How a Medicaid HIV Special Needs Managed Care Plan in NYC Achieved Cost Savings and Successful Clinical Outcomes
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OBJECTIVES
1. Verify that an Integrated Care Team (ICT) approach to managing HIV/HCV co-infected members assured that appropriate patients received successful drug regimens.

2. Determine the impact of this approach on Hepatitis C drug costs.

METHODS
We performed a retrospective MR review of HIV/HCV patients enrolled in a Special Needs Plan who qualified for direct-acting antiviral (DAA) treatment according to guidelines.

Integrated Care Team (ICT): The ICT is a multidisciplinary care team that works together to coordinate the overall care of all members, including Hepatitis C patients, to ensure that members are getting the care required to optimize their health status.

- The ICTs approach to managing members with HCV is coordinated by a pharmacy staff member (the “Coordinator”) who closely monitors each patient for evidence of effective antiviral therapy (HCV suppression).
- Prescription dispensing data for medication adherence
- Hepatitis C drug costs
- Ongoing laboratory results to determine outcomes from treatment request through treatment completion

The Nurse Care Coordinator as required member(s) of the team.

- The ICT works with the member and assists the coordinator in overall patient management issues.
- Treatment Adherence Coordinators also play a crucial role in assessing members believed to be at risk for non-adherence, working with the patient on a plan and providing necessary health care education.
- The Pharmacist is available throughout treatment to discuss side-effect management with the member and assist the coordinator in overall patient management issues.

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BACKGROUND
Little is known about the impact of an integrated team approach to managing hepatitis C (HCV) in HIV/HCV co-infected patients. Previous treatment regimens for HCV infections were lengthy, difficult to tolerate, and resulted in suboptimal outcomes. Newer therapies are costly and challenging payers to balance the costs of treatment versus the risk of poor adherence.

RESULTS (Dec. 2013-April 2015)

<table>
<thead>
<tr>
<th>Drug Treatment ±</th>
<th>SOF = Ribavirin</th>
<th>SOF ± Peg = Ribavirin</th>
<th>SOF ± SIM = Ribavirin</th>
<th>SOF-LED ± Ribavirin</th>
<th>OMB-Parv/RIT +/− DAS ±/− Ribavirin</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>Approved</td>
<td>67</td>
<td>68</td>
<td>31</td>
<td>2</td>
<td>178</td>
<td>15</td>
</tr>
<tr>
<td>Not Approved</td>
<td>13</td>
<td>6</td>
<td>22</td>
<td>2</td>
<td>28</td>
<td>0</td>
</tr>
<tr>
<td>Completed</td>
<td>42</td>
<td>50</td>
<td>26</td>
<td>2</td>
<td>47</td>
<td>3</td>
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<tr>
<td>Did Not Complete</td>
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<td>17</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Currently on Treatment</td>
<td>17</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>126</td>
<td>12</td>
</tr>
</tbody>
</table>

± (DAS) = daclatasvir, LED = ledipasvir, OMB = ombitasvir, PAR = paritaprevir, Peg = peginterferon alfa-2a, Rib = ribavirin, RIT = ritonavir, SIM = simeprevir, SOF = sofosbuvir

Of the 170 that completed therapy, HCV RNA was available for 111 (65%) and of the 111 only 7 (6%) did not achieve an undetectable viral load.

CONCLUSION
An integrated, multidisciplinary team approach and continuous follow-up was effective in HCV treatment, maximized outcomes and minimized costs.

COST AVOIDANCE ASSESSMENT

As a result of the ICT’s efforts a total cost savings of $6,120,735 was achieved, that is 13% of the projected HCV drug costs of $36,795,196

- The primary savings opportunity was not approving payment for those patients where, based on the information provided and available clinical evidence, the treatment was deemed not to be medically appropriate.
- Another key savings opportunity that was discovered is stopping payment to the pharmacy in situations (e.g. incarceration, death) where the member was not able to use the medication being dispensed. Many pharmacies do not perform good care coordination and consistently dispense/chip medications to members when they will not be used.
- Several patients were not able to tolerate the prescribed therapy which resulted in discontinuation of therapy.