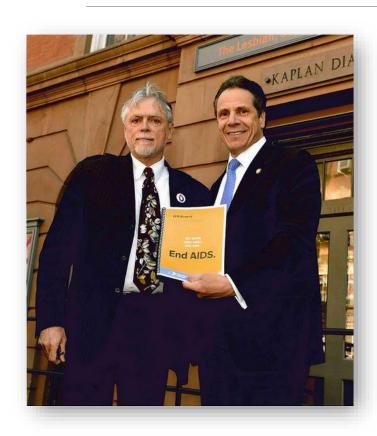
The High Cost of PrEP: Updates from the NYC Health Department

DEMETRE DASKALAKIS, MD, MPH

DEPUTY COMMISSIONER, DISEASE CONTROL

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

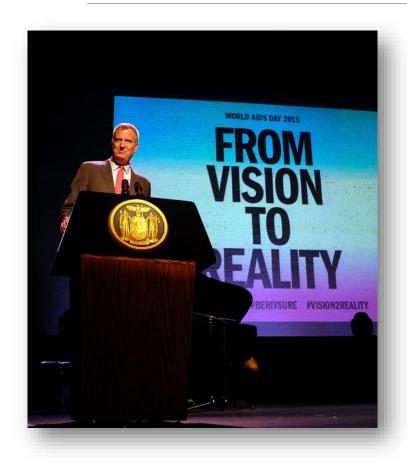
New York State Blueprint for Ending the Epidemic



In April 2015, Governor Cuomo released the New York State **Blueprint for Ending the Epidemic**, a set of recommendations by community members, government officials, and providers, expanding on his 2014 three-point plan to:

- •Identify people with HIV who remain undiagnosed and link them to care;
- Link and retain people diagnosed with HIV in care to maximize virus suppression so they remain healthy and prevent further transmission; and
- Provide access to PrEP for people at high risk for HIV infection.

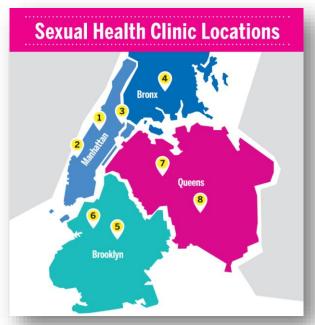
New York City Ending the Epidemic Plan



At the World AIDS Day 2015 citywide event, Mayor Bill de Blasio announced the **New York City Ending the Epidemic Plan**, a four-part strategy building upon the New York State Blueprint:

- •Increase access to HIV prevention services, including PrEP;
- Promote optimal treatment for all New Yorkers with HIV;
- Enhance methods for tracing HIV transmission; and
- Improve access to comprehensive, affirming sexual health care for all New Yorkers through targeted outreach to priority populations and enhancements to the Health Department's Sexual Health Clinics.

New York City Health Department's Sexual Health Clinics



Source: N.Y.C. HEALTH DEP'T, SEXUAL HEALTH CLINICS (last accessed May 22, 2019), available at https://www1.nyc.gov/site/doh/services/sexual-health-clinics.page.

Eight **Sexual Health Clinics** offer walk-in services to anyone 12 years or older, regardless of ability to pay, insurance, or immigration status. No parental consent is necessary. Following extensive renovations and service enhancements, the Clinics now offer low- to no-cost state-of-the-art services, including:

- •STI services: Testing and treatment for syphilis, gonorrhea, chlamydia, and other common STIs, including "express visit" testing for asymptomatic patients, partner services, and expedited partner therapy for chlamydia
- **HIV services:** Testing and same-day ART through the JumpstART program, PEP and PrEP initiation and referral, linkage to care, and partner services

New York City Health Department's Sexual Health Clinics

(cont.)

- **Immunizations:** HPV, hepatitis A and B, meningococcal vaccines
- **Behavioral health services:** Screening and interventions for substance use, and short-term counseling and support for other behavioral health needs
- **Contraceptive services:** Emergency contraception and longer-term options, including pills, patches, rings, and Depo-Provera
- Harm reduction services: Narcan kits and syringe dispensing
- Other prevention services: Cervical cancer screening (Pap test), and free NYC Condoms and lubricant









PrEP at the Sexual Health Clinics

- •PrEP Initiation—one month supply of PrEP; after receiving 30 days of meds, active referral to community provider
- Since the beginning of ETE and through April 2019, there have been 3,018 PrEP initiates
 - 32% Hispanic/Latino
 - 23% non-Hispanic Black
- An additional 13,245 patients have received PrEP navigation services

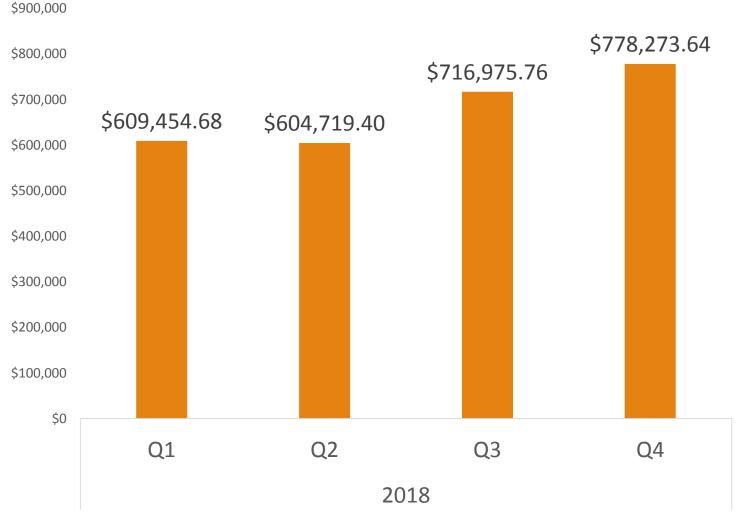








DOHMH HIV Medication Spending, FY2018



All HIV Medication: Summary, FY' 18

- Reflects spending on PEP, PrEP and JumpstART
- About 60% of patients self-report no insurance
- \$2,709,423.48 was spent on HIV medication
- Truvada alone cost \$1,295,092.06

Measures taken to reduce ARV cost

1. Build collaboration with Specialty Pharmacy

- Pharmacies send test scripts against a patient's insurance to verify coverage and ascertain possible copays or deductibles
- Insured/underinsured patient- Navigators and/or pharmacist applies appropriate copay cards to cover balance for (ensures that patients are not burdened with out-of-pocket costs)
- Uninsured patient-Navigators uses appropriate pharma assistance programs via trail cards, online portals, and phone support systems
- ARV's are delivered to clinic within 30 minutes and provided to patient in a confidential space

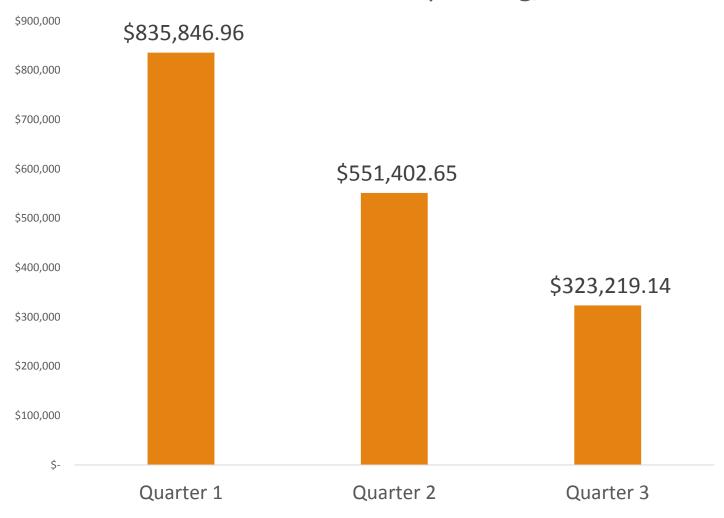
2. Adjusting 340B Par Levels

- Implementation of e-prescribing resulted in less dispensing of ARVs
- •Close monitoring of prescribing patterns led us to alter the process and adjust the quantity of ARVs ordered monthly from NYC Health + Hospitals (H+H).

3. IdWhere Pharmacy Inventory System

- IdWhere will enhance the bureau and division's ability to monitor real-time medication data at all eight SHCs
- This system will allow us to closely monitor medication inventory, adjust medication par levels as needed and prevent any unnecessary orders

DOHMH HIV Medication Spending, FY2019



Adjusting 340B Par Levels

- Accounts for PEP and PrEP
- BSTI EtE is budgeted 750k per quarter
- Division goal is to reduce 500k
- Patient volume peaks during quarter 1 and 4.
- New programs will assist with adjustment during quarter FY 19 Q4 and FY 20 Q1

2018					2019
AUG	SEPT	ОСТ	NOV	DEC	JAN
Chelsea					
	Riverside				
		Central Harlem (PEP Only)			
		Fort Green	ne		
				Corona	
					Morrisania
					Crown HTS
					Jamaica

Rollout Of PEP & PrEP E-Prescribing

- Began with Chelsea (Highest Volume)
- PEP only at Central Harlem (Rollout Phase)
- Rollout completed at all eight clinics by Jan 31, 2019 for both PEP & PrEP

PrEP Total 340B Cost & E-Prescribe Savings, FY19 Q2-Q3



- COST: Total dollar value of medication dispensed at e-prescribing Sexual Health Clinics using in-house 340B medications
- SAVINGS: Total dollar amount saved from e-prescription of medications dispensed at participating Sexual Health Clinics
- Cost and Savings were calculated based on current 340B pricing
- *(Total number of pills dispensed) x (340B cost per pill)
- ^(340B cost of dispensing all PrEP events) (Total cost of PrEP dispensing events)

Potential PrEP candidates left behind?

•In 2018, 2,071 clients were either prescribed or dispensed PrEP at the eight Sexual Health Clinics

•In 2018, about 12% of patient-visits at the Sexual Health Clinics with PrEP navigation listed insurance or financial concerns as a reason they did not want to initiate or receive a referral for PrEP on their day of visit.

PrEP, in summary...

- •Is *incredibly* expensive
- •The Health Department has invested significant resources in thinking creatively to help stem the costs—time, staffing, money, etc.
- •While we have started to see reductions in monthly costs, prices remain high as we work to provide PrEP to all New Yorkers at risk for acquiring HIV

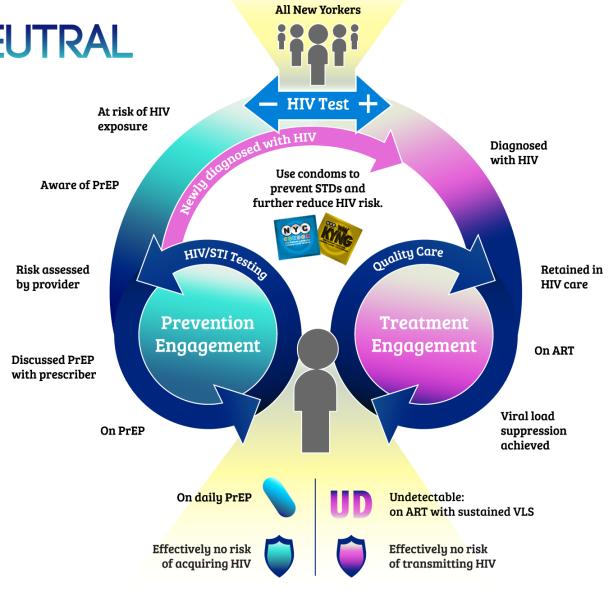
What could be done with all the money spent on PrEP?

- Rapid diagnostics
 - Opening another diagnostic center
 - Covering the cost of reagents and other necessary materials for our new diagnostic center
- •Fast track program dispensing PrEP in the field
- Focus on birth control and reproductive health
- •Expansion of harm reduction services syringe exchange
- Additional focus on outreach
- •Making Sexually Health Clinics destination clinics for all New Yorkers

HIV STATUS NEUTRAL
PREVENTION
& TREATMENT

CYCLE

Aware of PTEP





People at risk of HIV exposure taking daily PrEP and people with HIV with sustained viral load suppression do not acquire or transmit HIV.

Thank You