From 2016 to 2020, use of single-tablet regimens (STR) increased among people living with HIV (PLWH) enrolled in Medicaid in the United States (US) Despite an increase in STR use, there was minimal impact on pharmacy costs

Introduction
• Use of STR is associated with higher rates of antiretroviral therapy (ART) adherence compared with use of multiple tablet regimens (MTR); however, in the US, the shift to STR utilization has been slower among PLWH covered by Medicaid vs commercial insurance 1-6.
• In the US, states can offer Medicaid benefits via 2 methods - FFS or Medicaid Managed Care (MMC) plans - however, in the US, the shift to STR utilization has been slower among PLWH covered by Medicaid vs commercial insurance 1-6. In a Medicaid MMC plan, the state pays a fee per beneficiary to providers for covered services received by the beneficiary.
• In this study, STR and MTR utilization and pharmacy costs were examined over a 5-year period for PLWH enrolled in Medicaid

Methods
• Using IQVIA’s Prescription Claims (Rx) data, mutually exclusive cohorts based on STR or MTR use within each of 5 calendar years were identified (2016-2020).
• For the STR cohort, the date of the first STR claim in each calendar year was termed the index date.
• For the MTR cohort, the date of the first MTR drug in the first observed complete MTR regimen in each calendar year was termed the index date; a window of 5 days between prescription fills for the agents used in an MTR regimen was allowed.
• The regimen received on the index date was used to assign the study cohort for each year, and study measures were reported for each of the 5 calendar years.

Additional eligibility criteria included:
• Evidence of having received an STR or MTR in the Rx data in the calendar year
• Age ≥18 years at index date
• Medicaid FFS or Medicaid Managed Care as payer type at index date
• PLWH with both claims at index date were not eligible
• Patient activity, defined as 21 prescription in 1 to 6 months and 7 to 12 months (including index date)
• Pharmacy stability, defined as consistent reporting of data from the pharmacy associated with the index prescription for each month over the calendar year

Results
STR or MTR Use by Medicaid Plan Type
• The final STR cohort included 47,140 (14.5% of the initial sample) PLWH in 2016 and 73,111 (14.0%) in 2020 (Figure 1)
• The final MTR cohort included 36,007 (15.5%) PLWH in 2016 and 20,264 (13.5%) in 2020 (Figure 1)

Figure 2. Proportion of PLWH Receiving STR or MTR Enrolled in Medicaid by Plan Type

Conclusions
• Despite an increase in STR use among PLWH enrolled in Medicaid in the US from 2016 to 2020, there was minimal impact on pharmacy costs during this same time period
• Between 2019 and 2020, PLWH enrolled in Medicaid shifted from FFS to Managed Care, which includes the majority of Medicaid enrollees but accounts for just over half of Medicaid benefit spending 1,2. Limitations include an unmatched study design and lack of statistical methods to account for differences between groups.

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