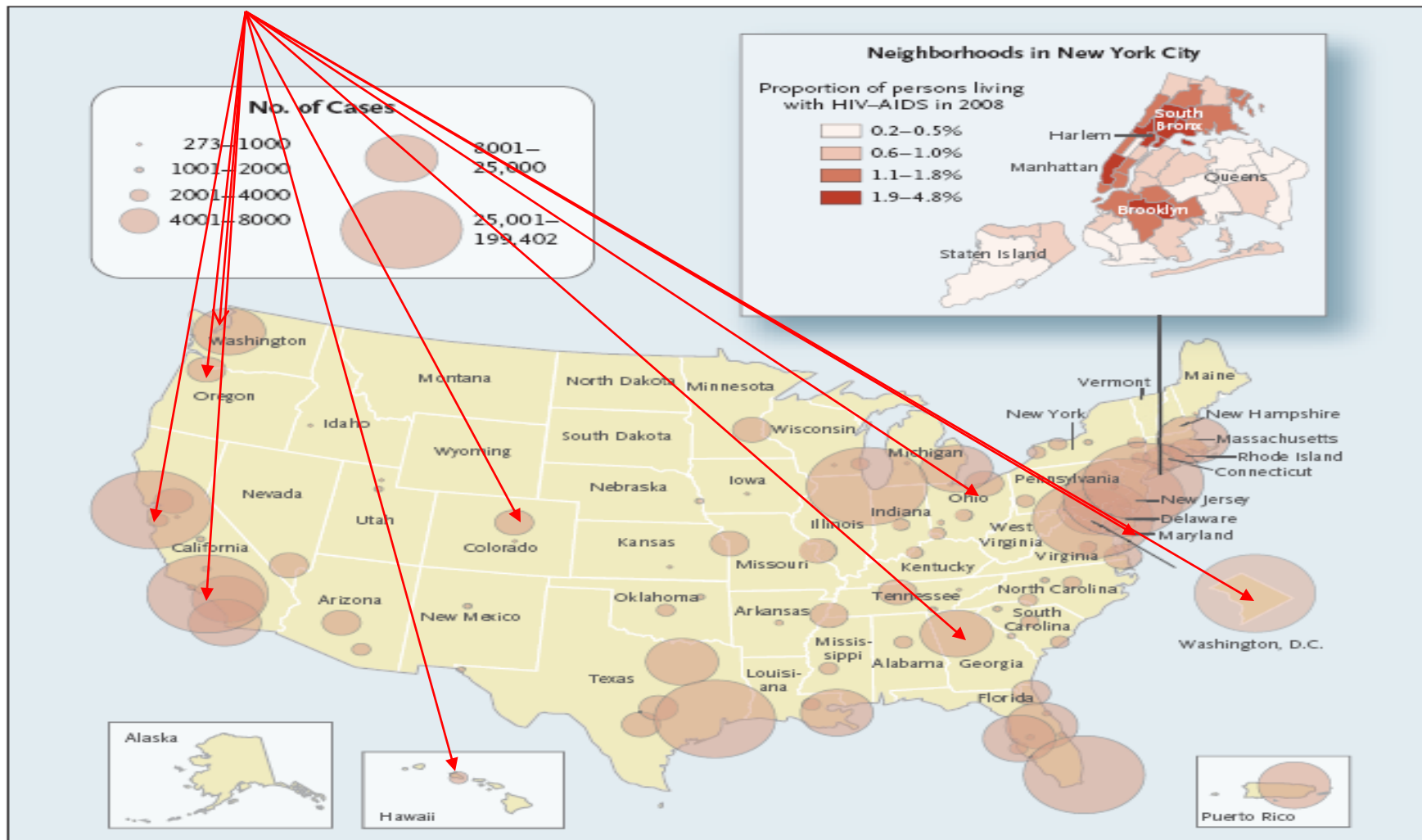
MAPRI
Mid-Atlantic Permanente Research Institute



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Numbers of Reported AIDS Cases According to Metropolitan Statistical Area of Residence, Cumulative through 2007

KP provides care—We are where the epidemic is; overall serve ~3% of US total population



El-Sadr, W., et al., *NEJM*, 2010, v.362, p.967.

Implementation Issues in US

- **CDC guidance issued in early 2011 (see last slide)**
 - Essentially for MSM only (<http://www.cdc.gov/nchhstp/newsroom/PrEPMSMGuidanceGraphic.html>)
 - Some private care systems developed own guidance
- **Coverage for PrEP varies in US**
 - No coverage by public insurance at this time (Medicare/Medicaid)
 - Most private health systems in US would cover if prescribed by one of their providers
 - Likely not limited to MSM only (as hard to regulate/enforce)
 - Potential issue of economic disparity
- **Uptake and use unclear**
 - No national registry to determine use in US
 - Not large uptake in KP, for example
 - Most patients when discussed, opt out
 - Issues of adherence, cost, not episodic prevention
 - Usage reflects community attitudes (e.g., more use in SF than LA)

Costs of PrEP to Private Payers

(All costs US\$; Please consider as ranges, estimates)

COST CATEGORY	WHAT'S INCLUDED	ANNUAL COST
ARV Costs	Truvada® (TDF 300mg +FTC 200mg)	\$16,697.40 (AWP annually)
Lab Services: Before PrEP:	HIV Antibody (Ab) Test	\$19.43-26.25
	Creatinine Clearance	\$13.39-18.09
	HBV Screening (immunize if appropriate)	\$63.58-85.93
	Screen for STD	\$102.91-139.06
Follow-up while taking PrEP:	HIV Ab q2-3 months	\$58.43-78.75
	STD tests q6 months	\$102.91-139.06 (x2)
	BUN & Creatinine (q3 mo x12 then q yr)	\$12.85-17.37 (x4 first year)
	Total Lab:	\$373.50-504.51
Professional Services	Initial Consultation	\$102.95
	Quarterly Follow-Up Visits	\$206.91 per year
	Total Professional Services:	\$309.86
TOTAL COST FIRST YEAR:		\$17,380.76 – 17,511.77

Issues and Challenges

- **Price of medications, lab, and professional fees may vary**
- **Additional cost burdens if indications expand beyond MSM**
- **If only private insurance covers, potential for economic disparity**
 - Also, economic burden to insurance payers (not all are for-profit)
 - Potentially higher insurance premiums
- **Additional costs of:**
 - Ensuring adherence (?clinical pharmacist)
 - Again, not for episodic use at this time (but will this be what happens anyway?)
 - Adverse drug events treatment
 - Educating providers for effective treatment

CDC Guidance—January 28, 2011 (*MMWR*)

BOX. CDC interim guidance for health-care providers electing to provide preexposure prophylaxis (PrEP) for the prevention of HIV infection in adult men who have sex with men and who are at high risk for sexual acquisition of HIV

Before initiating PrEP

Determine eligibility

- Document negative HIV antibody test(s) immediately before starting PrEP medication.
- Test for acute HIV infection if patient has symptoms consistent with acute HIV infection.
- Confirm that patient is at substantial, ongoing, high risk for acquiring HIV infection.
- Confirm that calculated creatinine clearance is ≥ 60 mL per minute (via Cockcroft-Gault formula).

Other recommended actions

- Screen for hepatitis B infection; vaccinate against hepatitis B if susceptible, or treat if active infection exists, regardless of decision about prescribing PrEP.
- Screen and treat as needed for STIs.

Beginning PrEP medication regimen

- Prescribe 1 tablet of Truvada* (TDF [300 mg] plus FTC [200 mg]) daily.
- In general, prescribe no more than a 90-day supply, renewable only after HIV testing confirms that patient remains HIV-uninfected.
- If active hepatitis B infection is diagnosed, consider using TDF/FTC for both treatment of active hepatitis B infection and HIV prevention.
- Provide risk-reduction and PrEP medication adherence counseling and condoms.

Follow-up while PrEP medication is being taken

- Every 2–3 months, perform an HIV antibody test; document negative result.
- Evaluate and support PrEP medication adherence at each follow-up visit, more often if inconsistent adherence is identified.
- Every 2–3 months, assess risk behaviors and provide risk-reduction counseling and condoms. Assess STI symptoms and, if present, test and treat for STI as needed.
- Every 6 months, test for STI even if patient is asymptomatic, and treat as needed.
- 3 months after initiation, then yearly while on PrEP medication, check blood urea nitrogen and serum creatinine.

On discontinuing PrEP (at patient request, for safety concerns, or if HIV infection is acquired)

- Perform HIV test(s) to confirm whether HIV infection has occurred.
- If HIV positive, order and document results of resistance testing and establish linkage to HIV care.
- If HIV negative, establish linkage to risk-reduction support services as indicated.
- If active hepatitis B is diagnosed at initiation of PrEP, consider appropriate medication for continued treatment of hepatitis B.