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Medicaid Urged to Ensure Access to Long-Acting Meds That Treat and Prevent HIV

Medicaid is the largest source of funding for HIV care in the U.S. This policy brief offers a road map to capitalize on long-acting HIV treatment and PrEP.

July 26, 2024 By Trent Straube

A policy brief written by health advocate experts urges Medicaid leadership to capitalize on the promise of long-acting medications to treat and prevent HIV. The brief spells out a series of recommendations to ensure that people eligible for Medicaid have access to these "game-changing" injectable HIV meds.

The O'Neill Institute for National and Global Health Law at Georgetown University Law Center drafted the brief in partnership with Amida Care, a nonprofit Medicaid health plan that specializes in LGBTQ and HIV clients, and Cicatelli Associates (CAI) TAP-in project (CAI helps agencies improve the quality of their services).

Medicaid, the largest source of HIV care funding in the US, must take crucial steps to harness the potential of...

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You can read and download the eight-page brief, titled "Medicaid Leadership Must Ensure Access to Longer-Acting HIV Products," as well as a single-page summary.

Long-acting injectable antiretrovirals are effective options for people who can't take daily pills as HIV treatment or as pre-exposure prophylaxis (PrEP) to prevent HIV. Despite the promise of these injectables, advocates remain concerned about price and access.

Medicaid is the joint federal and state program that offers health insurance and comprehensive health care services to low-income individuals and families, pregnant women, people with

disabilities and others who meet the requirements.

In describing the policy brief, the O'Neill Institute explains the importance of Medicaid and long-acting antiretrovirals in the nation's fight against HIV and AIDS:

> As a country, the United States has made incredible strides toward the goal of ending the HIV epidemic. However, progress has been uneven and unacceptable inequities remain. Factors, such as poverty, lack of transportation, limited English proficiency and experiences of discrimination in health care settings—all common among Medicaid beneficiary communities, particularly LGBTQ+ communities and communities of color—regularly undermine engagement to prevention and treatment efforts.
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> Pre-exposure prophylaxis is a game-changing HIV prevention medication that has been available for over a decade, yet PrEP uptake is lower among those who are covered by Medicaid than those who have private insurance. Systemic barriers disproportionately impact Black, Latinx, and transgender communities, who are more likely to be Medicaid-eligible. These communities often experience multiple barriers to care, resulting in reduced access to and utilization of PrEP compared to their white counterparts and exacerbating health disparities.

A summary of the policy brief further spells out the situation and offers recommendations for federal and state Medicaid leaders:

> Medicaid is the largest source of financing for HIV care in the United States, covering an estimated 40% of non-elderly adults with HIV. Federal Medicaid policymakers and many state Medicaid officials, however, may not be sufficiently focused on the unique needs of people with and vulnerable to HIV and may not stay abreast of changing HIV clinical practices. The development of longer-acting (LA) products for HIV treatment and prevention could be transformative and could lead to more durable viral suppression, improved health outcomes, and fewer HIV cases. Unless Medicaid programs adapt and respond to these developments, however, the opportunity they provide will be missed.
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> Federal leadership should articulate a road map for integration of longer-acting therapies for HIV treatment and prevention:
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> The Centers for Medicare & Medicaid Services (CMS) and the U.S. Department of Health and Human Services (HHS) partners should develop a comprehensive update to their 2016 Informational Bulletin on HIV prevention and care delivery;
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> CMS should issue policy guidance on Medicaid's role in supporting uptake and persistence of PrEP use to prevent new HIV cases;
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> CMS should designate an official in the Administrator's office to coordinate HIV policy and increase collaboration with other parts of HHS.

States should create a level playing field for plans as well as support delivery system transformation and reforms:

State Medicaid programs should revisit managed care contract standards to support longer-acting treatment implementation;

State Medicaid programs should ensure access to all covered anti-retroviral (ART) medications across health plans.

“Medicaid—the largest payor for HIV care in the United States—has an opportunity to leverage exciting new treatment and prevention options that can increase use, adherence and persistence,” said Jeffrey S. Crowley, director of the Center for HIV and Infectious Disease Policy at the O’Neill Institute, in the press release. “At the federal and state levels, Medicaid leaders must be called upon to enforce the law and draw upon the policy levers at their disposal to provide consistent and reliable access to these potentially transformative new products.”

In 2021, the Food and Drug Administration (FDA) approved Cabenuva (long-acting cabotegravir and rilpivirine) as the first complete long-acting HIV treatment, given as monthly injections. In 2022, the FDA approved Sunlenca (lenacapavir) as a new option for treatment-experienced people with multidrug-resistant HIV; administered every six months, Sunlenca is the longest-acting HIV medication and is being studied for first-time treatment and as (PrEP) to prevent HIV.

To explore the newest in HIV treatments, see the POZ Focus “Options Open,” which profiles folks taking long-acting injectables.

To date, FDA has approved only one long-acting med to be used as PrEP by people at risk for HIV: Apretude (extended-release cabotegravir). It is administered as an injection every other month. Another injectable, lenacapavir, is in clinical trials. (To learn more, read this week's article "Twice-Yearly Lenacapavir PrEP Is 100% Effective for Women.")

Other available options for PrEP—Truvada and Descovy—are taken as daily pills. For more, read the POZ Basics on PrEP. To learn about HIV treatment options, see the POZ 2024 HIV Drug Chart and read the POZ Basics on HIV Medications.

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