

COVID-19's Impact on HIV Brands

The current public health pandemic is impacting healthcare stakeholders from doctors and nurses in the frontlines to payers and PBMs. EVERSANA™ is monitoring the constant changes to access and benefit consideration, tracking payer responses and key trends that may impact HIV / Antiretroviral brands.

According to recent research released by Health Strategies Insights by EVERSANA™, the management of patients with compromised immune systems including HIV will be a high priority in the era of COVID-19 with less life-threatening chronic conditions such as autoimmune disease taking the back seat for now.

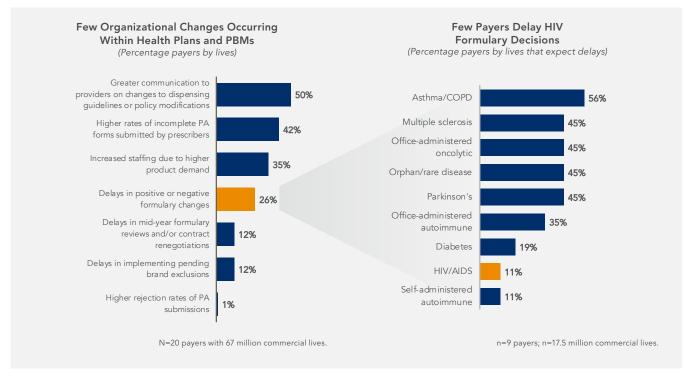
While some payers have reported delays to formulary changes due to COVID-19, HIV patients have not been affected as much when compared to other categories. Benefit consideration committees within

leading health plans continue to meet virtually to review individual drug classes and recommend formulary decisions with no operational interruption.

However, some regional payers (e.g., BCBS MI) located in COVID-19 hotspots have already postponed mid-year formulary changes, new medical policies, or step therapy requirements to August. These plans want to avoid therapy changes if the pandemic continues.

Over a quarter of payer enrollment report a delay in formulary changes (whether positive or negative change); of those plans experiencing that delay, few report that it has directly impacted antiretroviral therapies. It's really about managing patient compliance and response to meds in this new COVID era. Since we're not seeing them in person, there may not be as great of an ability to enforce or improve compliance.

- Medical Group Executive



Source: Health Strategies Insights by EVERSANA, COVID-19 Payer Pulse, June 2020.



Organized providers in certain regions indicate that patients had difficulties filling prescriptions for Kaletra or its generic equivalent in March and early April. However, distribution issues for these products were resolved by mid-April.

Both health systems and medical groups are able to use telemedicine visits to continue effectively monitoring and treating the vast majority of their HIV patients.

Kaletra or the generic were the only ones we had problems with, as there was an initial scramble to see if these drugs could be used for COVID-19. It's tapered off now, because the data has come back as really unsupportive of it. I have a couple of pharmacies where I practice in the city that have a large HIV population, and they told me in recent weeks they have been able to restock. But I would say in March and even into early April, it was tricky.

- Medical Group Executive

We're a little more permissive of telemedicine for HIV. It used to be you had the patient seen every 3-6 months if they are stabilized, 6-12 months if stabilized with no evidence of viral load. But now because people aren't comfortable venturing out, we let them use telemedicine to be seen, and allow them to delay the lab or send things in electronically without faceto-face.

- Medical Group Executive

How Can Biopharmaceutical Companies Help?



Set up a hotline to report product distribution issues and then work with pharmacies, wholesalers, and specialty pharmacies on both short-term and long-term solutions that ensure adequate supply



Since many patients may have faced a change in insurance coverage, reach out to all of them and ensure that they are aware of how this change impacts access to their medications and of assistance programs that can help them afford their medications

 $Source: Health \, Strategies \, Insights \, by \, EVERSANA, \, Brand \, Access, \, Marketplace \, Dynamics \, - \, HIV, \, June \, 2020.$

To learn more about Health Strategies Insights by EVERSANA™, visit <u>eversana.com/products/health-strategies-insights</u>.



About EVERSANA™



