

# Open & Unrestricted Access to HIV Treatment Medications is Essential for People Aging with HIV



As the U.S. population of people living with HIV (PLWH) ages, special considerations will be necessary to address the unique needs of this expanding demographic. Open Access policies provide unrestricted access to all HIV treatment medications without barriers imposed by insurers like prior authorization or step therapy, which is essential towards ensuring that aging people have what they need to live successfully with HIV.

## The Aging Patient Population

Of the 1.2 million PLWH, more than half are over the age of 50. By 2030, this figure is expected to increase to 70%.<sup>1</sup>

Thanks to effective, modern HIV treatments, people with HIV are living longer. PLWH who are diagnosed and on treatment today have a life expectancy almost comparable to people who do not have HIV.<sup>2</sup>

## Aging with HIV & Co-Morbidities

PLWH are more likely to develop additional health issues and tend to develop them earlier than people who do not have HIV.<sup>3</sup> These comorbidities include but are not limited to higher rates of cardiovascular disease, liver disease, diabetes, cancer, and neurocognitive impairment.

Often, PLWH must take multiple medications and may be more prone to side effects and drug-drug interactions from medications for different conditions. With this in mind, PLWH and their providers must be able to select the most effective antiretroviral treatment (ART) regimen without barriers like prior authorization and step therapy.

### Open Access Saves Lives

- ✓ Requires insurance plans to cover all HIV medicines.
- ✓ Prevents insurers from imposing barriers, like prior authorization and step therapy, on life-saving HIV therapies.
- ✓ Ensures that doctors and patients are empowered to make the best medical decisions for each patient.
- ✓ Brings policymakers one step closer to addressing existing disparities and ensuring all people can live successfully with HIV.

## Providers and Patients Know Best

### Safe & Effective Regimens

Choosing a safe, effective ART regimen is complex. Providers consider many factors: drug resistance, other illnesses or conditions, potential drug interactions, and how life circumstances may impact the patient's ability to follow a drug regimen.



**“Selection of a regimen should be individualized for a particular patient based on factors such as virologic efficacy, toxicity, potential adverse effects, pill burden, dosing frequency, drug-drug interaction potential, resistance-test results, comorbid conditions, and childbearing potential.”**

**-The Department of Health and Human Services (DHHS)**

Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents

### Choice is Key

Limiting providers and patients to options pre-selected by an insurance company can be particularly dangerous for PLWH because it can lead to lower rates of medication adherence and persistence, complications, poorer health outcomes and increased likelihood of drug resistance and HIV transmission.<sup>4,5</sup>

## Better Health, Lower Costs

### Rapid Start

A key strategy of the federal initiative *Ending the HIV Epidemic in the U.S.* is to ensure that people living with HIV rapidly reach sustained viral suppression. Patients who begin ART within a week of diagnosis – preferably the same day – are more likely to stay in care and to achieve viral suppression.<sup>6</sup> Prompt access to the right treatment helps PLWH live healthier and longer lives and can dramatically reduce the risk of HIV transmission to others.<sup>7,8</sup>

### Healthier Outcomes

Outcomes improve when providers and patients can select the most appropriate regimen.<sup>9</sup> This results in better medication adherence and persistence, thereby increasing a patient's ability to achieve and sustain viral suppression.<sup>10,11,12</sup> By using antiretrovirals prescribed and sustaining viral suppression, PLWH cannot transmit the virus. This is referred to as TasP (Treatment as Prevention) and U=U (Undetectable = Untransmittable).

### Prompt Access Leads to Lower Costs

Improving HIV treatment and medication adherence can decrease overall hospitalization rates and lower healthcare costs. Conversely, prior authorization or step therapy can delay or compromise treatment, potentially endangering individual and public health. Ultimately, suboptimal therapy selection could lead to the progression of costly resistant viruses and could further complicate HIV care for older people living with HIV who have co-morbidities.

### Ensuring ARV Protections on the State and Federal Level

Ensuring easy, open access to life-saving medications in state Medicaid programs and commercial plans is key to ensuring people can have long-term success living with HIV. The 6 protected classes policy (6PC) is an essential safeguard for PLWH in Medicare Part D.



### Outcomes Across the HIV Care Continuum<sup>13</sup>

In 2021, people aged 55 and older represented 41% of the U.S. population living with HIV. Additionally:

- **34%** were diagnosed late, the highest percentage among all age groups.
- **84%** were linked to care.
- **74%** received care.
- **68%** achieved viral suppression.

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