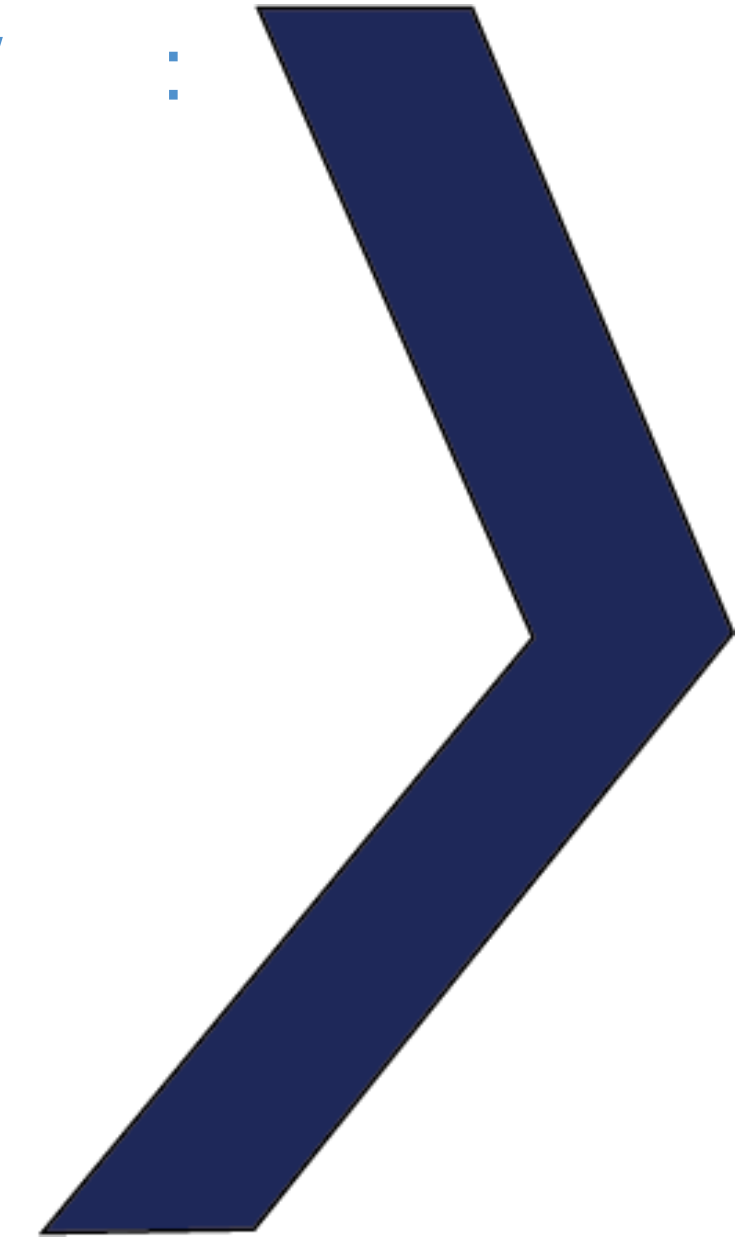


R E S E A R C H R E V I E W :

H I V

M E D I C A T I O N

A C C E S S



SINGLE-TABLET REGIMENS & ADHERENCE



STRs =
BETTER
ADHERENCE
FOR
PATIENTS
FACING
BARRIERS

**"Single- Versus Multi-Tablet HIV
Regimens: Adherence and
Hospitalization Risk." (2016)**

American Journal of Managed Care

"[STRs are] associated with higher
adherence rates, decreased
hospitalizations, and more patients with
an undetectable viral load in [Veteran
Health Affairs] patients with HIV/AIDS."

STRs =
BETTER
ADHERENCE
FOR
PATIENTS
FACING
BARRIERS

“Real-world adherence and persistence for newly prescribed HIV treatment: single versus multiple tablet regimen comparison among US Medicaid beneficiaries.” (2020)

AIDS Research and Therapy

Among Medicaid members newly prescribed HIV treatment medication, those prescribed STRs “were significantly less likely to discontinue therapy and had greater adherence and persistence compared to MTR initiators.”

STRs =
BETTER
ADHERENCE
FOR
PATIENTS
FACING
BARRIERS

“Adherence to HIV treatment regimens: systematic literature review and meta-analysis.” (2019)

Patient Preference and Adherence

STRs are associated with a 63%-72% higher level of adherence than MTRs.

“The results of this systematic literature review and meta analysis...are consistent with those of previous studies that demonstrated significant benefits of STRs compared with MTRs.”



NON-ADHERENCE & HEALTHCARE COSTS



BETTER
ADHERENCE =
LOWER
OVERALL
HEALTHCARE
COSTS

**"Real-World Health Plan Data
Analysis: Key Trends in Medication
Adherence and Overall Costs in
Patients with HIV" (2019)**

*Journal of Managed Care & Specialty
Pharmacy*

"...better adherence [among HIV
patients] was associated with
significant inpatient cost savings."

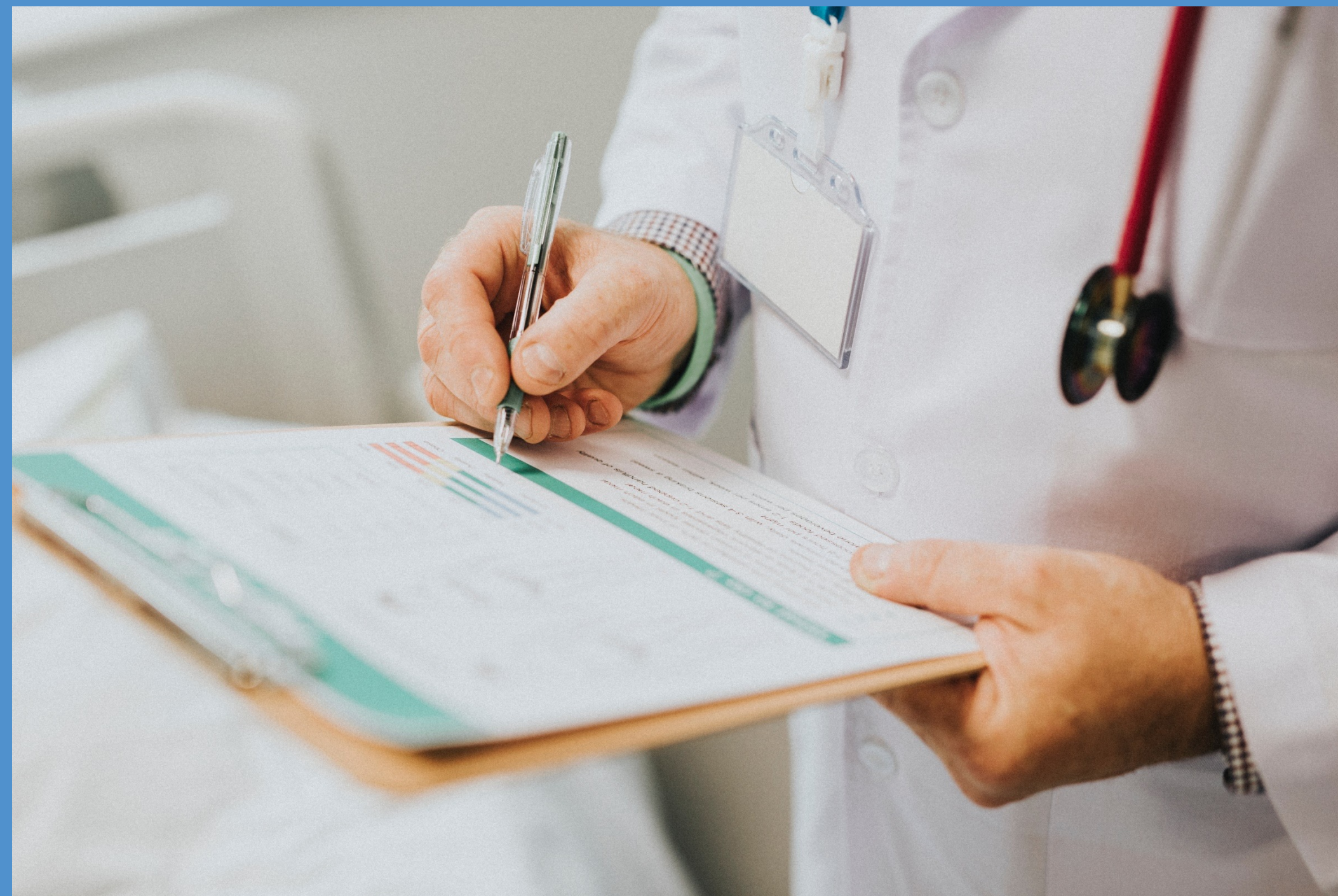
BETTER
ADHERENCE =
LOWER
OVERALL
HEALTHCARE
COSTS

**“Economic impact of medication
non-adherence by disease groups:
a systematic review” (2018)**

BMJ Open

The cost of non-adherence for
people living with HIV or AIDS
ranges from \$16,957 to \$30,533 per
year.

PRIOR AUTHORIZATION

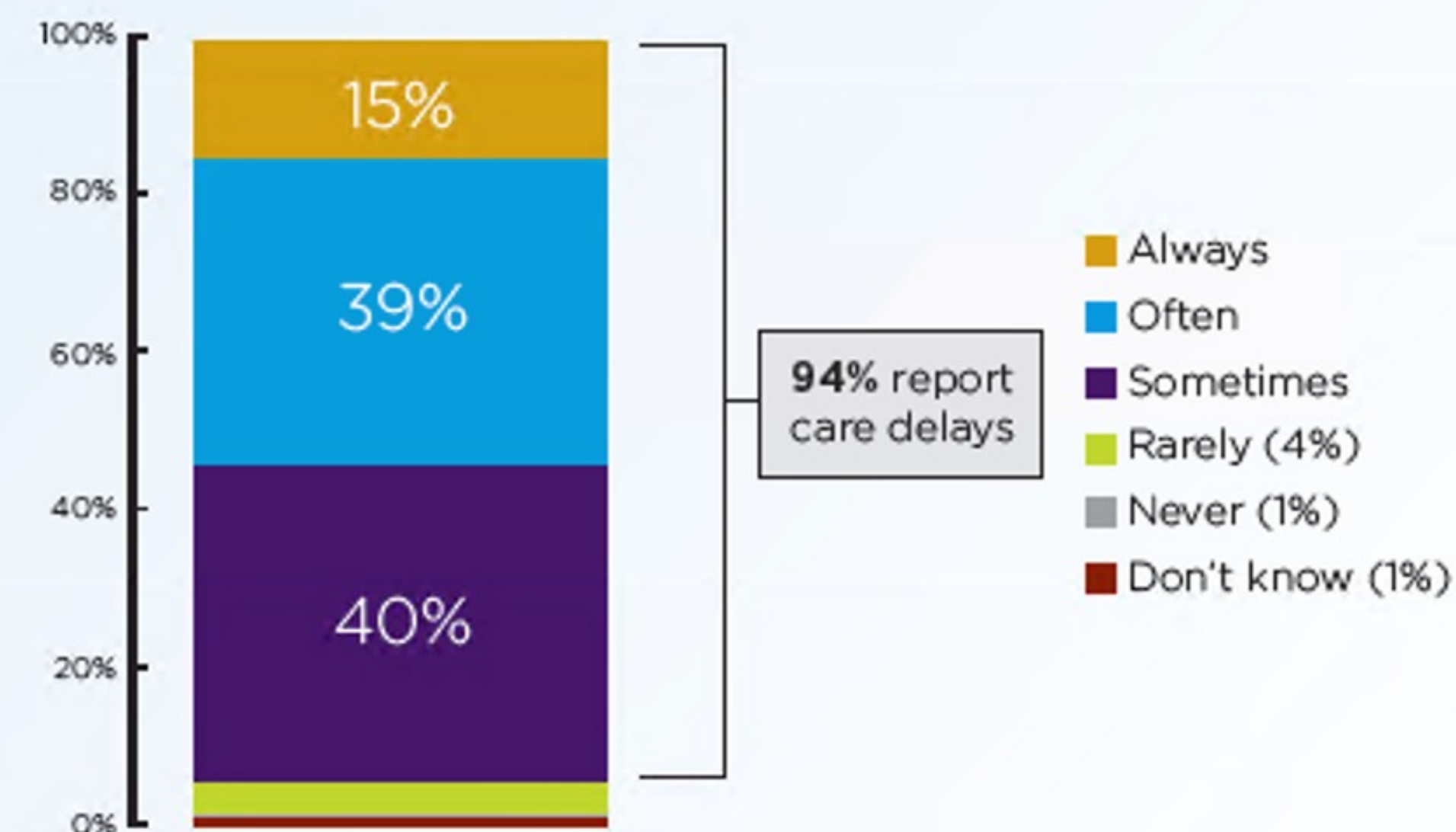


PRIOR AUTHORIZATION CREATES BARRIERS



Care delays associated with PA

Q: For those patients whose treatment requires PA, how often does this process delay access to necessary care?

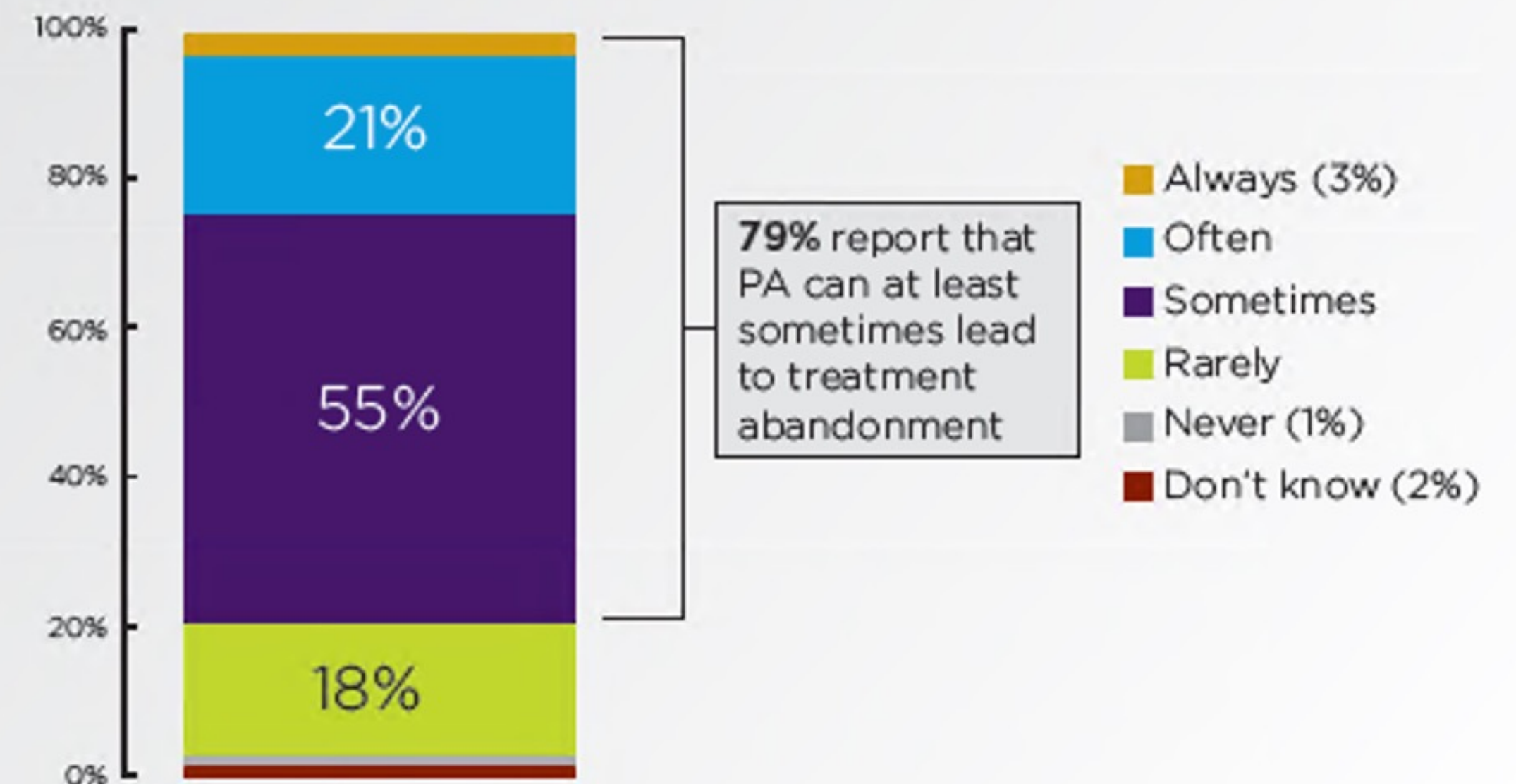


PRIOR AUTHORIZATION CREATES BARRIERS



Abandoned treatment associated with PA

Q: How often do issues related to the PA process lead to patients abandoning their recommended course of treatment?



S T R s = B E T T E R A D H E R E N C E F O R
P A T I E N T S F A C I N G B A R R I E R S

B E T T E R A D H E R E N C E = L O W E R O V E R A L L
H E A L T H C O S T S

P R I O R A U T H O R I Z A T I O N C R E A T E S
B A R R I E R S

EXPERT CONSENSUS



DEPARTMENT OF HEALTH & HUMAN SERVICES

