

# Health Equity Coverage Recommendation Form

<b>Title:</b>	<b>Health Equity in HIV/AIDS</b>
<b>Date of Last Review:</b>	3/1/2026

## Research Section

### Background

As defined by the [Centers for Disease Control and Prevention \(CDC\)](#), HIV stands for human immunodeficiency virus. It weakens a person’s immune system by destroying important cells that fight disease and infection. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome).<sup>1</sup> There is currently no effective cure for HIV. But with proper medical care, HIV can be controlled. People with HIV who get effective HIV treatment can live long, healthy lives and protect their partners.

### Inequities discussed on the [Office of Minority Health Website](#)<sup>2</sup>

#### [HIV/AIDS and Black/African Americans](#):<sup>3</sup>

- Although Black/African Americans represent almost 13 percent of the U.S. population, they account for 42.1 percent of HIV infection cases in 2019.
- In 2020, African Americans were 7.8 times more likely to be diagnosed with HIV infection, as compared to the white population.
- African American males have 8.1 times the AIDS rate as compared to white males.
- African American females have 15 times the AIDS rate as compared to white females.
- African American men are 6.0 times as likely to die from HIV infection as non-Hispanic white men.
- African American women are 15.3 times as likely to die from HIV infection as white women.

#### [HIV/AIDS and American Indians/Alaska Natives](#):<sup>4</sup>

- American Indians/Alaska Natives have over twice the rate of HIV infection as compared to their white counterparts, and they are more likely to die from HIV infection.

#### [HIV/AIDS and Hispanic/Latino Americans](#):<sup>5</sup>

- Hispanic Americans accounted for almost 30 percent of all HIV infection cases in 2019.

- Hispanic males are four times as likely to have either HIV infection or AIDS as compared to white males.
- Hispanic females were four times as likely to have AIDS in 2019 as compared to white females.
- Hispanic men are twice as likely as non-Hispanic white men to die of HIV infection.
- Hispanic women are three times as likely as non-Hispanic white women to die of HIV infection.

**[HIV/AIDs and Native Hawaiian/Pacific Islanders:](#)<sup>6</sup>**

- While Native Hawaiians and Pacific Islanders (NHPI) represent 0.4 percent of the total population in the United States, the HIV case rate for Native Hawaiians/Pacific Islanders was over twice that of the white population in 2019.
- In 2019, Native Hawaiians/Pacific Islanders were 2.4 times more likely to be diagnosed with HIV infection, as compared to their white counterparts.
- In 2019, Native Hawaiian/Pacific Islander women were 2.5 times more likely to die from HIV infection as compared to white women.

**Review of current, peer-reviewed evidence from established sources**

Several articles were reviewed that investigate the existing barriers in minorities accessing testing and treatment of HIV/AIDS. The common themes included knowledge gaps, cultural differences between patients/providers, language barriers, diagnosis stigmas, access to healthcare/testing, and lack of trust in healthcare system/treatments. Increased cultural sensitivity for providers was discussed in order to help decrease these barriers. Case management to assist in navigating the healthcare system was also discussed. Unfortunately, there remains a lack of quantitative literature available.<sup>7,8,9,10</sup>

**Review of clinical practices guidelines from professional associations and societies in regard to these findings**

**[U.S. Preventive Services Task Force \(USPSTF\):](#)<sup>11</sup>**

In 2019 the USPSTF released a recommendation on the testing for HIV/AIDS. The USPSTF recommends 1) clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown and 2) clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Additionally younger adolescents and older adults who are at an increased risk of infection should also be screened.

**[Center for Disease Control and Prevention:](#)<sup>12</sup>**

In 2003, the CDC introduced the initiative Advancing HIV Prevention: New Strategies for a Changing Epidemic. Two key strategies of this initiative are 1) to make HIV testing a routine part of medical care on the same voluntary basis as other diagnostic and screening tests and 2) to reduce perinatal transmission of HIV further by universal testing of all pregnant women and by using rapid tests during labor and delivery or postpartum if the mother was not screened prenatally.

**Do any of these findings relate to any of our current policies?**

None of the above findings are applicable to any of our current medical policies at this time.

**Summary**

**Medical Policy:**

HIV/AIDs disproportionately affects minority populations in the US, including African Americans, American Indians/Alaska Natives, Hispanic/Latino Americans and Native Hawaiians and Pacific Islanders. Causes of the higher prevalence of HIV/AIDs in these populations are likely multifactorial and complex, and cultural differences between healthcare providers and patients has been indicated as influencing if/when/how these populations seek healthcare. Cultural sensitivity training for healthcare providers has been recommended to assist in overcoming these barriers.

**Pharmacy Policy:**

To improve health equity in human immunodeficiency virus (HIV), it is important to ensure access to medications by ensuring antiretroviral therapies (ART) are affordable and accessible to all patients. This can be achieved by reducing or eliminating prior authorization requirements, simplifying tiering structures, and minimizing out of pocket costs for patients<sup>13</sup>. Timely ART therapy can result in faster viral suppression, better CD4+ outcomes, and decreased morbidity compared with the effects of delayed treatment<sup>13</sup>. Prior authorizations can contribute to delays in ART initiation. Additionally, it is important to improve access to combination ART medications, as simplified regimens can increase adherence<sup>13</sup>.

A class review was completed for medications used for the treatment of human immunodeficiency virus (HIV) in June 2025. A decision was made to retire the remaining two prior authorization policies for this class, Sunlenca and Cabenuva. This was completed for Commercial and Medicaid only as there were no policies for Medicare (CMS does not allow utilization management on protected class drugs). Removing prior authorization for these therapies reduces barriers for our members and streamlines access, allowing more timely ART therapy. Several other therapies, Cimduo and Isentress chewable tablets, were added to the formulary. Most medications used for the treatment of HIV remain on formulary except for some branded medications when generic is available.

To improve access to medications for patients in rural or underserved areas, PHP offers mail-order and home delivery services. Some members are eligible for reduced copays when utilizing mail order. Some members are eligible for Rx Savings Solutions, which is a tool that finds prescription drug savings opportunities for members, notifies members of the opportunity, and helps them through the process of changing to the lower cost solution. Additionally, we utilize interpreter, video interpreter, and document translator services for members with language barriers. In 2025, several caregivers in the pharmacy department completed a health literacy certificate program for further education on how to address disparities in healthcare.

**Recommendation:**

No recommended health equity updates to medical policies at this time. We will continue to review data and professional organization recommendations for future health equity updates.

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### CORE Revision History Section

DATE	SUMMARY OF CHANGES
02/20/2024	Initial Review.
02/13/2025	Annual review. Added USPSTF CPG recommendation. No change in recommendation. Updated to new template.
7/23/25	Interim update to reflect changes to HIV pharmaceutical policies effective 8/1/25
2/17/2026	Annual review. No change in recommendation.

Disclaimer: Providence Health Plan (PHP) and Providence Health Assurance (PHA) CORE forms serve as guidance for the administration of plan benefits. CORE forms do not constitute medical advice nor a guarantee of coverage. PHP and PHA CORE Medical Policy forms are based upon CMS guidelines and published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last CORE update. PHP and PHA CORE Coding Policy forms are based on national coding standards and CMS guidelines. PHP and PHA reserve the right to determine the application of CORE forms and make revisions to its CORE forms at any time.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and PHP and PHA CORE forms will be resolved in favor of the coverage agreement.