

HIV/HCV Co-Infection Watch: August 2018



The HIV/HCV Co-Infection Watch is a publication of the Community Access National Network (CANN). It is a patient-centric informational portal serving three primary groups – Patients, Healthcare Providers, and AIDS Service Organizations.

Learn more: <http://www.tiicann.org>

Table of Contents

Overview.....	3
Findings.....	4
AIDS Drug Assistance Programs (ADAPs).....	6
Medicaid Programs.....	22
Veterans Programs.....	38
Patient Assistance Programs (PAPs).....	44
Harm Reduction Programs.....	49
Regional Trends.....	65
Latest News.....	67
Contact.....	69
Disclaimer.....	70
Methodology.....	71
References.....	72

Overview

The HIV/HCV Co-Infection Watch is a project of the Community Access National Network (CANN) designed to research, monitor and report on HIV and Hepatitis C (HCV) co-infection in the United States. The HIV/HCV Co-Infection Watch delivers the information from a “**patient-centric**” perspective on access to care and treatment.

People living with HIV-infection face a higher risk of long-term liver failure as a result of co-infection with HCV. In fact, HCV-related liver failure has become the leading non-AIDS-related cause of death among people living with HIV-infection in the United States – and as such, treating HCV is of paramount importance.

With well over half of the HCV-infected population falling near, at, or below the Federal Poverty Limit (FPL), patients frequently rely on coverage provided by state- and federally-funded programs – such as the AIDS Drugs Assistance Program (ADAP), Medicaid and Medicare. It is for these patients, and those who still, for whatever reason, lack coverage, that the HIV/HCV Co-Infection Watch advocates.

The research component of the HIV/HCV Co-Infection Watch is designed to gather the following information:

- Formulary information in every state and territory covered by ADAP, as it relates to coverage for HCV drug therapies.
- Formulary information for HCV drug therapies covered by the State Medicaid programs.
- Formulary information for HCV drug therapies covered by the Veterans Affairs system.
- Information about patient assistance programs (PAPs).
- State-by-state harm reduction data for HIV, HCV, and HIV/HCV co-infection, as well as relevant public policy changes.
- Up-to-date information as it relates to HCV treatment.
- Statistics related to HIV/HCV co-infection (Existing Diagnoses, New Diagnoses, and Morbidity Rates).

For the purposes of this report, coverage is divided into three categories:

- No Coverage – no HCV treatments are covered
- Basic Coverage – only older HCV regimens (Ribavirin, Pegylated-Interferon, etc.) are covered; no Direct Acting Antivirals
- Expanded Coverage – Direct Acting Antivirals are covered

The HIV/HCV Co-Infection Watch list-serve sign-up form is available online: http://tiicann.org/signup_listserv.html

Findings

The following is a summary of the key findings for August 2018:

- **AIDS Drug Assistance Programs**

There are **56** State and Territorial AIDS Drug Assistance Programs (ADAPs) in the United States, **44** of which offer some form of coverage for Hepatitis C (HCV) treatment. Of those programs, **38** have expanded their HCV coverage to include the regimens that serve as the current Standard of Care (SOC) for Hepatitis C treatment. Five (**5**) programs offer only Basic Coverage and **13** programs offer No Coverage. Three (**3**) territories – American Samoa, Marshall Islands, and Northern Mariana Islands – are not accounted for in this data. A state-by-state Drug Formulary breakdown of coverage is included in **Figure 1**, with accompanying drug-specific maps in **Figures 2 – 12**.

Additionally, patient assistance programs (PAPs) are manufacturer-provided programs that offer coverage to low-income uninsured and/or underinsured patients who are unable to afford the cost of their medications. These programs often cover part or all of the cost of treatment at the manufacturer's expense.

Although many (if not most) ADAP clients already meet the income qualifications required for eligibility, our findings suggest that these patients may not be receiving information about or assistance with applying for coverage under these program: only **19** ADAPs reported that they actively provide clients with this information, **7** states – **AL, AK, CT, DE, MN, DC, PR** – indicated that they do not provide this information.

- **Medicaid Programs**

There are **59** State and Territorial Medicaid programs in the United States, and data is represented for all fifty states and the District of Columbia. As of October 01, 2016, all **50** states offer Expanded Coverage. All states will cover at least one of the regimens that serve as the current SOC for Hepatitis C treatment. A state-by-state PDL breakdown of coverage is included in **Figure 14**, with accompanying drug-specific maps in **Figures 13 – 24**.

With respect to PAPs, while many Medicaid clients already meet the income requirements for eligibility, Gilead Sciences, the manufacturer of Sovaldi and Harvoni, automatically decline applicants currently enrolled in Medicaid. This is in response to Medicaid programs actively denying coverage for patients, despite having current or developing pricing negotiations with Gilead for the drugs.

Findings

The following is a summary of the key findings for August 2018:

- **Veterans Administration:**

On March 09, 2016, the U.S. Department of Veterans Affairs (VA) announced that it was able to fund care for all Veterans with HCV for Fiscal Year (FY) 2016, regardless of the stage of the patient's liver disease. VA has treated over 76,000 Veterans infected with Hepatitis C, and approximately 60,000 have been cured since 2014. In FY 2015, VA allocated \$696 million for new HCV drugs – 17% of the VA's total pharmacy budget – and in FY 2016, VA anticipates spending approximately \$1 billion on HCV drugs (Office of Public and Intergovernmental Affairs, 2016).

- **Harm Reduction Programs:**

Every State and Territory in the United States currently provides funding for low-income people living with substance abuse issues to enter state-funded rehabilitation services (National Center for Biotechnology Information, n.d.). Forty-three (**43**) States and Territories currently have syringe exchange programs in place, regardless of state. Fifty (**50**) states and the District of Columbia have expanded access to Naloxone to avert opioid drug overdoses. Forty-eight (**48**) states have Good Samaritan laws or statutes that provide protection for those rendering emergency services during drug overdoses. Forty-one (**41**) states have in place Mandatory Prescription Drug Monitoring Programs (PDMPs) that require physicians and/or pharmacists to report prescriptions written or filled to a state agency for monitoring. Thirty-eight (**38**) states have Doctor Shopping Laws preventing patients from attempting to receive multiple prescriptions from numerous physicians, and/or from withholding information in order to receive prescriptions. Thirty-seven (**37**) states mandate a Physical Exam Requirement in order for patients to receive a prescription for opioid drugs. Twenty-six (**26**) states have in place an ID Requirement mandating that people filling opioid prescriptions present a state-issued ID prior to receiving their prescription. Thirty-six (**36**) states require prescribing physicians to attend mandatory and continuing opioid prescribing education sessions. All but three (**3**) states – **AZ, CA, & SD** – have Medicaid doctor/pharmacy Lock-In programs that require patients to receive prescriptions from a single physician and/or fill prescriptions from a single pharmacy. A state-by-state program breakdown is included in **Figure 27**, with accompanying drug-specific maps in **Figures 25 – 34**.

AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Figure 1. – Figure 12.

AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Figure 1. (* Indicates “Preferred Drug”)

State	Basic	Sovaldi	Olysio	Harvoni	Viekira	Daklinza	Technivie	Zepatier	Eplusa	Viekira XR	Vosevi	Mavyret
Alabama – AL	Y	N	N/A	N	N	N	N	N	N	N	Y	Y
Alaska – AK	Y	N	N/A	N	N	N	N	N	?	?	?	?
Arizona – AZ	Y	Y	N/A	Y	Y	Y	Y	Y	Y	N	N	Y
Arkansas – AR	N	N	N/A	Y	N	N	N	Y	Y	Y	?	?
California – CA	Y	Y	N/A	Y	Y	N	Y	Y	Y	Y	Y	Y
Colorado – CO	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	N	Y
Connecticut – CT	Y	N	N/A	N	N	N	N	N	N	N	N	N
Delaware – DE	Y	N	N/A	Y	N	N	N	N	N	N	N	N
Florida – FL	Y	N	N/A	Y	Y	Y	Y	Y	N	Y	N	Y
Georgia – GA	Y	Y	N/A	Y	Y	Y	Y	Y	N	Y	?	?
Hawaii – HI	Y	Y	N/A	Y	Y	Y	Y	Y	Y	N	Y	N
Idaho – ID	N	N	N/A	N	N	N	N	N	N	N	N	N
Illinois – IL	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y	Y
Indiana – IN	Y	N	N/A	N	N	N	N	N	N	N	N	N
Iowa – IA	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y	Y
Kansas – KS	N	N	N/A	N	N	N	N	N	N	N	?	?
Kentucky – KY	N	N	N/A	N	N	N	N	N	N	N	?	?
Louisiana – LA	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y	Y
Maine – ME	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y	Y

AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Figure 1. (* Indicates “Preferred Drug”) Con’t.

State	Basic	Sovaldi	Olysio	Harvoni	Viekira	Daklinza	Technivie	Zepatier	Epclusa	Viekira XR	Vosevi	Mavyret
Maryland – MD	Y	N	N/A	N	N	N	N	N	N	N	Y	Y
Massachusetts–MA	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y	Y
Michigan – MI	N	N	N/A	Y	N	N	N	Y	Y	N	N	Y
Minnesota – MN	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mississippi – MS	N	N	N/A	N	N	N	N	N	?	?	N	N
Missouri – MO	N	N	N/A	N	N	N	N	Y	N	N	N	Y
Montana – MT	N	N	N/A	N	N	N	N	N	N	N	N	N
Nebraska – NE	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y	Y
Nevada – NV	N	N	N/A	N	N	N	N	N	N	N	N	N
New Hampshire-NH	N	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y	Y
New Jersey – NJ	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y	Y
New Mexico – NM	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y	Y
New York – NY	Y	N	N/A	N	N	Y	N	Y	N	Y	N	Y
North Carolina–NC	Y	N	N/A	N	N	N	N	N	N	Y	Y	Y
North Dakota – ND	Y	Y	N/A	Y	N	N	N	Y	Y	?	?	?
Ohio – OH	N	N	N/A	N	N	N	N	N	N	N	?	?
Oklahoma – OK	Y	Y	N/A	Y	N	N	N	N	Y	N	?	?
Oregon – OR	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y	Y
Pennsylvania – PA	Y	Y	N/A	Y	Y	Y	Y	Y	Y	N	N	Y

AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Figure 1. (* Indicates “Preferred Drug”) Con’t.

State	Basic	Sovaldi	Olysio	Harvoni	Viekira	Daklinza	Technivie	Zepatier	Eplusa	Viekira XR	Vosevi	Mavyret
Rhode Island – RI	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y	Y
South Carolina – SC	Y	N	N/A	N	N	N	N	N	N	N	N	N
South Dakota – SD	Y	N	N/A	Y	N	N	N	N	Y	Y	Y	Y
Tennessee – TN	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y	Y
Texas – TX	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y	Y
Utah – UT	N	N	N/A	N	N	N	N	N	N	N	?	?
Vermont – VT	N	N	N/A	N	N	N	N	N	N	N	?	?
Virginia – VA	Y	Y	N/A	Y	Y	Y	N	Y	Y	Y	N	Y
Washington – WA	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y	Y
West Virginia – WV	Y	N	N/A	N	N	N	Y	Y	N	Y	N	N
Wisconsin – WI	Y	N	N/A	N	Y	N	Y	Y	Y	Y	N	N
Wyoming – WY	Y	N	N/A	N	N	N	N	N	N	N	?	?
Wash-DC – DC	Y	Y	N/A	Y	Y	Y	Y	Y	N	Y	N	Y
American Samoa	?	?	N/A	?	?	?	?	?	?	?	?	?
Guam	N	N	N/A	N	N	N	N	N	N	N	N	N
N. Mariana Islands	?	?	N/A	?	?	?	?	?	?	?	?	?
Puerto Rico	Y	Y	N/A	Y	Y	Y	N	Y	N	Y	?	?
U.S. Virgin Islands	N	N	N/A	N	N	N	N	N	N	N	?	?

AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

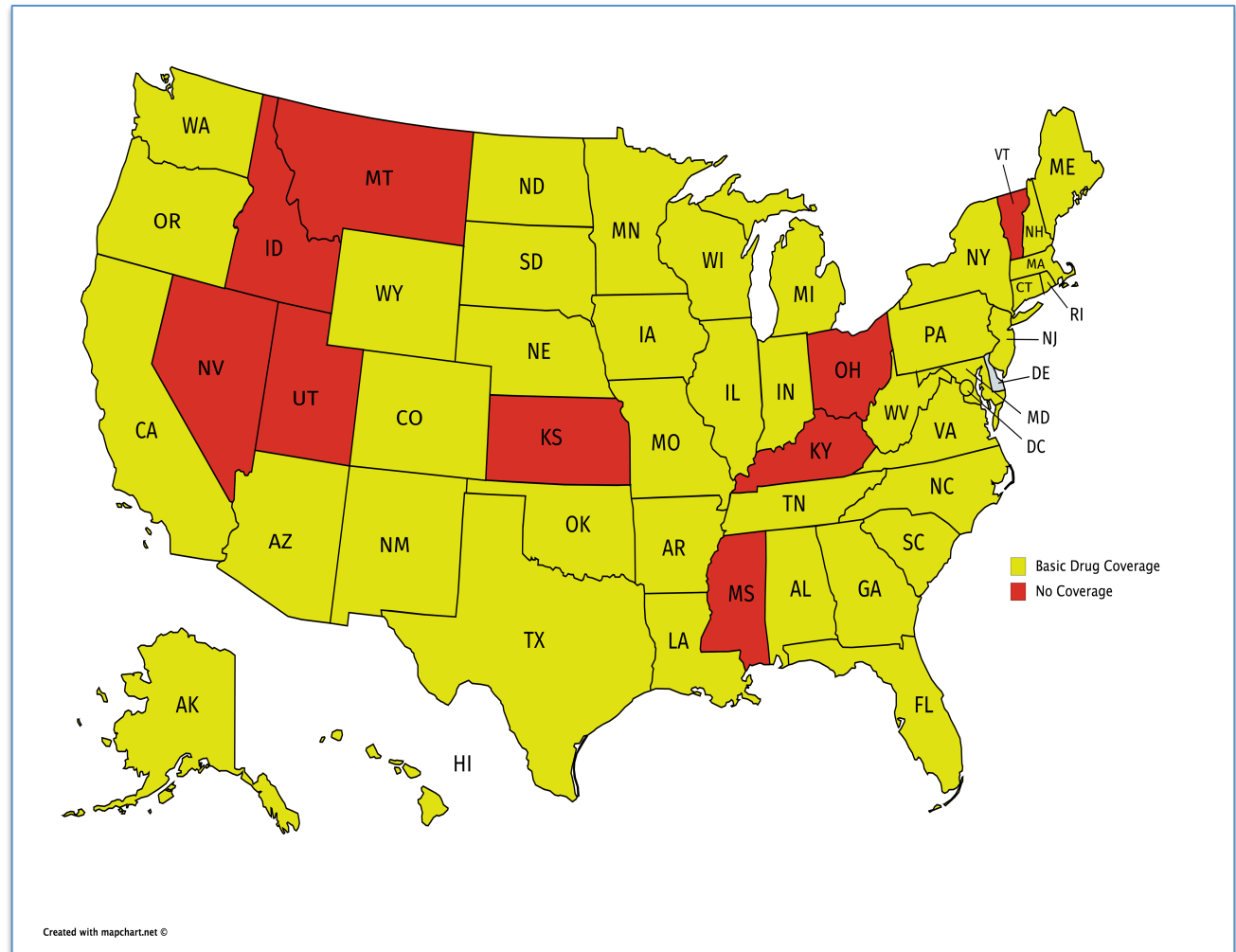
There are currently **44** AIDS Drug Assistance Programs (ADAPs) that cover some form of HCV drug therapies as part of their approved drug formularies. To learn more about ADAPs or their approved drug formularies, please visit <http://adap.directory>.

Figure 2.

Basic Coverage Map Key:

Lime Green: Basic Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Sovaldi Coverage Map

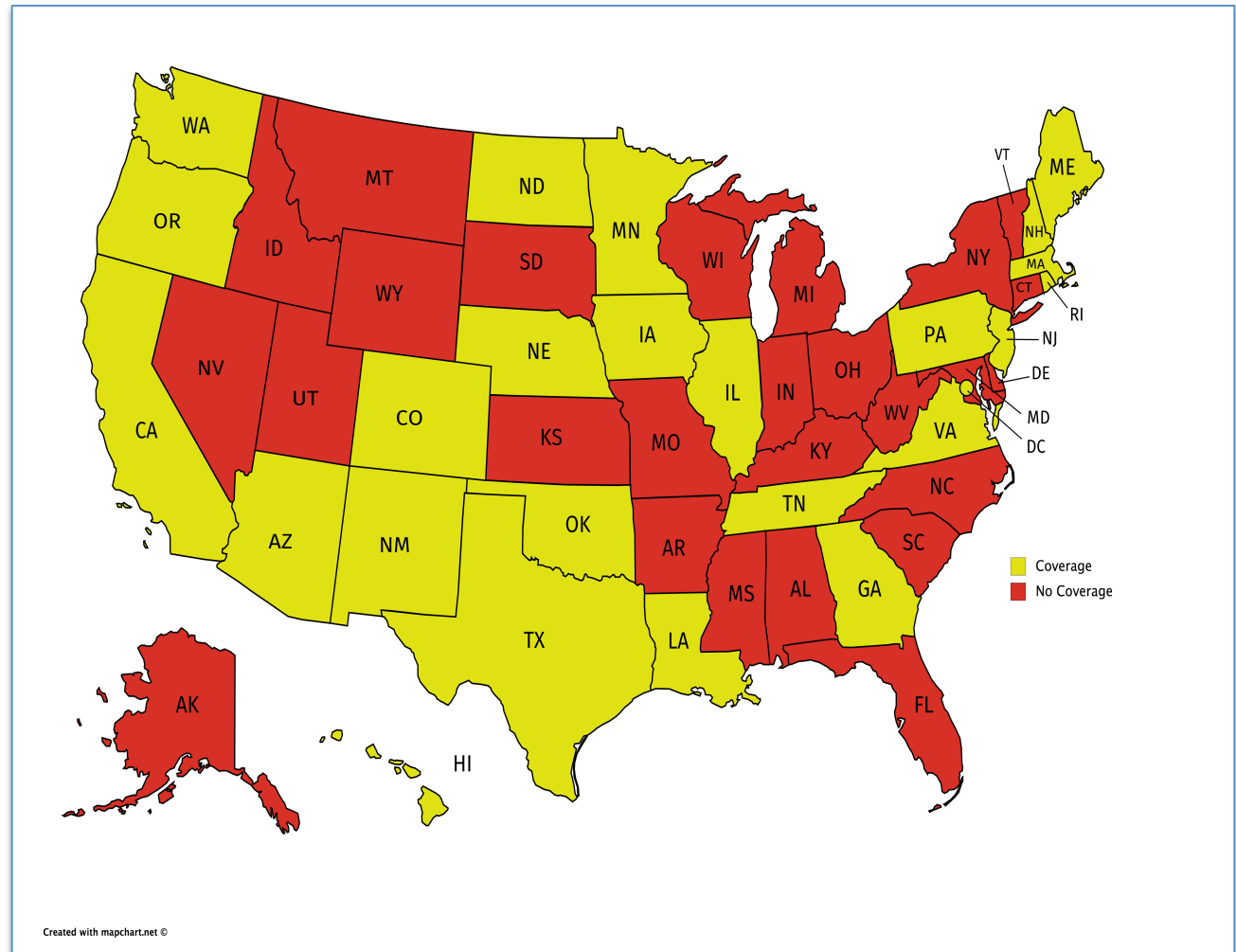
August 2018

Figure 3.

Sovaldi Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Harvoni Coverage Map

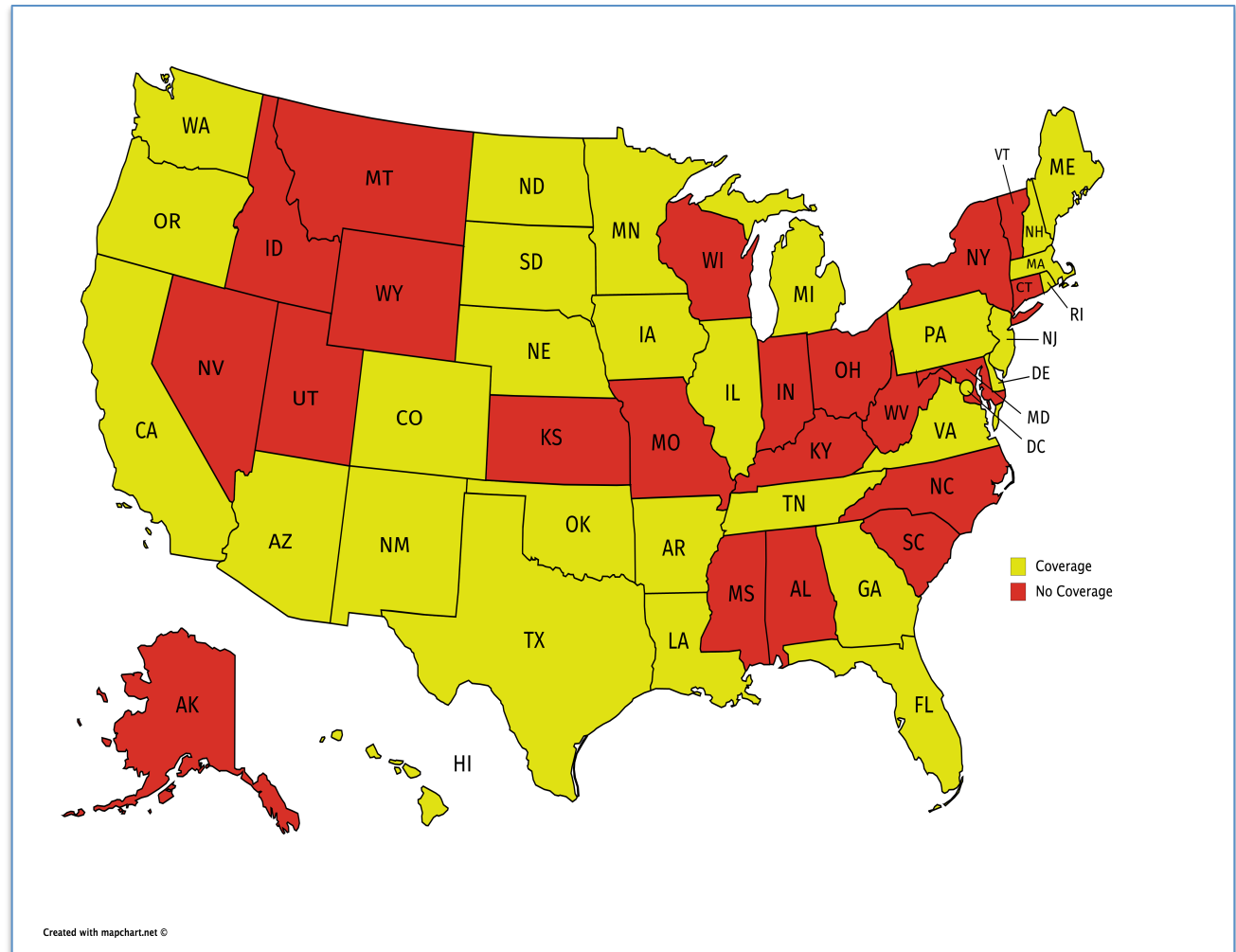
August 2018

Figure 4.

Harvoni Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Viekira Pak Coverage Map

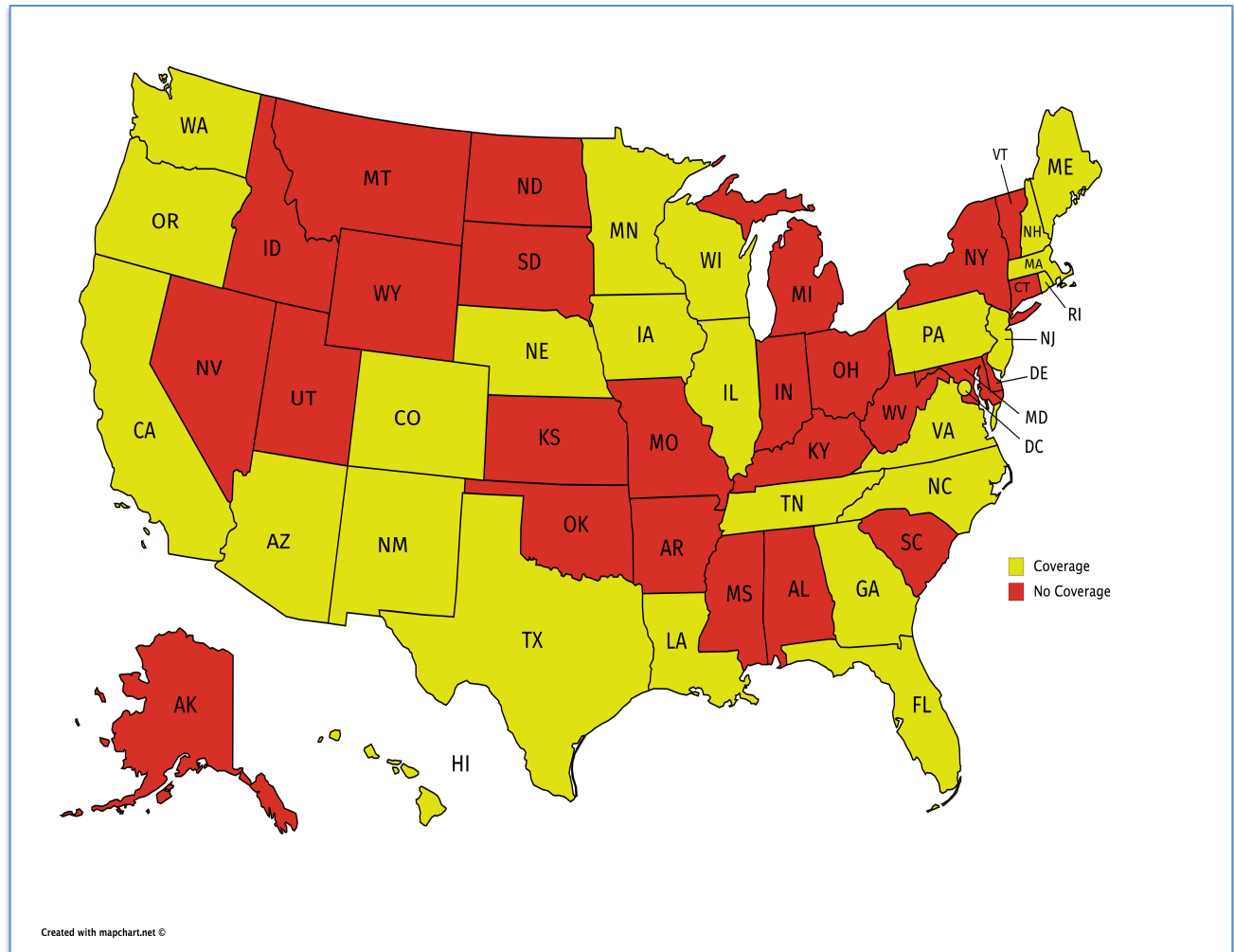
August 2018

Figure 5.

Viekira Pak Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Daklinza Coverage Map

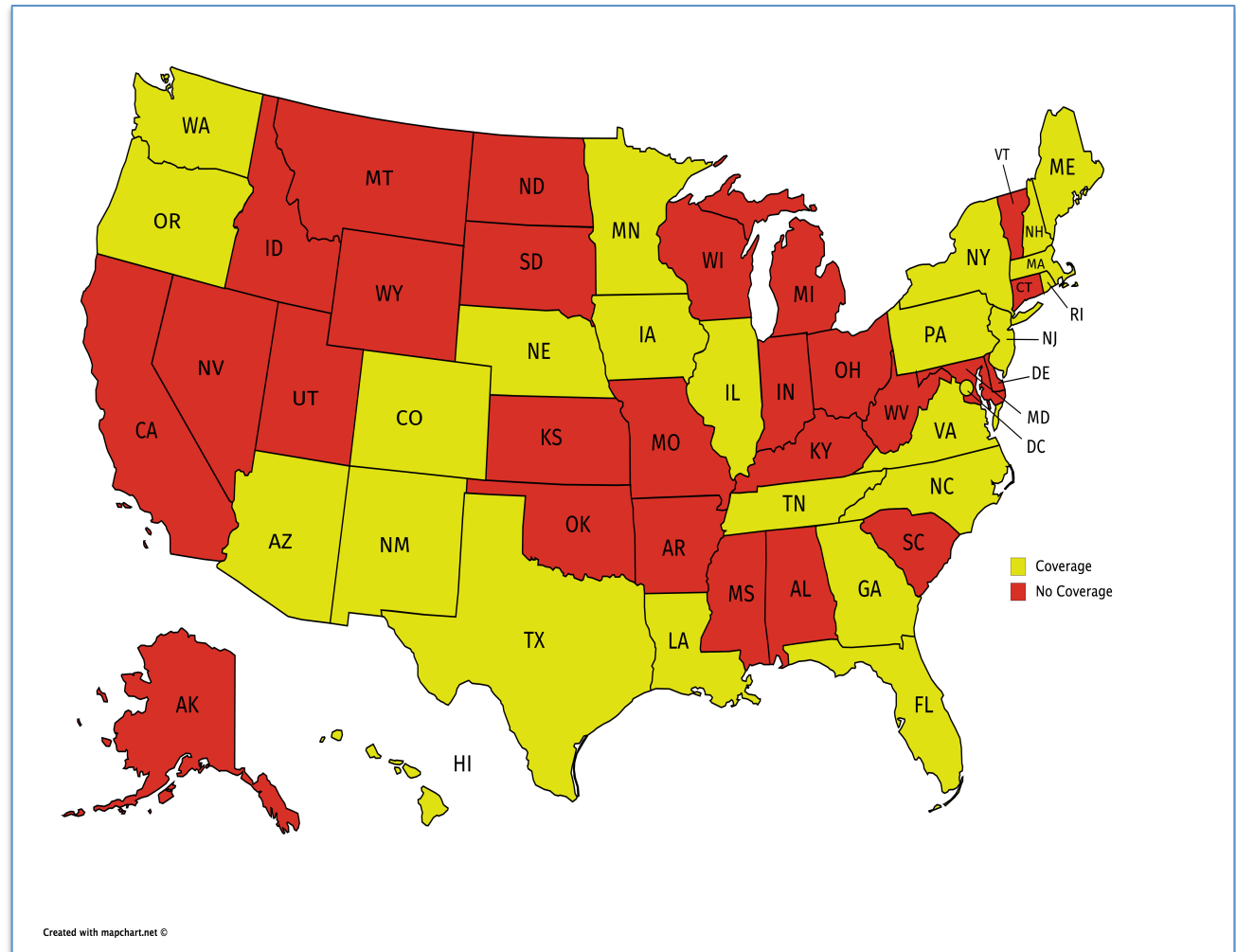
August 2018

Figure 6.

Daklinza Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Technivie Coverage Map

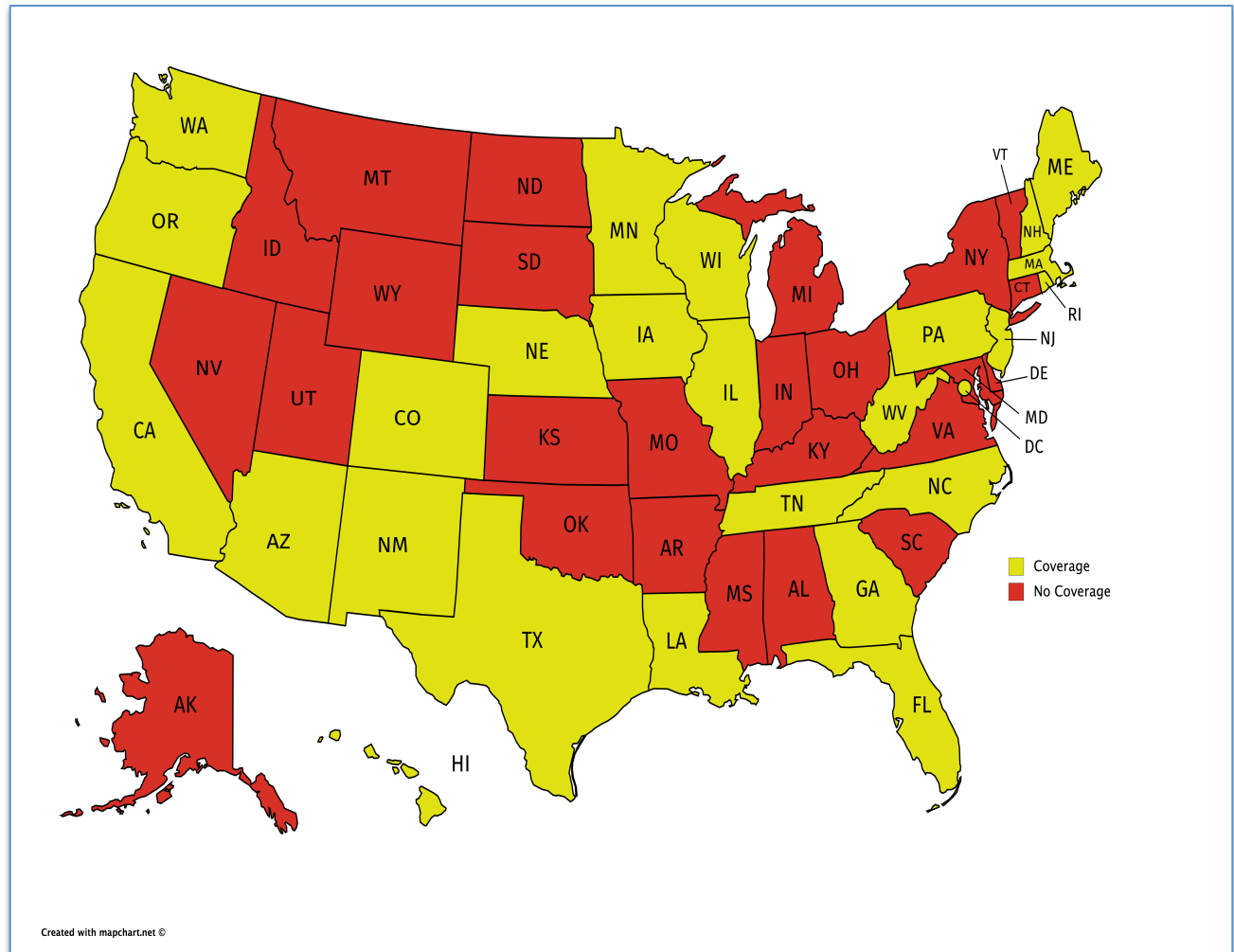
August 2018

Figure 7.

Technivie Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Zepatier Coverage Map

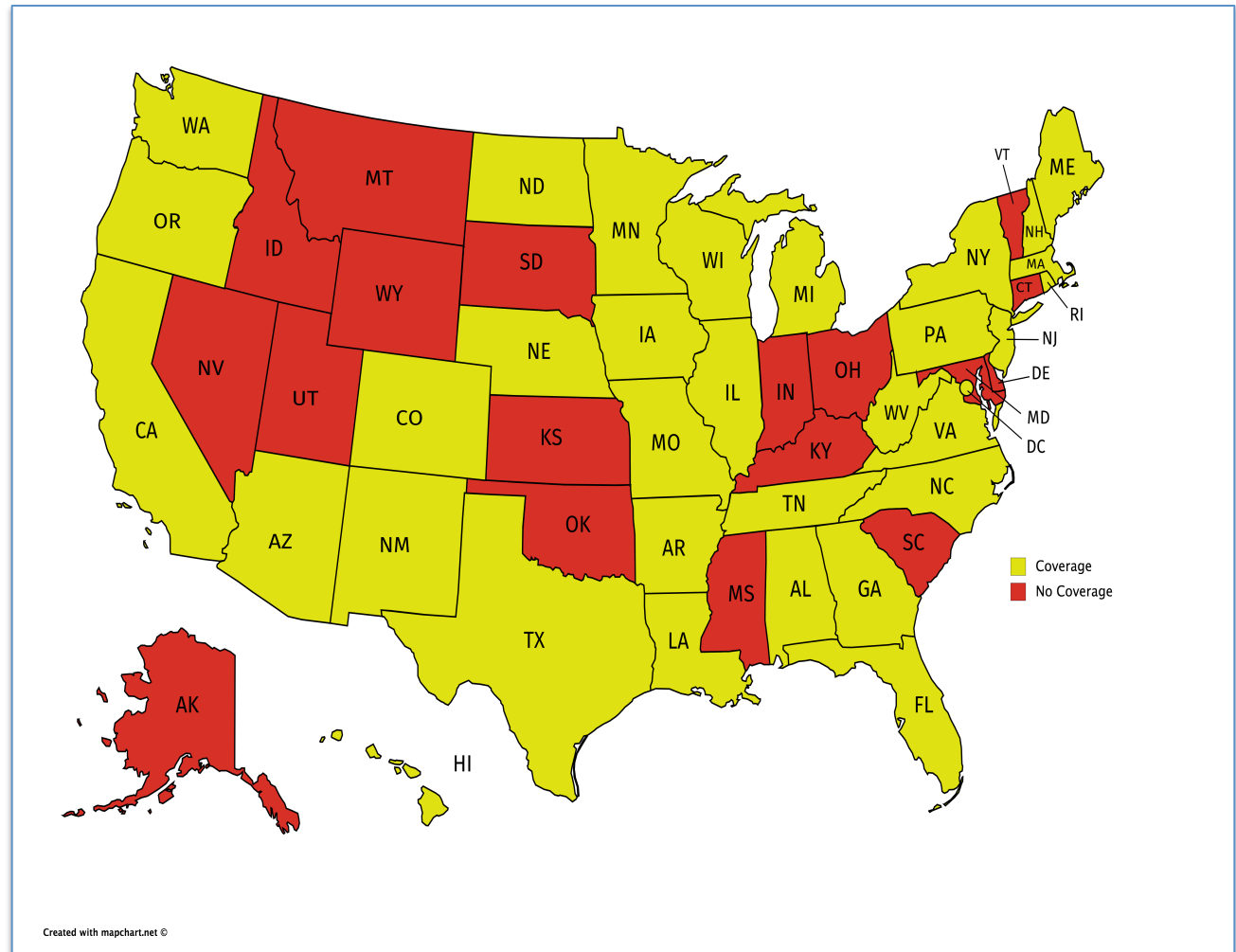
August 2018

Figure 8.

Zepatier Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Epclusa Coverage Map

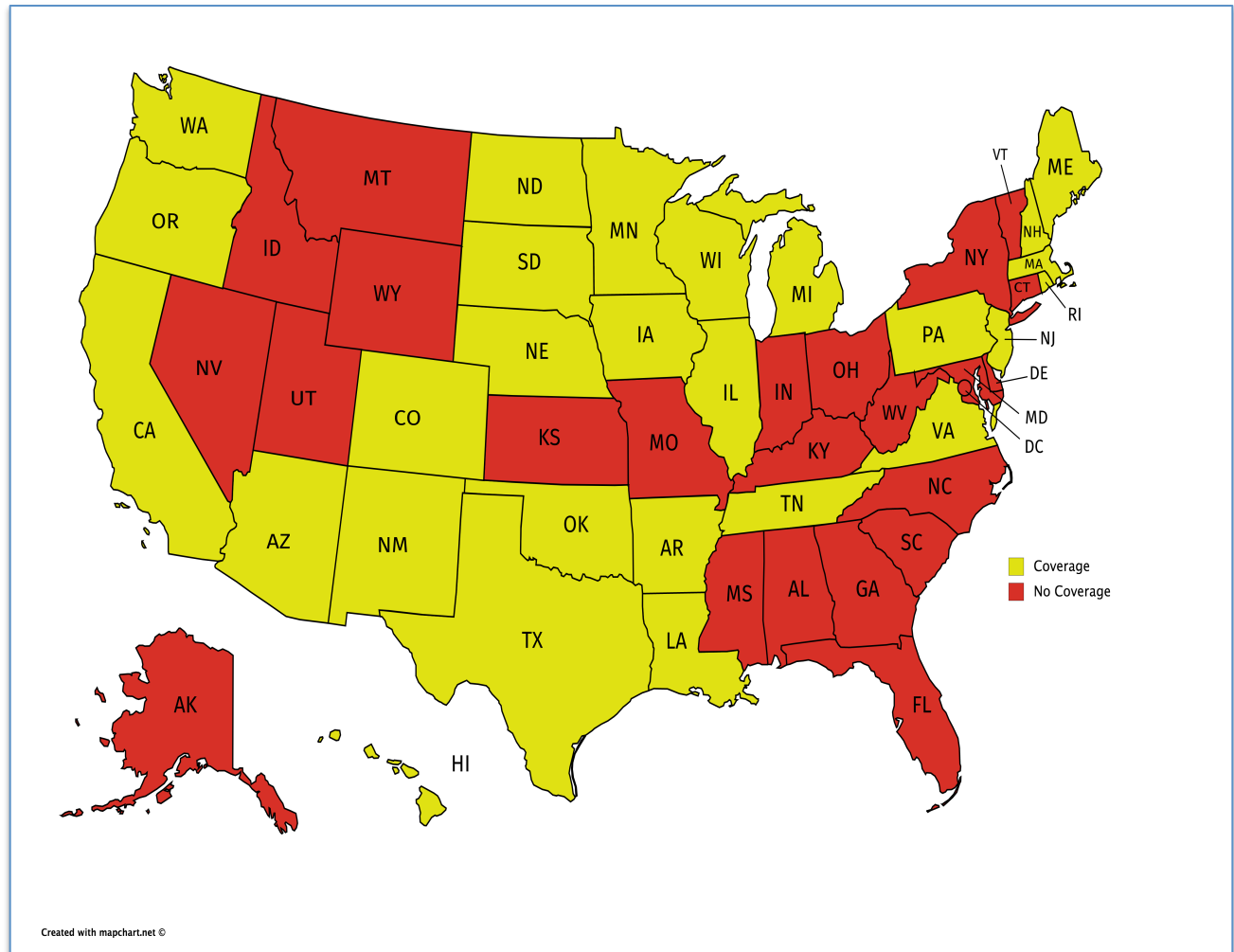
August 2018

Figure 9.

Epclusa Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Viekira XR Coverage Map

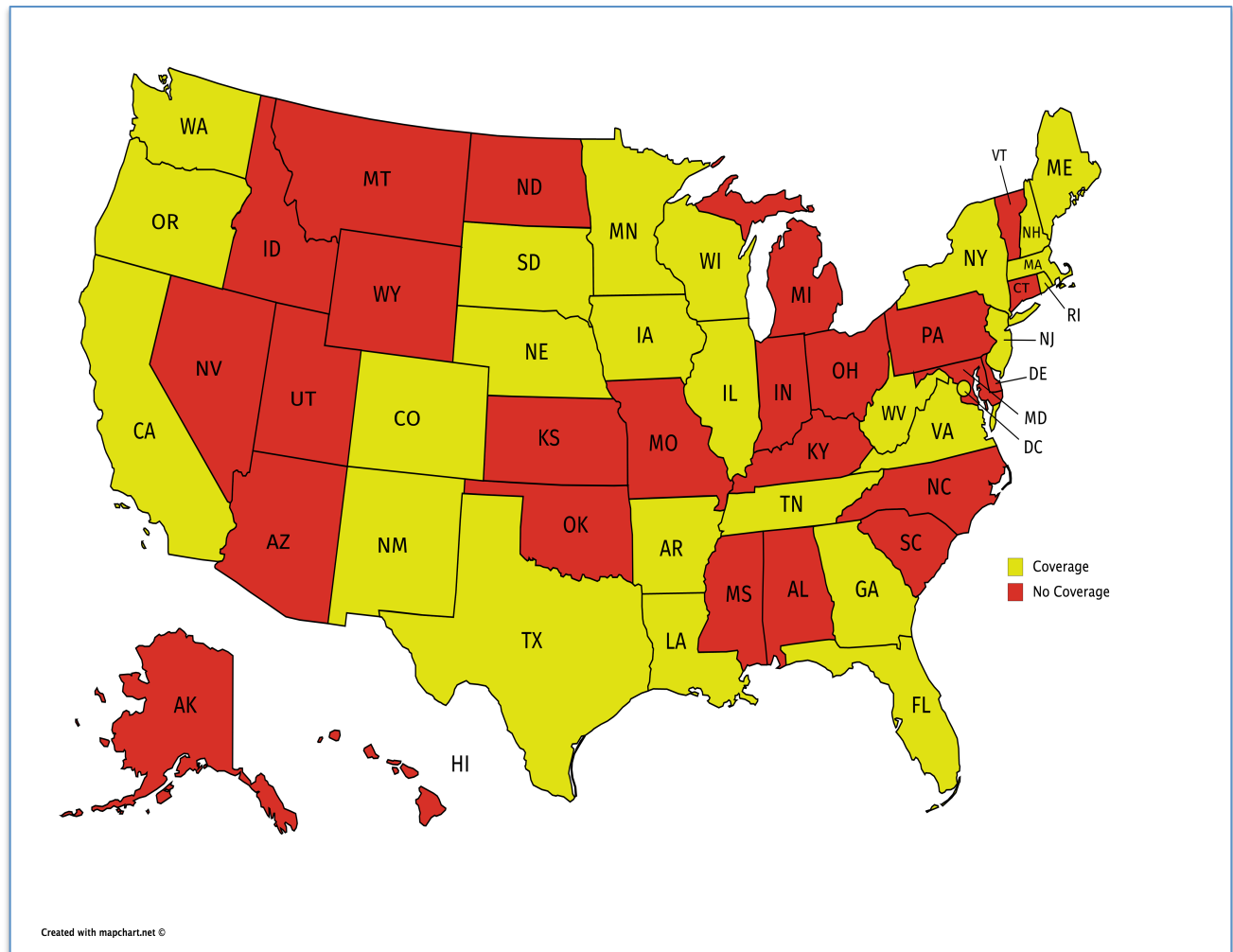
August 2018

Figure 10.

Viekira XR Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Vosevi Coverage Map

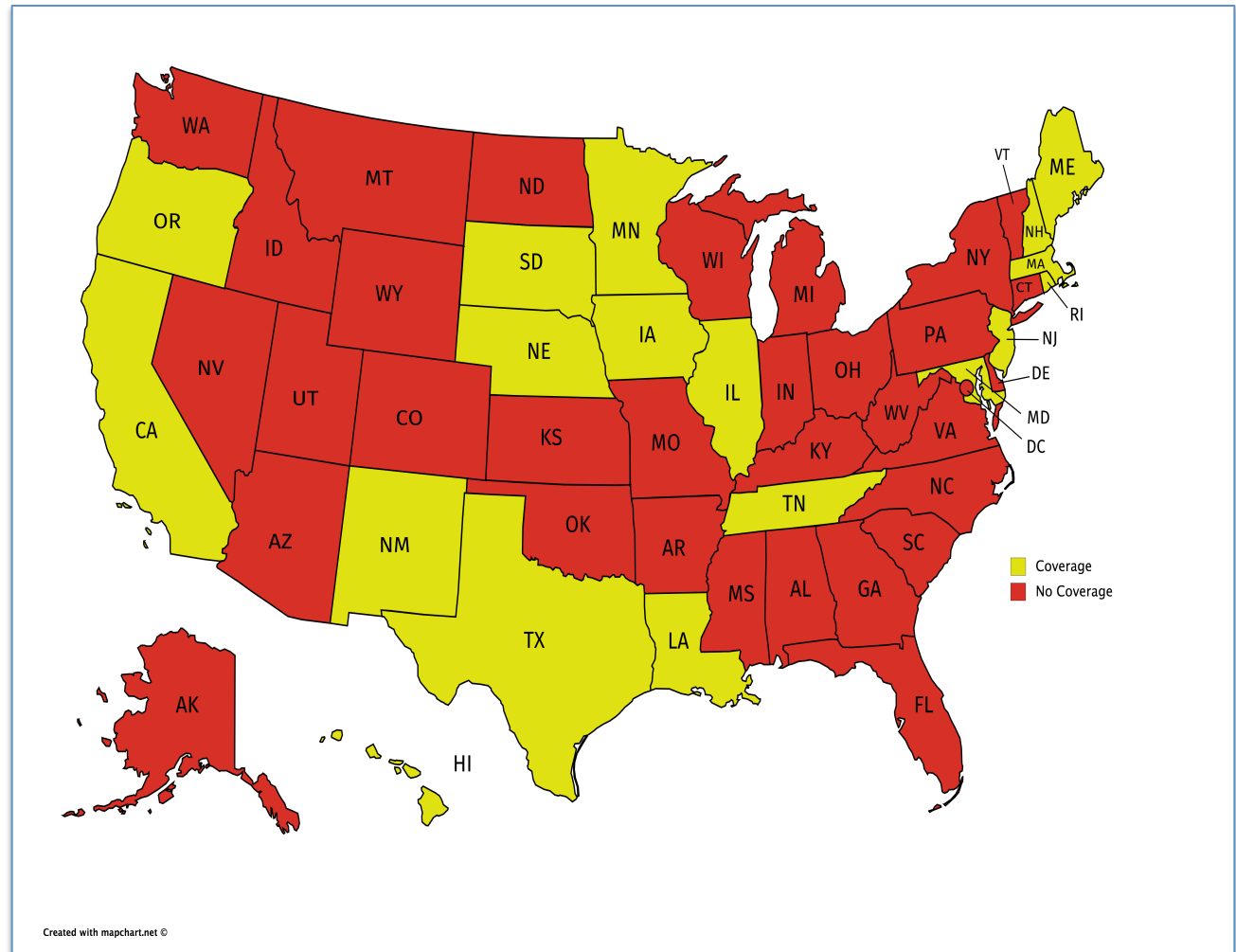
August 2018

Figure 11.

Vosevi Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Mavyret Coverage Map

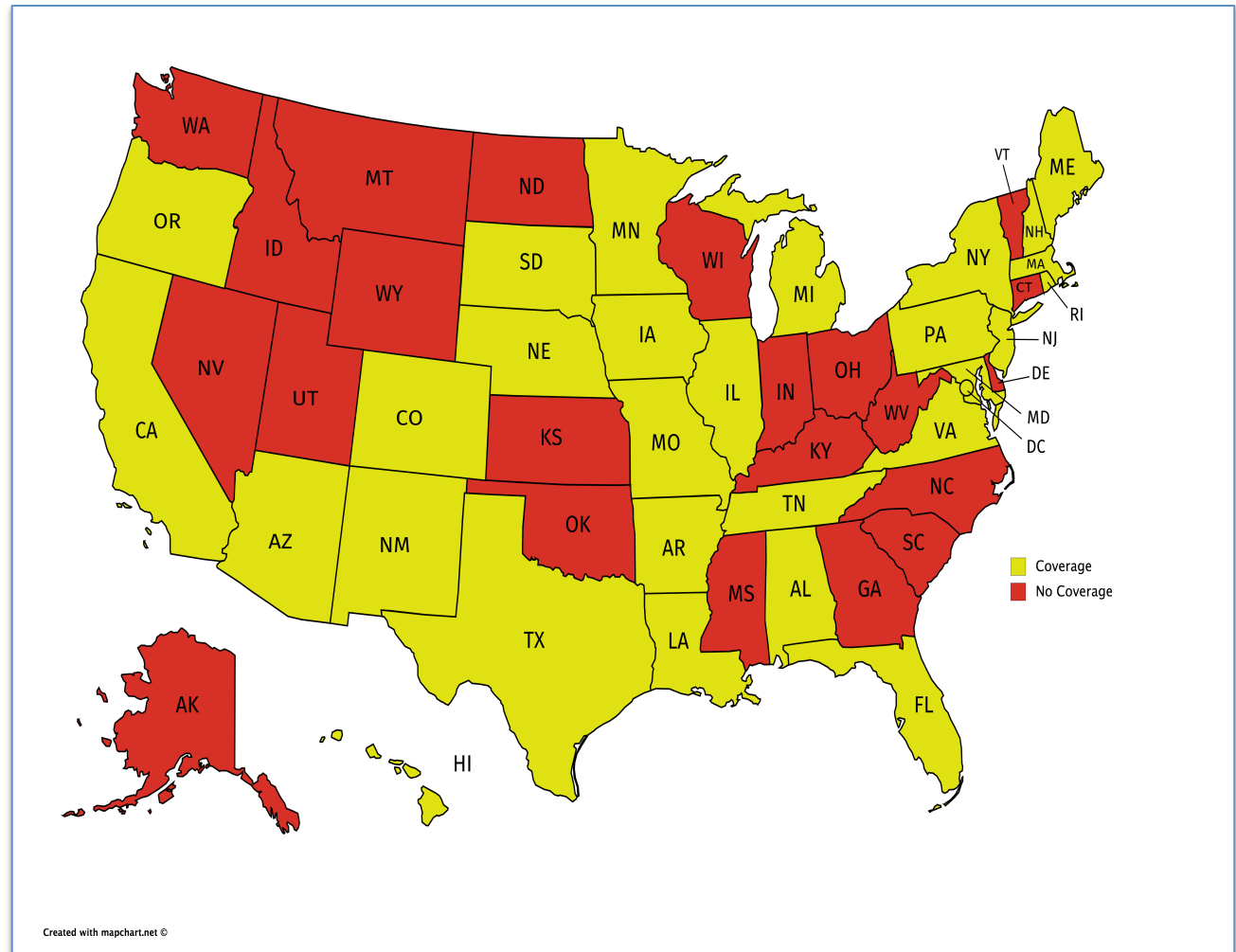
August 2018

Figure 12.

Mavyret Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Of the 56 respective State and Territorial ADAPs, only **13** (ID, KS, KY, MS, MT, NV, NM, OH, UT, VT, GU, PW, VI) do not offer any coverage for HCV drug therapies. States whose formularies are not available on the state-run website have been checked against the most recent National Alliance of State and Territorial AIDS Directors (NASTAD) formulary database (last updated February 01, 2018). The data presented are current as of June 15, 2018.

August 2018 Updates:

- No updates

August 2018 Notes:

- States with Open Drug Formularies IL, IA, MA, MN, NE, NH, NJ, NM, OH, OR, WA
 - N.B. – Although Ohio is listed by NASTAD as having an open formulary, both NASTAD’s ADAP Formulary Database and Ohio’s ADAP website indicates that the state does not offer any treatment for HCV
- Colorado’s ADAP offers five coverage options – Standard ADAP, HIV Medical Assistance Program (HMAP), Bridging the Gap Colorado (BTGC), HIV Insurance Assistance Program (HIAP), and Supplemental Wrap Around Program (SWAP). ‘Yes’ indications in Figure 1. for Colorado denote that at least one of these programs offers coverage for each respective drug. The Standard ADAP Formulary covers medications only if funds are available to do so
- Louisiana’s ADAP (Louisiana Health Access Program – LA HAP) offers two coverage options – Uninsured (Louisiana Drug Assistance Program – L-DAP) and Insured (Health Insurance Program – HIP). HIP pays for the cost of treatment only if the client’s primary insurance covers the drug under its formulary

Medicaid Programs & HCV Treatments

Figure 13. – Figure 24.

Medicaid Programs & HCV Treatments

Figure 13. (* Indicates “Preferred Drug”)

State	Basic	Sovaldi	Olysio	Harvoni	Viekira	Daklinza	Technivie	Zepatier	Eplclusa	Viekira XR	Vosevi	Mavyret
Alabama – AL	Y	N	N/A	Y*	N	N	N	Y*	Y*	N	N	Y*
Alaska – AK	Y	Y	N/A	Y	Y	Y	Y	Y*	Y*	Y	Y	Y*
Arizona – AZ	Y	N	N/A	N	N	N	N	N	N	N	N	Y*
Arkansas – AR	N	Y	N/A	Y	Y	Y	Y	Y*	Y*	N	N	Y
California – CA	Y	Y*	N/A	Y*	Y*	N	N	Y*	Y*	Y*	N	Y*
Colorado – CO	Y	Y	N/A	Y	Y	Y	Y	Y	Y*	Y	Y	Y*
Connecticut – CT	Y	N	N/A	N	N	N	N	N	Y*	N	Y*	Y*
Delaware – DE	Y	Y	N/A	Y	Y	Y	Y	Y*	Y*	Y	Y	Y*
Florida – FL	Y	N	N/A	N	N	N	N	N	N	N	Y*	Y*
Georgia – GA	Y	Y	N/A	Y	Y	Y	Y	Y	Y*	Y	Y*	Y*
Hawaii – HI	Y	N	N/A	Y	N	N	N	Y	Y	N	N	N
Idaho – ID	Y	Y	N/A	Y	Y	Y*	Y	Y	Y*	Y	Y*	Y*
Illinois – IL	Y	Y	N/A	Y	Y	Y	N	Y	Y*	N	Y	Y*
Indiana – IN	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y	Y*
Iowa – IA	Y	Y	N/A	Y	Y	Y	Y	Y*	Y*	Y	Y	Y*
Kansas – KS	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y	Y*
Kentucky – KY	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y	Y*
Louisiana – LA	Y	Y	N/A	Y	Y	Y	Y	Y	Y*	Y	Y*	Y*
Maine – ME	Y	Y	N/A	Y	Y	Y	Y	Y*	Y*	Y	Y	Y*

Medicaid Programs & HCV Treatments

Figure 13. (* Indicates “Preferred Drug”) Con’t.

State	Basic	Sovaldi	Olysio	Harvoni	Viekira	Daklinza	Technivie	Zepatier	Epclusa	Viekira XR	Vosevi	Mavyret
Maryland – MD	Y	Y	N/A	Y*	Y*	Y	Y*	Y	Y*	Y*	Y*	Y*
Massachusetts–MA	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y	Y
Michigan – MI	Y	Y*	N/A	Y*	Y*	Y*	Y*	Y	Y*	Y*	Y*	Y*
Minnesota – MN	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y*	Y*
Mississippi – MS	Y	Y	N/A	Y	Y	Y	Y	Y*	Y*	Y	Y	Y*
Missouri – MO	Y	Y	N/A	Y	Y	Y	Y	Y*	Y*	Y	Y*	Y*
Montana – MT	Y	Y	N/A	Y	N	Y	N	Y	Y	N	Y	Y*
Nebraska – NE	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y*	Y*
Nevada – NV	Y	Y*	N/A	Y*	Y	Y	Y	Y*	Y*	N	Y	Y*
New Hampshire-NH	Y	Y	N/A	Y*	Y	Y	Y	Y	Y*	Y	Y*	Y*
New Jersey – NJ	Y	Y	N/A	Y	Y	Y	Y	N	Y	Y	Y	Y*
New Mexico – NM	Y	Y	N/A	Y	N	N	N	Y	Y	N	Y	Y*
New York – NY	Y	Y	N/A	Y	Y	Y	Y	Y	Y*	Y	Y*	Y*
North Carolina–NC	Y	Y	N/A	Y	Y	Y	Y	Y	Y*	Y	Y*	Y*
North Dakota – ND	Y	Y	N/A	Y	Y	Y	Y	Y	Y*	Y	Y	Y*
Ohio – OH	Y	Y	N/A	Y	N	Y	N	Y	Y	N	Y	Y*
Oklahoma – OK	Y	Y	N/A	Y*	Y*	Y	Y	Y	Y	Y	?	?
Oregon – OR	Y	N	N/A	N	N	N	N	Y*	Y*	N	Y*	Y*
Pennsylvania – PA	Y	Y	N/A	Y	Y	Y	Y	Y*	Y*	Y	Y	Y*

Medicaid Programs & HCV Treatments

Figure 13. (* Indicates “Preferred Drug”) Con’t.

State	Basic	Sovaldi	Olysio	Harvoni	Viekira	Daklinza	Technivie	Zepatier	Eplclusa	Viekira XR	Vosevi	Mavyret
Rhode Island – RI	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y*	Y*
South Carolina – SC	N	N	N/A	Y*	N	N	N	N	Y*	N	Y*	Y*
South Dakota – SD	Y	Y	N/A	N	Y*	?	N	N	?	N	?	?
Tennessee – TN	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y	Y*
Texas – TX	Y	Y	N/A	Y	Y	Y	Y	Y	Y*	Y	Y*	Y*
Utah – UT	Y	Y	N/A	Y*	Y	Y	Y*	Y*	Y*	Y	Y	Y*
Vermont – VT	Y	Y	N/A	Y	Y	Y	Y	Y*	Y*	Y	Y	Y*
Virginia – VA	Y	Y	N/A	Y	Y	Y*	Y	Y	Y	Y	Y	Y*
Washington – WA	Y	Y	N/A	Y	Y	Y	Y	Y	Y*	Y	Y*	Y*
West Virginia – WV	Y	Y	N/A	Y*	Y	Y	Y	Y*	Y*	Y	Y	Y*
Wisconsin – WI	Y	Y	N/A	Y*	Y*	Y	Y	Y*	Y*	Y*	Y	Y*
Wyoming – WY	Y	Y	N/A	Y*	Y	Y	Y	Y	Y*	Y	Y*	Y*
Wash-DC – DC	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	Y*	Y*
American Samoa	?	?	N/A	?	?	?	?	?	?	?	?	?
Guam	?	?	N/A	?	?	?	?	?	?	?	?	?
N. Mariana Islands	?	?	N/A	?	?	?	?	?	?	?	?	?
Puerto Rico	?	?	N/A	?	?	?	?	?	?	?	?	?
U.S. Virgin Islands	?	?	N/A	?	?	?	?	?	?	?	?	?

Medicaid Programs & HCV Treatments

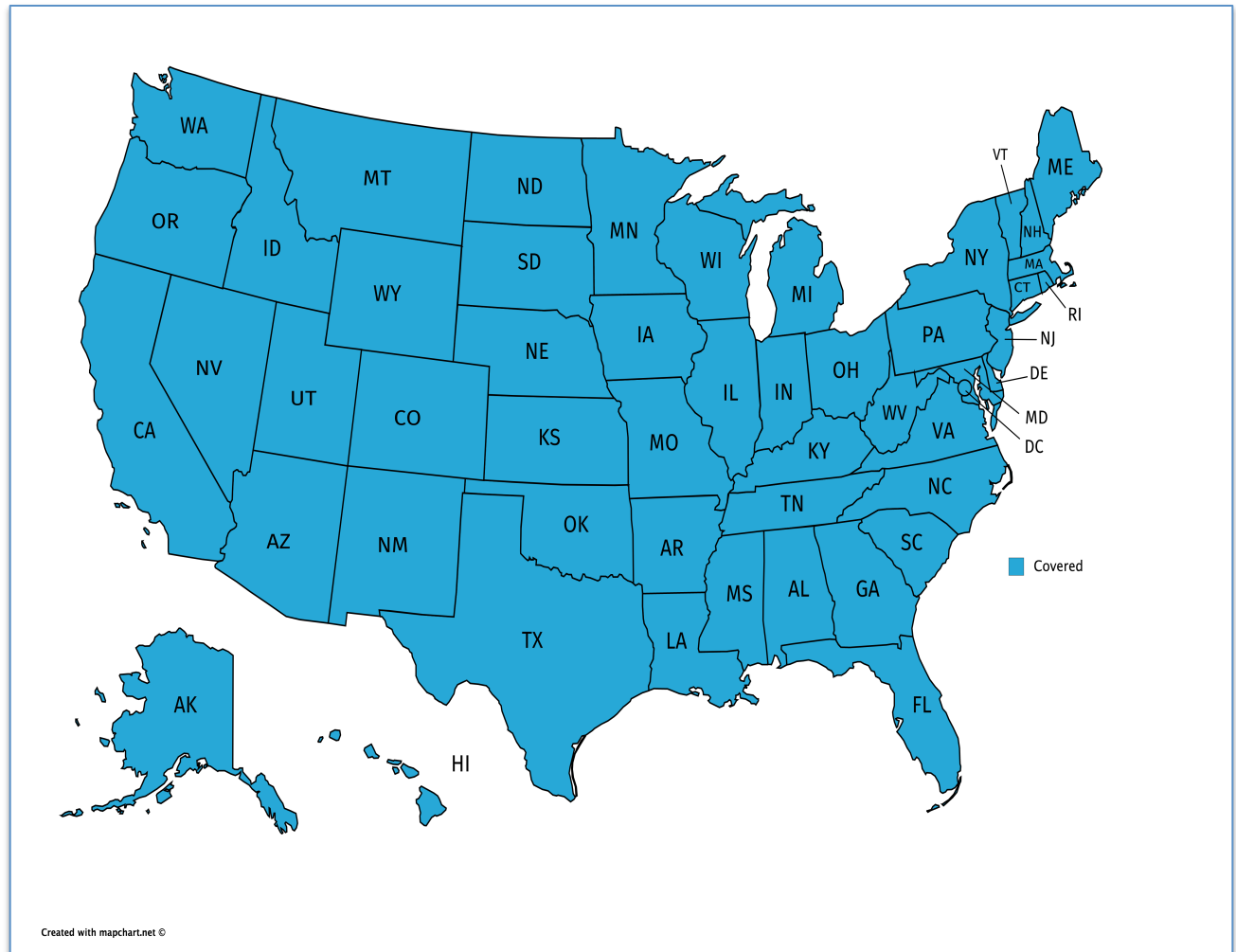
There are currently 51 Medicaid programs that cover some form of HCV-related drug therapies as part of their Preferred Drug Lists. To learn more about Medicaid or their Preferred Drug Lists, please visit <http://medicaiddirectors.org>.

Figure 14.

Basic Coverage Map Key:

Light Blue: Covered

Yellow: Not Covered



Medicaid Programs & HCV Treatments

Medicaid Sovaldi Coverage Map

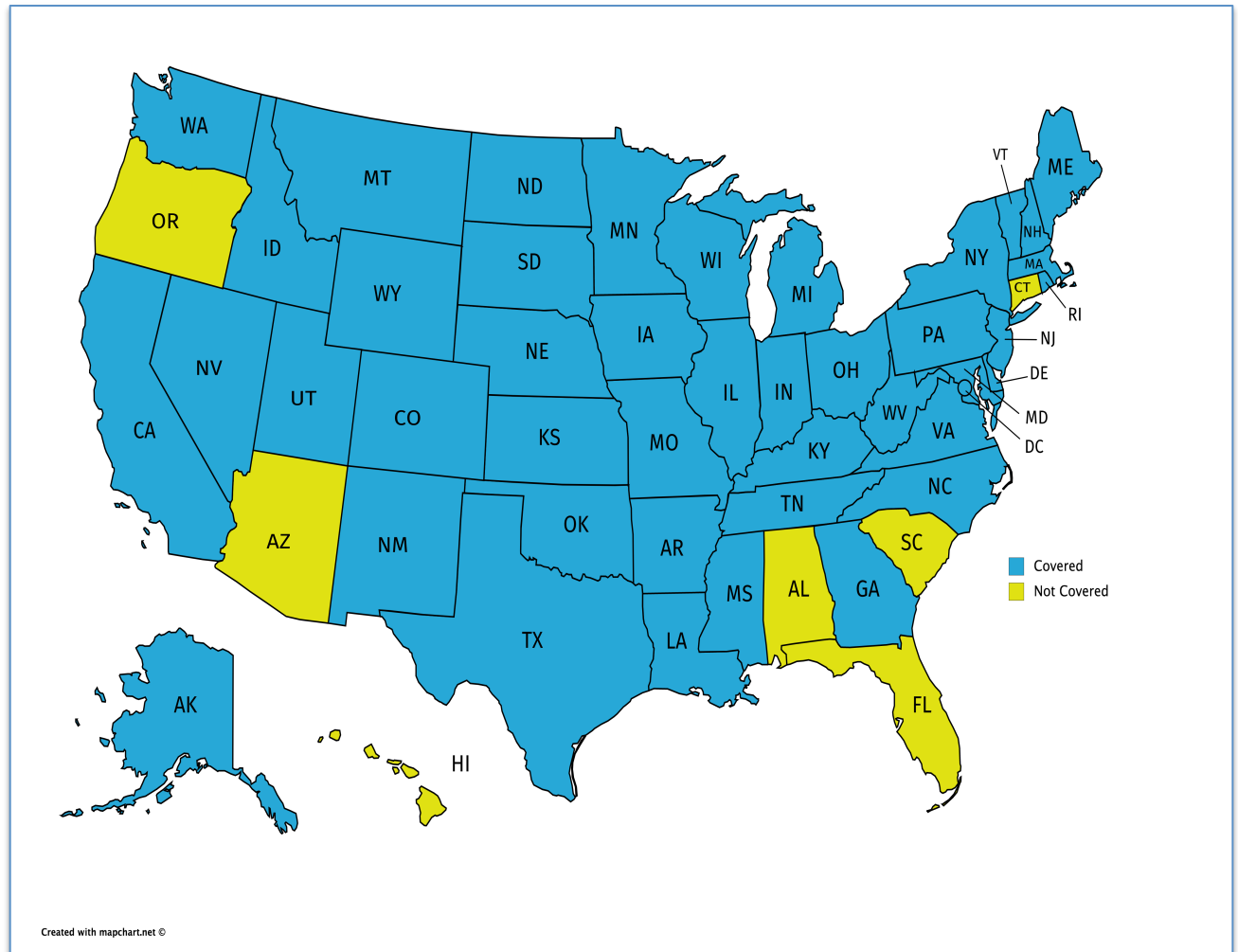
August 2018

Figure 15.

Sovaldi Map Key:

Light Blue: Covered

Yellow: Not Covered



Medicaid Programs & HCV Treatments

Harvoni Coverage Map

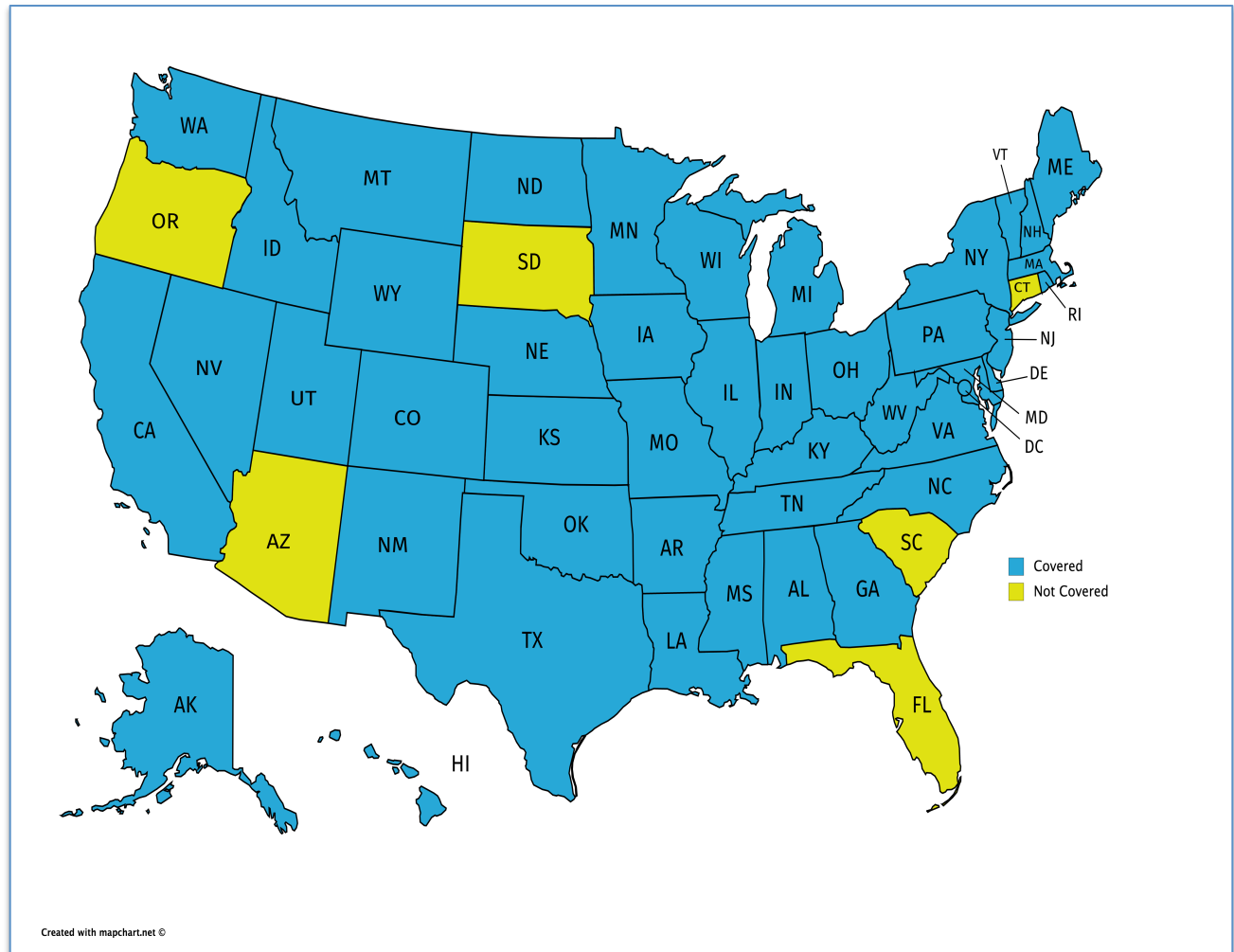
August 2018

Figure 16.

Medicaid Harvoni Map Key:

Light Blue: Covered

Yellow: Not Covered



Medicaid Programs & HCV Treatments

Viekira Pak Coverage Map

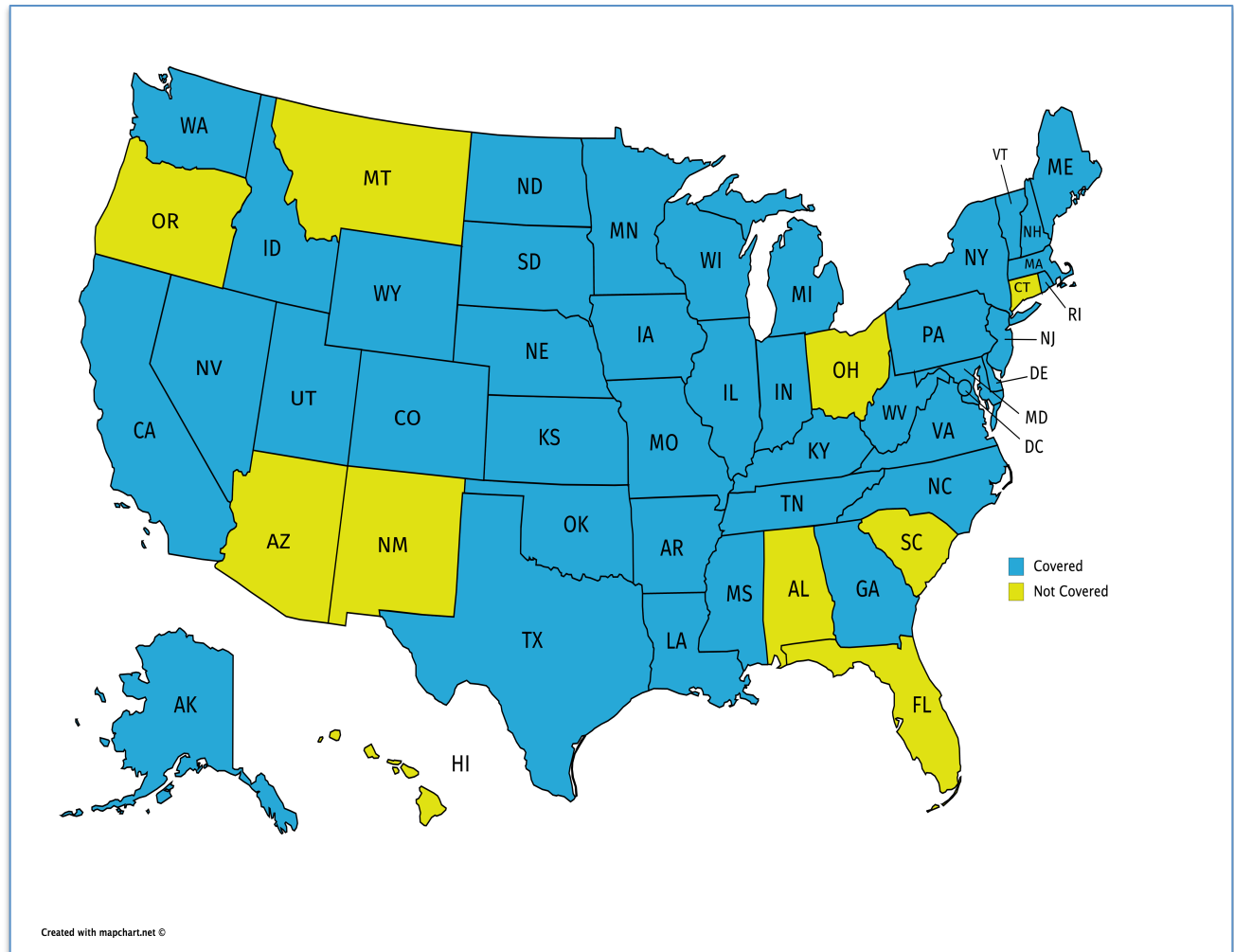
August 2018

Figure 17.

Medicaid Viekira Pak Map Key:

Light Blue: Covered

Yellow: Not Covered



Medicaid Programs & HCV Treatments

Daklinza Coverage Map

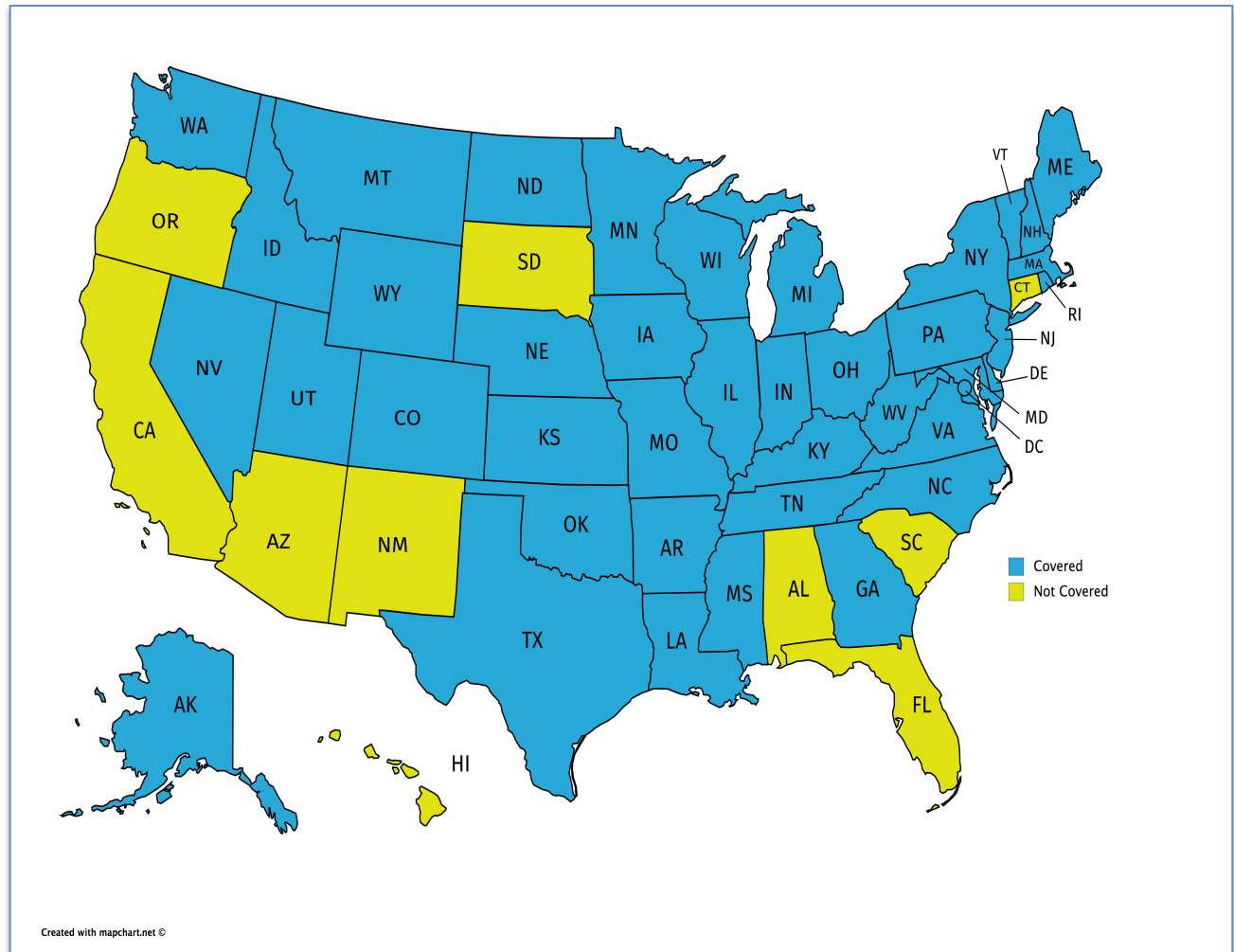
August 2018

Figure 18.

Medicaid Daklinza Map Key:

Light Blue: Covered

Yellow: Not Covered



Medicaid Programs & HCV Treatments

Technivie Coverage Map

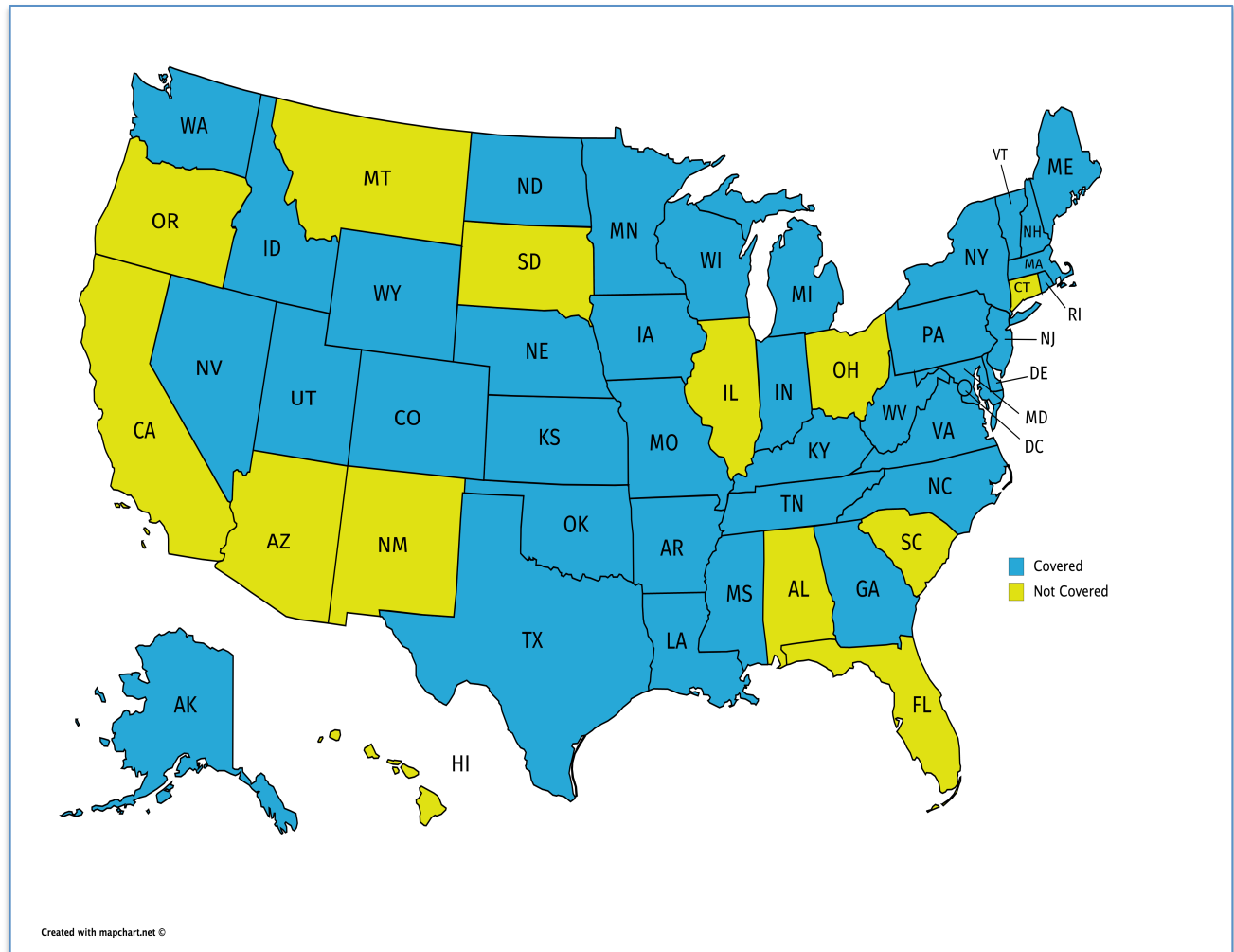
August 2018

Figure 19.

Medicaid Technivie Map Key:

Light Blue: Covered

Yellow: Not Covered



Medicaid Programs & HCV Treatments

Zepatier Coverage Map

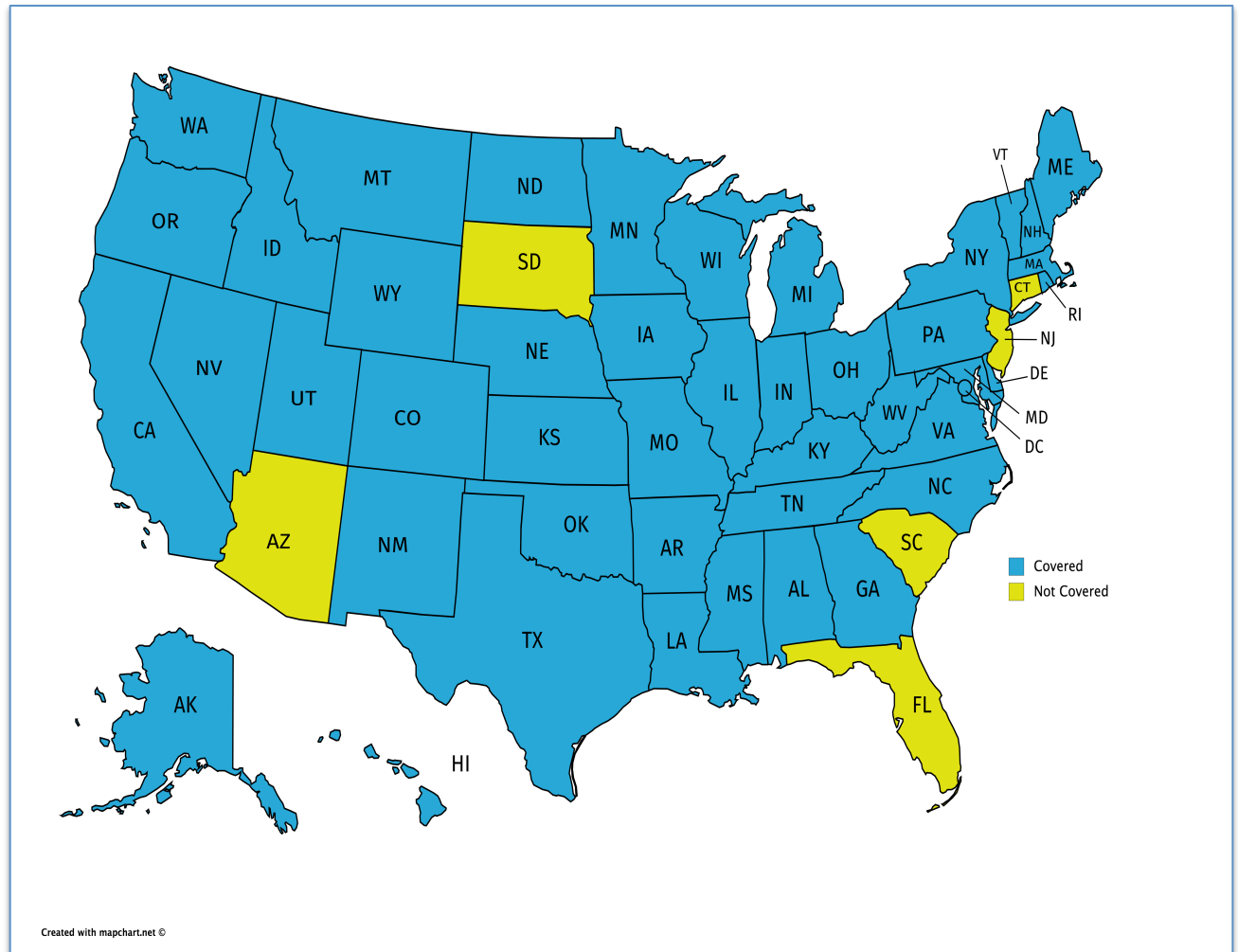
August 2018

Figure 20.

Medicaid Zepatier Map Key:

Light Blue: Covered

Yellow: Not Covered



Medicaid Programs & HCV Treatments

Eplusa Coverage Map

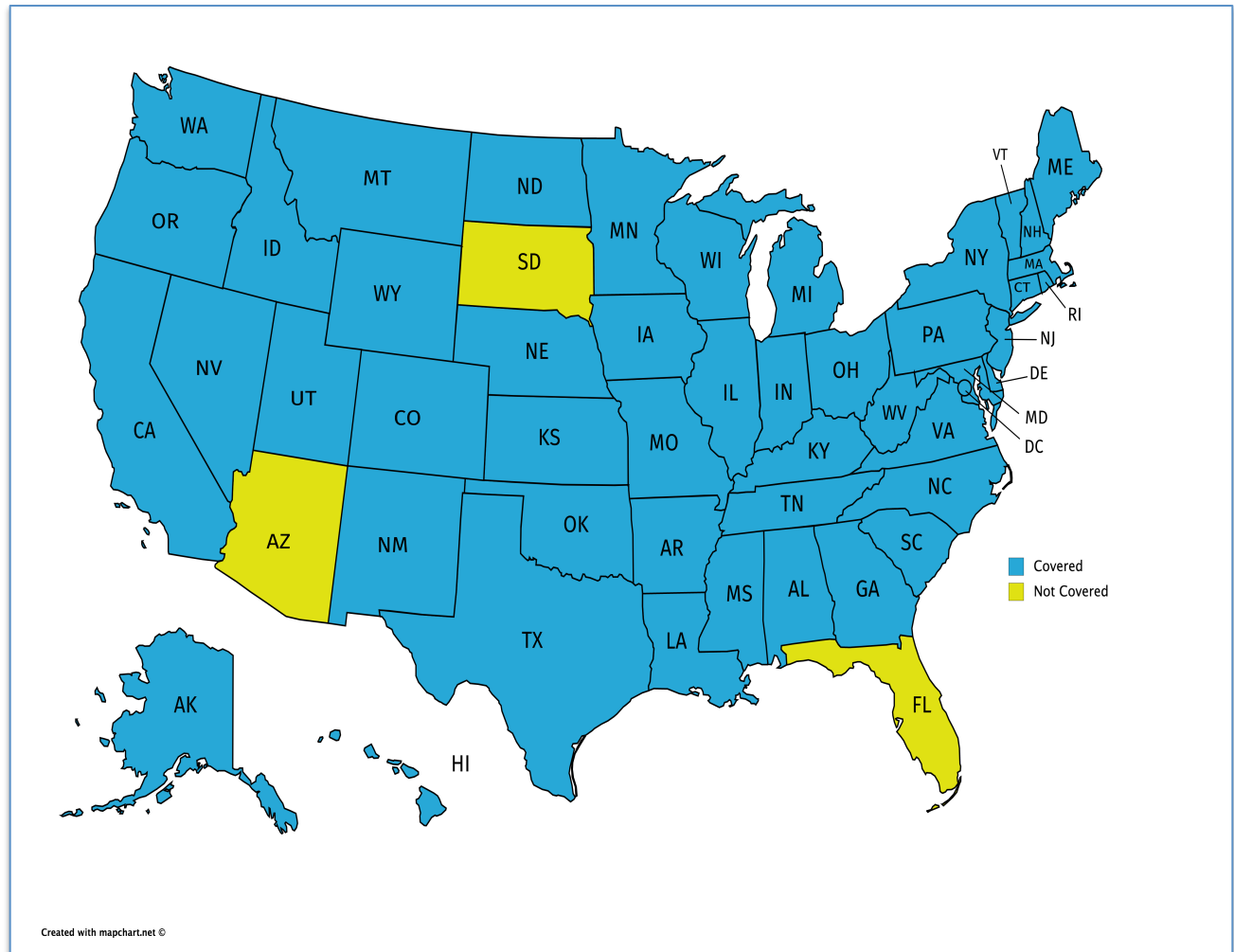
August 2018

Figure 21.

Medicaid Eplusa Map Key:

Light Blue: Covered

Yellow: Not Covered



Medicaid Programs & HCV Treatments

Viekira XR Coverage Map

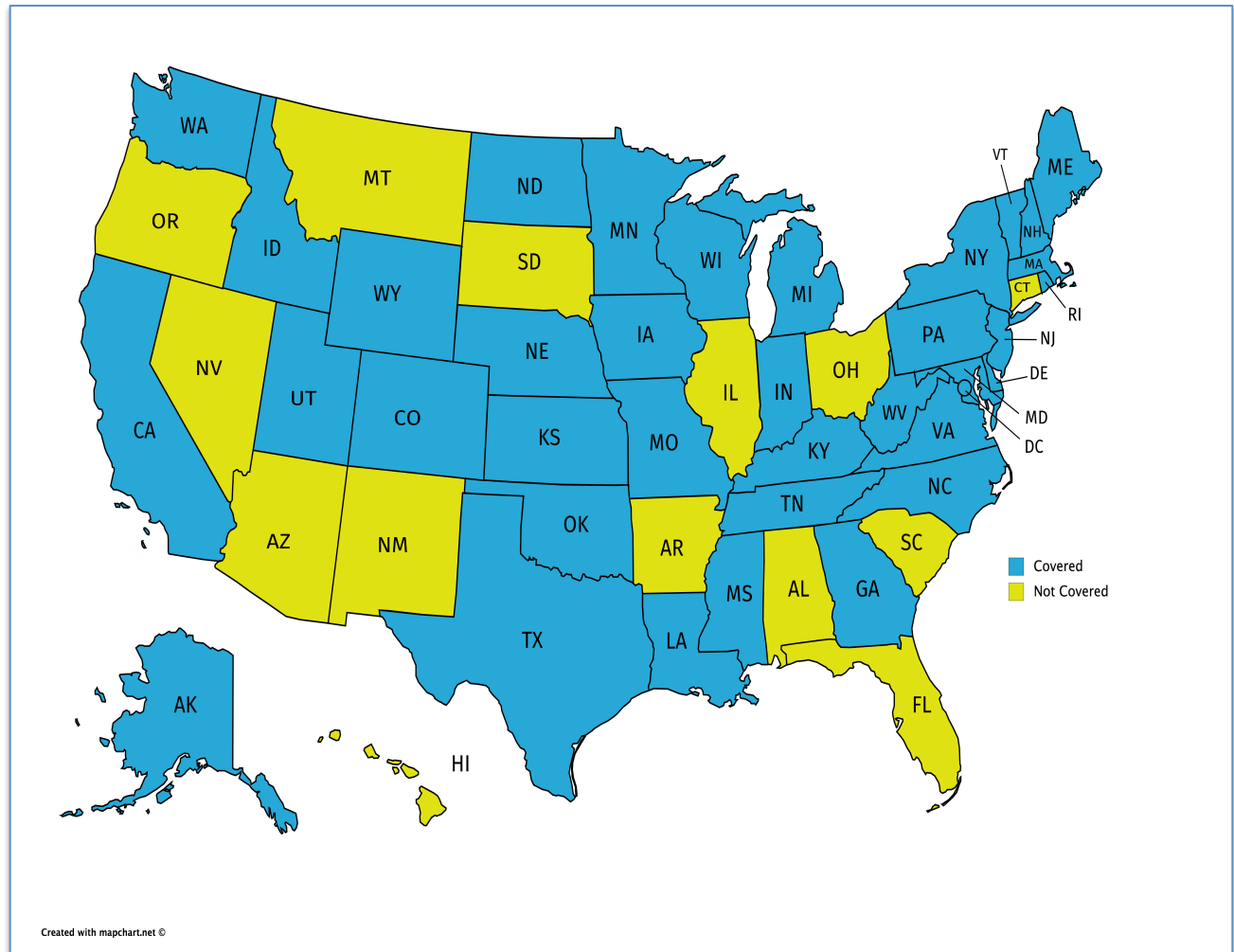
August 2018

Figure 22.

Medicaid Viekira XR Map Key:

Light Blue: Covered

Yellow: Not Covered



Medicaid Programs & HCV Treatments

Vosevi Coverage Map

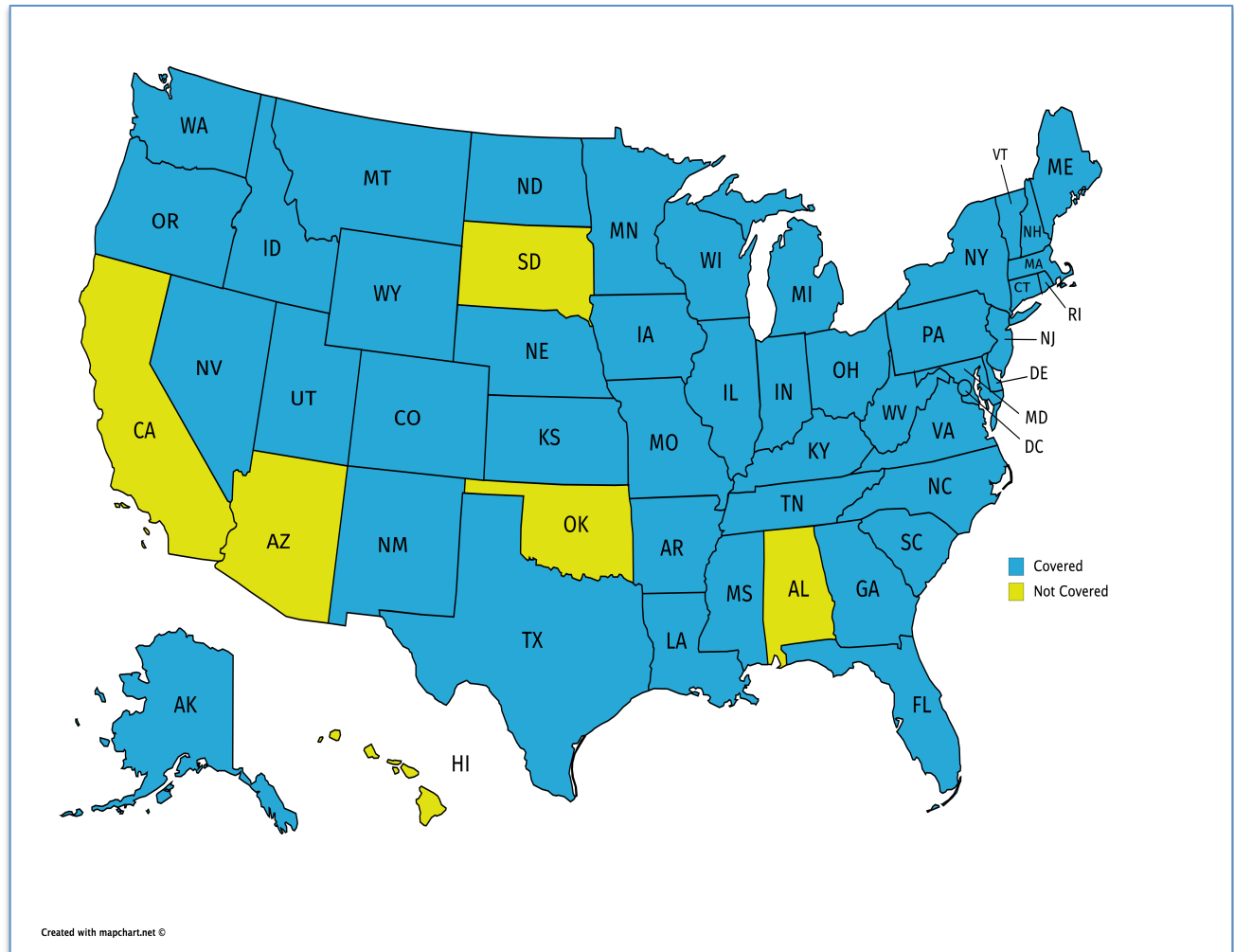
August 2018

Figure 23.

Medicaid Vosevi Map Key:

Light Blue: Covered

Yellow: Not Covered



Medicaid Programs & HCV Treatments

Mavyret Coverage Map

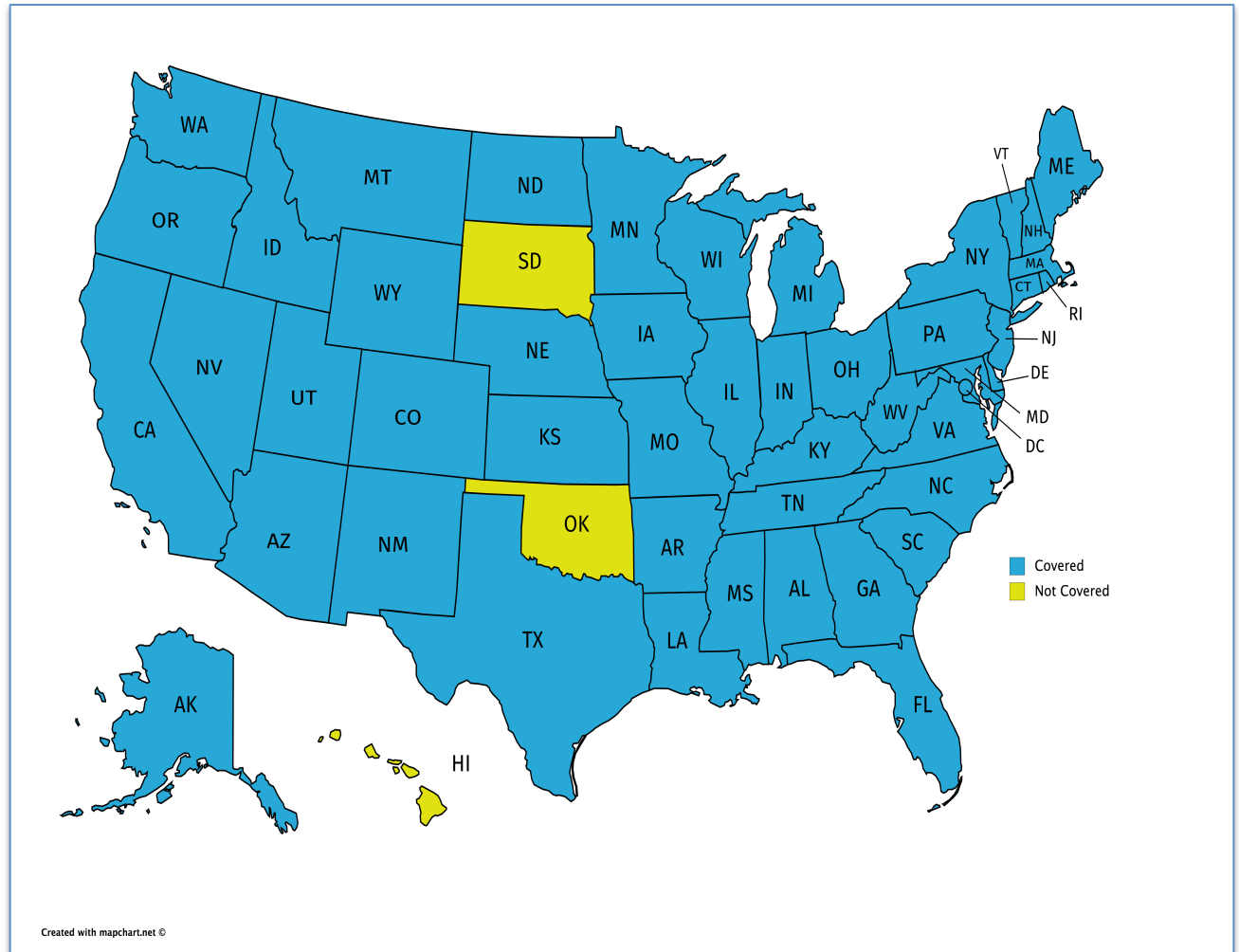
August 2018

Figure 24.

Medicaid Mavyret Map Key:

Light Blue: Covered

Yellow: Not Covered



Medicaid Programs & HCV Treatments

All **50** states and the District of Columbia continue to offer some form of HCV coverage. All 50 states and the District of Columbia have expanded their Preferred Drug Lists to include at least one HCV Direct Acting Agent (DAA).

August 2018 Updates:

- No updates

August 2018 Notes:

- The follow states' Medicaid programs offer multiple coverage plans for their respective Medicaid clients. An indication of "Y" in **Figure 12**. for these states indicates that **at least one** of that state's Medicaid coverage plans offers coverage for the drug in question. The plan highlighted in bold typeface represents the most comprehensive plan with the most drugs covered in the respective state:
 - Hawaii – (1.) **Advantage Plus**; (2.) QUEST Integration
 - Kentucky – (1.) Aetna Better Health of Kentucky; (2.) Anthem BlueCross BlueShield; (3.) Humana – CareSource; (4.) Magellan Medicaid; (5.) **Passport Health Plan**; (6.) WellCare of Kentucky
 - New Jersey – (1.) Aetna; (2.) **AmeriGroup NJ**; (3.) Horizon NJ Health; (4.) UnitedHealthcare of New Jersey; (5.) WellCare
 - New Mexico – (1.) **BlueCross BlueShield of New Mexico**; (2.) **Molina Healthcare of New Mexico**; (3.) Presbyterian Centennial Care; (4.) UnitedHealthcare Community Plan of New Mexico
 - Ohio – (1.) Buckeye Health Plan – MyCare Ohio; (2.) CareSource Ohio Medicaid; (3.) **Molina Healthcare of Ohio**; (4.) Paramount Advantage; (5.) UnitedHealthcare Community Plan of Ohio.
 - No data is has been made available by the Medicaid programs in the U.S. Territories
- * Medicaid coverage excludes patients from most drug manufacturer patient assistance programs (PAPs)

Veterans Affairs & HCV Treatments

Veterans Affairs & HCV Treatments

The Veteran's Administration (VA) currently offers coverage for the following HCV drugs: Sovaldi, Olysio, Harvoni, Viekira Pak, Daklinza, Technivie, Zepatier, Eplusa, and Viekira XR. This is according to the most recent VA National Formulary, dated November 2016. The VA Treatment Considerations and Choice of Regimen for HCV-Mono-Infected and HIV/HCV Co-Infected Patients (Update September, 2016) lists the following therapies as preferred treatments:

Genotype 1:

- Treatment-naïve, HCV RNA <6 million IU/mL, HCV-mono-infected, non-cirrhotic – Harvoni (8 weeks)
- Treatment-naïve/experienced (prior Pegylated Interferon (PEG-INF)/Ribavirin only), non-cirrhotic or cirrhotic, CTP A:
 - Zepatier
 - Genotype 1a (GT1a) without baseline Nonstructural Protein 5A (NS5A) Resistance-Associated Polymorphisms (RAPs) prior to treatment – Zepatier (12 weeks)
 - GT1a with baseline NS5A RAPs – Zepatier + Ribavirin (16 weeks)
 - GT1b – Zepatier (12 weeks)
 - Harvoni (12 weeks)
 - Add Ribavirin for treatment-experienced cirrhotic patients
 - Viekira Pak / Viekira XR (12 weeks)
 - Test for HIV before using
 - GT1a – Viekira Pak / Viekira XR + Ribavirin (12 weeks)
 - May consider 24 weeks in cirrhotic patients or null responders
 - GT1b – Ribavirin not needed
 - Alternative Option: If Treatment-Experienced, Cirrhotic, and RBV Intolerant/Contraindicated: Eplusa (12 weeks)
- Treatment-naïve/experienced (prior PEG-INF/Ribavirin only), Cirrhotic, CTP B, C:
 - Harvoni + Ribavirin (600mg/day and increase by 200mg/day every 2 weeks only as tolerated) - (12 weeks)
 - If Ribavirin intolerant/contraindicated – Harvoni (24 weeks)
 - Alternative Option: Eplusa + Ribavirin (12 weeks); start at lower RBV doses as clinically indicated (e.g., baseline Hgb)

Veterans Affairs & HCV Treatments

- Treatment-experienced (prior NS3/4A Inhibitor + PEG-INF/Ribavirin or Sovaldi + Ribavirin +/- PEG-INF), non-cirrhotic or cirrhotic, CTP A:
 - Zepatier + Ribavirin (NOT FDA approved in prior Sovaldi + Ribavirin +/- PEG-INF treatment failures)
 - GT1a without baseline NS5A RAPs – Zepatier (12 weeks)
 - GT1a with NS5A RAPs – Zepatier (16 weeks)
 - GT1b – Zepatier (12 weeks)
 - Harvoni + Ribavirin – (12 weeks) (NOT FDA approved in prior Sovaldi + Ribavirin +/- PEG-INF treatment failures)
 - Alternative Option: If treatment-experienced, Cirrhotic, and RBV Intolerant/Contraindicated: Epclusa (12 weeks)
- Treatment-experienced (Prior NS3/4A inhibitor + PEG-INF/Ribavirin or Sovaldi + Ribavirin +/- PEG-INF), Cirrhotic, CTP B, C:
 - Harvoni + Ribavirin (600mg/day and increase by 200mg/day every 2 weeks only as tolerated) - (12 weeks)
 - If Ribavirin intolerant/contraindicated – Harvoni (24 weeks)
 - NOT FDA approved in prior Sovaldi + Ribavirin +/- PEG-INF treatment failures
 - Treatment-experienced (Prior NS5A-containing regimen), Non-Cirrhotic/Cirrhotic
 - Alternative Option: Epclusa + Ribavirin (12 weeks); start a lower RBV doses as clinically indicated (e.g., baseline Hgb)
- Treatment-experienced (Prior NS5A-Containing Regimen), Cirrhotic/Non-Cirrhotic:
 - Test for RAS to NS5A prior to re-treatment; consult with an expert based on results

Genotype 2:

- Treatment-naïve/experienced (Prior Sovaldi + Ribavirin +/- PEG-INF), Non-Cirrhotic or Cirrhotic, CTP A:
 - Epclusa (12 weeks)
 - If Sovaldi-experienced – Epclusa + Ribavirin (12 weeks)
 - Alternative Options:
 - Daklinza + Sovaldi (12 weeks / 12-16 weeks if CTP A) - *NOT FDA APPROVED*
 - Daklinza + Sovaldi + Ribavirin (12 weeks / 12-16 weeks) - *NOT FDA APPROVED*

Veterans Affairs & HCV Treatments

Genotype 2 Con't:

- Treatment-naïve/experienced (Prior Sovaldi + Ribavirin +/- PEG-INF), Cirrhotic, CTP B, C:
 - Epclusa + Ribavirin (12 weeks)
 - Start at lower Ribavirin doses as clinically indicated
 - Alternative Option: Daklinza + Sovaldi + Ribavirin (12 weeks or 12-16 weeks if treatment-experienced) - *NOT FDA APPROVED*
- Treatment-experienced (Prior NS5A-containing regimen), Non-cirrhotic or Cirrhotic:
 - Consult with an expert based on results

Genotype 3:

- Treatment naïve, Non-cirrhotic – Epclusa (12 weeks)
 - Alternative Option: Daklinza + Sovaldi (12 weeks)
- Treatment naïve, Cirrhotic:
 - Epclusa (12 weeks)
 - CTP A: Test for NS5A RAPs and if Y93H is present – Epclusa + Ribavirin (12 weeks)
 - Alternative Option: Daklinza + Sovaldi + Ribavirin (12-16 weeks)
 - CTP B or C – Epclusa + Ribavirin (12 weeks) – Start at lower Ribavirin doses as clinically indicated
 - Alternative Option: CTP B or C – Daklinza + Sovaldi + Ribavirin (12-24 weeks)
- Treatment-experienced (Prior PEG-INF/Ribavirin +/- Sovaldi), Non-Cirrhotic:
 - Epclusa (12 weeks)
 - If PEG-INF/Ribavirin experienced only, test for NS5A RAPs and if Y93H RAP is present – Epclusa + Ribavirin (12 weeks)
 - If Sofosbuvir-experienced – Epclusa + Ribavirin (12 weeks)
 - Alternative Options:
 - Daklinza + Sovaldi (12 weeks)
 - Daklinza + Sovaldi + Ribavirin (12-16 weeks)

Veterans Affairs & HCV Treatments

- Treatment-experienced (Prior PEG-INF/Ribavirin +/- Sovaldi), Cirrhotic:
 - Eplclusa (12 weeks)
 - CTP A: Test for NS5A RAPs and if Y93H RAP is present – Eplclusa + Ribavirin (12 weeks)
 - Alternative Option: Daklinza + Sovaldi + Ribavirin (12-16 weeks / 12-24 weeks if Sofosbuvir-experienced)
 - If Sofosbuvir-experienced – Eplclusa + Ribavirin (12 weeks)
 - CTP B or C – Eplclusa + Ribavirin (12 weeks) – start at lower Ribavirin doses as clinically indicated
 - Alternative Option: Daklinza + Sovaldi + Ribavirin (12-24 weeks)
- Treatment-experienced (Prior NS5A-containing regimen), Non-Cirrhotic or Cirrhotic:
 - Test for NS5A RAPs prior to re-treatment
 - Consult with expert based on results

Genotype 4:

- Treatment-naïve, Non-Cirrhotic or Cirrhotic, CTP A:
 - Zepatier (12 weeks)
 - Harvoni (12 weeks)
 - Technivie + Ribavirin (12 weeks) – Dasabuvir not needed
- Treatment-experienced (Prior PEG-INF/Ribavirin only), Non-Cirrhotic or Cirrhotic, CTP A:
 - Zepatier + Ribavirin (16 weeks)
 - Harvoni (12 weeks)
 - Technivie + Ribavirin (12 weeks) – Dasabuvir not needed
 - Alternative Option: Eplclusa (12 weeks)
- Treatment naïve or experienced (Prior PEG-INF/Ribavirin only), Cirrhotic, CTP B, C:
 - Harvoni + Ribavirin (600mg/day and increase as tolerated) – (12 weeks)
 - NOT FDA approved with Ribavirin

Veterans Affairs & HCV Treatments

Genotype 4 Con't:

- Alternative Option: Epclusa + Ribavirin (12 weeks / start at lower RBV doses as clinically indicated)

Genotype 4, 5 or 6:

- Without cirrhosis or with compensated cirrhosis (CTP A) – Epclusa (12 weeks)
- Decompensated cirrhosis (CTP B or C) – Epclusa + Ribavirin (12 weeks)

Patient Assistance Programs (PAPs)

Patient Assistance Programs (PAPs)

The drug manufacturers and various national nonprofit organizations offer a variation of patient assistance programs (PAPs) to assist patients in accessing treatments. They include:

Support Path (Gilead Sciences):

- Financial Assistance
 - Provides Co-Pay Coupons for Harvoni and Epclusa; the PAP for Sovaldi is no longer available
 - Co-Pay Coupons cover out-of-pocket costs up to 25% of the catalog price of a 12-week regimen of either Harvoni or Epclusa
 - Excludes patients enrolled in Medicare Part D or Medicaid
- Insurance Support
 - Researches and verifies patient's benefits, and gives information they need about coverage options and policies
 - Explain Prior Authorization process and works with HCV Specialist's office so they can submit PA forms to a patient's insurance company
 - May be able to provide assistance with appeals process
- Website: <http://www.mysupportpath.com/>

CarePath Savings Program (Janssen / Johnson & Johnson)

- Financial Assistance
 - Eligible patients receive an Olysio Savings Card, allowing them to pay \$5 per fill, with a maximum benefit of \$50,000/year and expires 12 months after activation (whichever comes first)
 - Excludes patients enrolled in Medicare Part D or Medicaid
- Website: <http://www.janssenprescriptionassistance.com/olysio-cost-assistance>

Patient Assistance Programs (PAPs)

AbbVie HCV Co-Pay Card:

- Financial Assistance
 - Card provides covers out-of-pocket costs up to 25% of the catalog price of AbbVie HCV products (Technivie, Viekira Pak, or Viekira XR)
 - Patient pay as little as \$5
 - Excludes patients enrolled in Medicare Part D, Medicare Advantage, Medigap, Medicaid, TRICARE, Department of Defense, or Veterans Affairs programs)
- Website: <https://www.viekira.com/content/pdf/copaycard.pdf>

Patient Support CONNECT™ (Bristol-Myers Squibb):

- Financial Assistance:
 - Covers out-of-pocket costs for Daklinza for up to a maximum benefit of \$5,000 per 28-day supply of 30mg or 60mg regimen; maximum benefit of \$10,000 per 28-day supply of 90mg regimen
 - Excludes patients enrolled in Medicare Part D, Medicare Advantage, Medicaid, Medigap, Veterans Affairs, or Department of Defense Programs (other programs may apply)
- Website: <https://bmsdm.secure.force.com/patientsupportconnect/patient>

Multiuse Savings Coupon (Merck):

- Financial Assistance
 - Covers out-of-pocket costs for Zepatier for up to a maximum benefit of 25% of catalog price
 - Excludes patients enrolled in Medicare Part D, Medicare Advantage, Medicaid, Medigap, Veterans Affairs, or Department of Defense Programs (other programs may apply)
- Website: <https://www.activatethecard.com/7208/#>

Patient Assistance Programs (PAPs)

NeedyMeds:

- NeedyMeds Drug Discount Card
 - Designed to lower cost of prescription medications by up to 80% at participating pharmacies
 - NeedyMeds DOES NOT keep a list of prescription medications covered
 - No eligibility requirements
 - Patients CANNOT be enrolled in any insurance
 - CANNOT be used in combination with government healthcare programs, but CAN be used IN PLACE of program
 - CANNOT be combined with other offers
- Website: <http://ow.ly/fEJo309cJ7Z>

The Assistance Fund:

- Status: **Closed**
- Website: <https://tafcares.org/patients/covered-diseases/>

Patient Advocate Foundation Co-Pay Relief:

- Status: **Open**
- Maximum award of \$24,000
- Eligibility Requirements:
 - Patient must be insured, and insurance must cover prescribed medication
 - Confirmed HCV diagnosis
 - Reside and receive treatment in the U.S.
 - Income falls below 400% of FPL with consideration of the Cost of Living Index (COLI) and the number in the household
- Website: <https://www.copays.org/diseases/hepatitis-c>

Patient Assistance Programs (PAPs)

Patient Access Network (PAN) Foundation:

- Status: **Closed**
- Co-Pay Assistance with a maximum award of \$7,200
 - Patients may apply for a second grant during their eligibility period subject to availability of funding
- Eligibility Requirements:
 - Must be being treated for HCV
 - Have insurance that covers HCV prescribed medication
 - Medication must be listed on PAN's list of covered medications:
<https://www.panfoundation.org/index.php/en/patients/medications-covered>
 - Income falls below 500% of FPL
 - Residing and receiving treatment in the U.S. (citizenship NOT required)
- Website: <https://www.panfoundation.org/index.php/en/patients/assistance-programs/hepatitis-c/>

HealthWell Foundation:

- Status: **Open**
- Co-Pay Assistance with a maximum award of \$30,000
- Minimum Co-Pay Reimbursement Amount: \$5
- Eligibility Requirements:
 - Must be being treated for HCV
 - Have insurance that covers HCV prescribed medication
 - Income falls below 500% of FPL
 - Receiving treatment in the U.S.
- Website: <https://www.healthwellfoundation.org/fund/hepatitis-c/>

Harm Reduction Programs

Figure 25. – Figure 34.

Harm Reduction Programs

The HIV/HCV Co-Infection Watch monitors the following Harm Reduction programs nationally:

- **Syringe Exchange:**

Syringe Exchange (or Needle Exchange) programs exist to provide injection drug users (or those whose prescriptions require injection) with clean syringes and/or in exchange for used ones.

- **Expanded Naloxone:**

Naloxone is a drug used to counteract the effects of opioid overdoses. Expanded Access refers to one of more of the following conditions: Naloxone purchase without a prescription; availability to schools, hospitals, and emergency response units for use in the event of an overdose.

- **Good Samaritan Laws:**

Good Samaritan Laws are laws that are designed to protect emergency services personnel, public or private employees, and/or citizens from being held legally liable for any negative healthcare outcomes as a result of providing "reasonable measures" of emergent care.

- **Mandatory PDMP Reporting:**

Prescription Drug Monitoring Programs (PDMPs) are programs established by state and/or federal law that requires prescribing physicians and the fulfilling pharmacies to report to a state agency one or more of the following data points: Patient Names; Specific Drug(s) Prescribed; Prescription Dosage; Date; Time; Form of State-Issued ID.

- **Doctor Shopping Laws:**

Doctor Shopping Laws are those laws designed to prevent patients from seeking one or more of the same prescription from multiple doctors through the use of subterfuge, falsifying identity, or any other deceptive means. Some states also include provisions that prohibit patients from seeking a new prescription if another physician has denied a similar prescription within a certain period of time.

- **Physical Exam Required:**

Physical Exam Requirements are those that mandate that the prescribing physician perform a physical examination on a patient before providing a prescription for a controlled substance to determine if the prescription is medically necessary.

Harm Reduction Programs

- **ID Required for Purchase of Opioid Prescription:**

Federal law requires anyone purchase a controlled substance to provide a state-issued identification (“I.D.”) in order to fill the prescription. Mandatory ID requirements go further and require that this information be recorded and stored in an effort to prevent the same patient from obtaining multiple or repeated prescriptions in a given period of time.

- **Prescriber Education Required/Recommended:**

States that require/do not require that prescribing physicians undergo special training related to safer prescribing and utilization practices.

- **Lock-In Program:**

Lock-In Programs are laws requiring that patients either receive prescriptions from only one physician and/or fill prescriptions from only one pharmacy.

Harm Reduction Programs

Figure 27.

State	Syringe	Naloxone	Samaritan	PDMP	Doc Shop	Phy Exam	I.D.	Prescriber Ed	Lock-In
Alabama – AL	N	Y	Y	Y	Y	Y	N	Y	Y
Alaska – AK	Y	Y	Y	Y	Y	Y	N	Y	Y
Arizona – AZ	Y	Y	N	Y	Y	Y	N	Y	N
Arkansas – AR	Y	Y	Y	Y	N	Y	N	Y	Y
California – CA	Y	Y	Y	Y	Y	N	N	Y	N
Colorado – CO	Y	Y	Y	Pending	Y	N	N	N	Y
Connecticut – CT	Y	Y	Y	Y	Y	Y	Y	Y	Y
Delaware – DE	Y	Y	Y	Y	Y	Y	Y	Y	Y
Florida – FL	Y	Y	Y	Y	Y	Y	Y	Y	Y
Georgia – GA	Y	Y	Y	Y	Y	Y	Y	Y	Y
Hawaii – HI	Y	Y	Y	Y	Y	Y	Y	Pending	Y
Idaho – ID	N	Y	Y	N	N	Y	Y	Y	Y
Illinois – IL	Y	Y	Y	Y	Y	Y	Y	Y	Y
Indiana – IN	Y	Y	Y	Y	Y	Y	Y	N	Y
Iowa – IA	Y	Y	Y	N	Y	Y	N	Y	Y
Kansas – KS	N	Y	Y	N	N	N	N	N	Y
Kentucky – KY	Y	Y	Y	Y	Y	Y	N	Y	Y
Louisiana – LA	Y	Y	Y	Y	Y	Y	Y	Y	Y
Maine – ME	Y	Y	N	Y	Y	Y	Y	Y	Y

Harm Reduction Programs

Figure 27.

State	Syringe	Naloxone	Samaritan	PDMP	Doc Shop	Phy Exam	I.D.	Prescriber Ed	Lock-In
Maryland – MD	Y	Y	Y	Y	Y	N	N	Y	Y
Massachusetts – MA	Y	Y	Y	Y	Y	Pending	Y	Y	Y
Michigan – MI	Y	Y	Y	Y	Pending	N	Y	Y	Y
Minnesota – MN	Y	Y	Y	Y	Pending	Y	Y	N	Y
Mississippi – MS	Pending	Y	Y	Y	Y	Y	N	Y	Y
Missouri – MO	Y	Y	Y	Pending	N	Y	N	N	Y
Montana – MT	Y	Y	Y	N	Y	N	N	N	Y
Nebraska – NE	N	Y	Y	Y	Y	Y	N	N	Y
Nevada – NV	Y	Y	Y	Y	Y	Y	Y	Y	Y
New Hampshire –NH	Y	Y	Y	Y	Y	Y	N	Y	Y
New Jersey – NJ	Y	Y	Y	Y	Y	Y	N	Y	Y
New Mexico – NM	Y	Y	Y	Y	N	Y	Y	Y	Y
New York – NY	Y	Y	Y	Y	Y	N	Y	Y	Y
North Carolina – NC	Y	Y	Y	Y	Y	Y	Y	Y	Y
North Dakota – ND	Y	Y	Y	Y	Y	Y	Y	N	Y
Ohio – OH	Y	Y	Y	Y	Y	Y	N	Y	Y
Oklahoma – OK	N	Y	N	Y	Y	Y	Y	N	Y
Oregon – OR	Y	Y	Y	Pending	N	N	Y	Y	Y
Pennsylvania – PA	Y	Y	Y	Y	Pending	Y	N	Y	Y

Harm Reduction Programs

Figure 27.

State	Syringe	Naloxone	Samaritan	PDMP	Doc Shop	Phy Exam	I.D.	Prescriber Ed	Lock-In
Rhode Island – RI	Y	Y	Y	Y	N	Y	N	Y	Y
South Carolina – SC	Y	Y	Pending	Y	Y	Y	Y	Y	N
South Dakota – SD	N	Y	Y	N	Y	N	N	N	N
Tennessee – TN	Y	Y	Y	Y	Y	Y	N	Y	Y
Texas – TX	Y	Y	Y	Y	Y	Y	Y	N	Y
Utah – UT	Y	Y	Y	Y	Y	Y	N	Y	Y
Vermont – VT	Y	Y	Y	Y	Y	N	Y	Y	Y
Virginia – VA	Y	Y	Y	Y	Pending	Y	Y	N	Y
Washington – WA	Y	Y	Y	Y	N	Y	N	N	Y
West Virginia – WV	Y	Y	Y	Y	Y	N	Y	Y	Y
Wisconsin – WI	Y	Y	Y	Y	Y	N	Y	Y	Y
Wyoming – WY	N	Y	Y	Pending	Y	N	N	N	Y
District of Columbia	Y	Y	Y	N	N	Y	N	Y	Y
American Samoa	N	?	?	?	N	N	?	?	?
Guam	N	?	?	Y	N	N	?	?	?
N. Mariana Islands	N	?	?	?	N	N	?	?	?
Puerto Rico	Y	?	?	?	N	N	?	?	?
U.S. Virgin Islands	Y	?	?	?	N	N	?	?	?

Harm Reduction Programs

Syringe Exchange Coverage Map

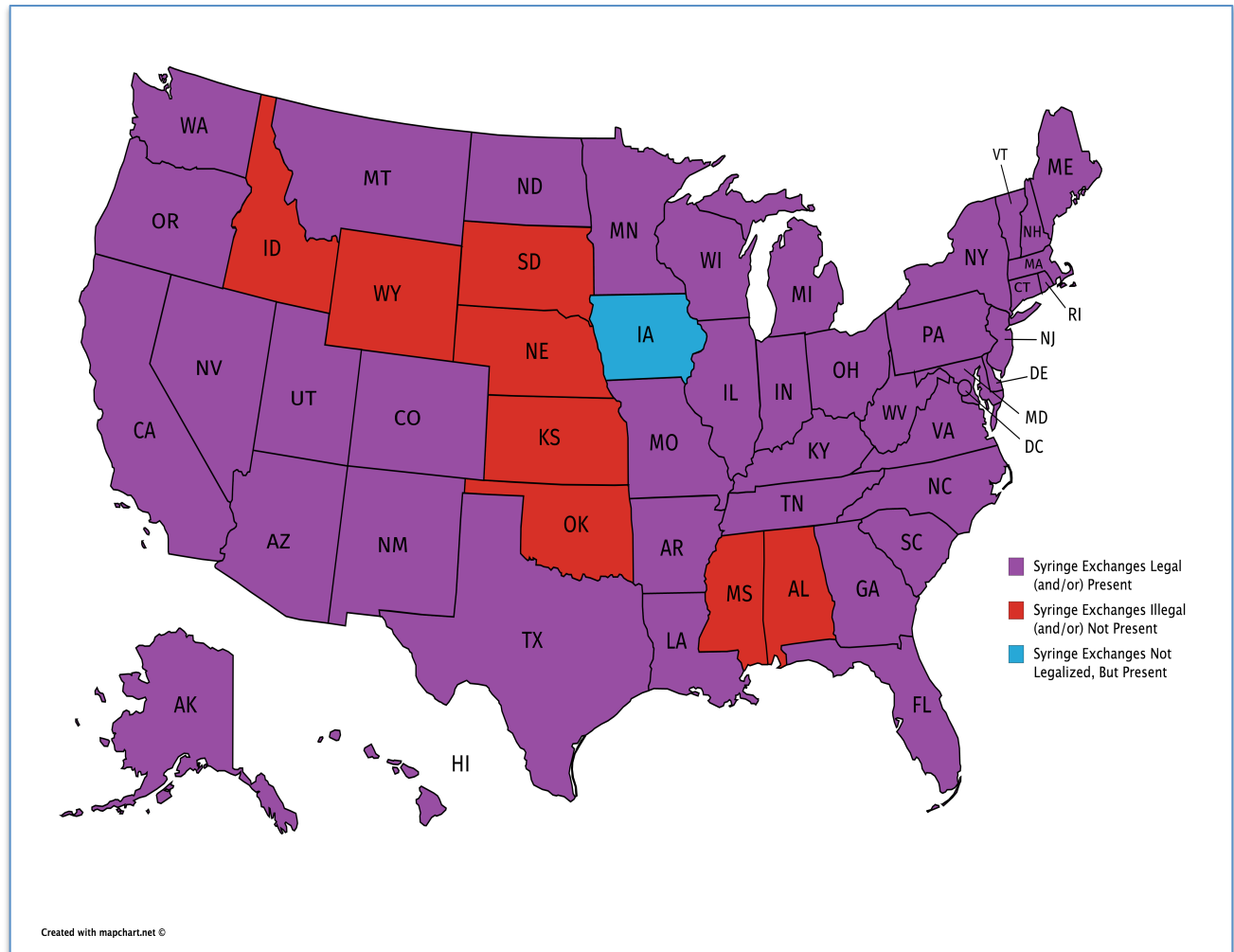
August 2018

Figure 28.

Syringe Exchange Map Key:

Purple: Syringe Exchange(s)

Red: No Syringe Exchange(s)



Harm Reduction Programs

Expanded Naloxone Coverage Map

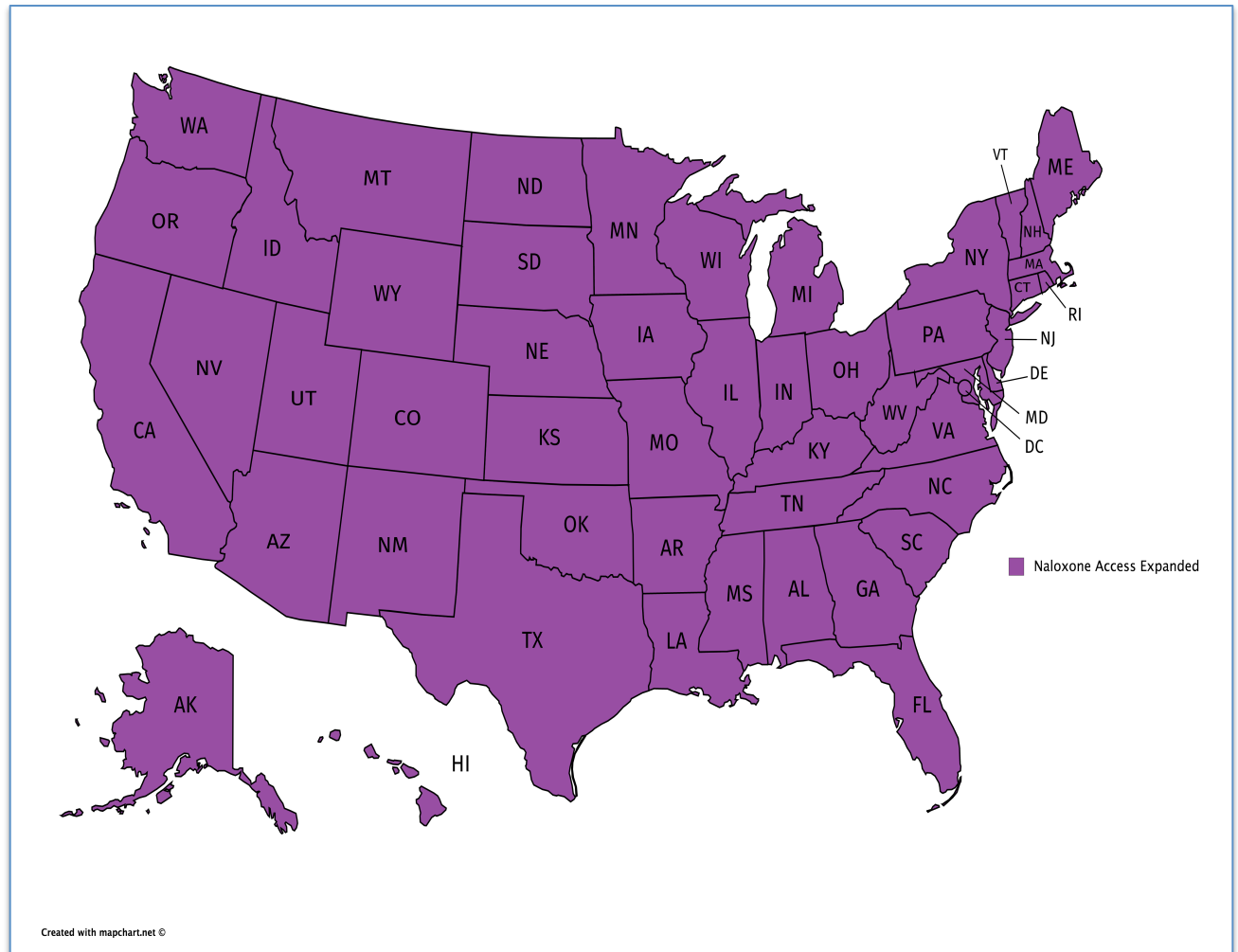
August 2018

Figure 29.

Expanded Naloxone Map Key:

Purple: Expanded Naloxone

Red: Restricted Naloxone



Harm Reduction Programs

Good Samaritan Laws Coverage Map

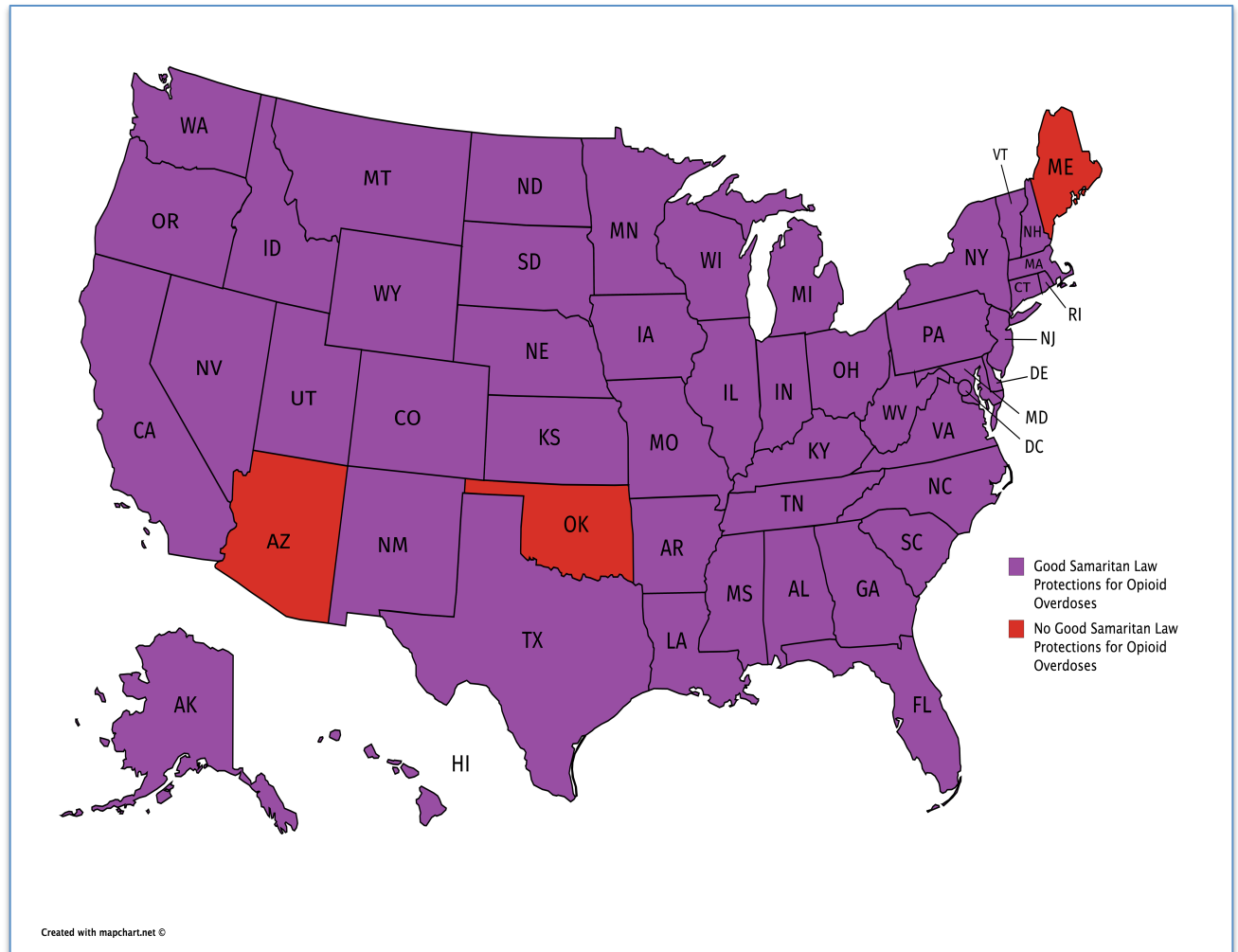
August 2018

Figure 30.

Good Samaritan Laws Map Key:

Purple: Good Samaritan Laws

Red: No Good Samaritan Laws



Harm Reduction Programs

Prescription Drug Monitoring Programs (PDMPs) Coverage Map

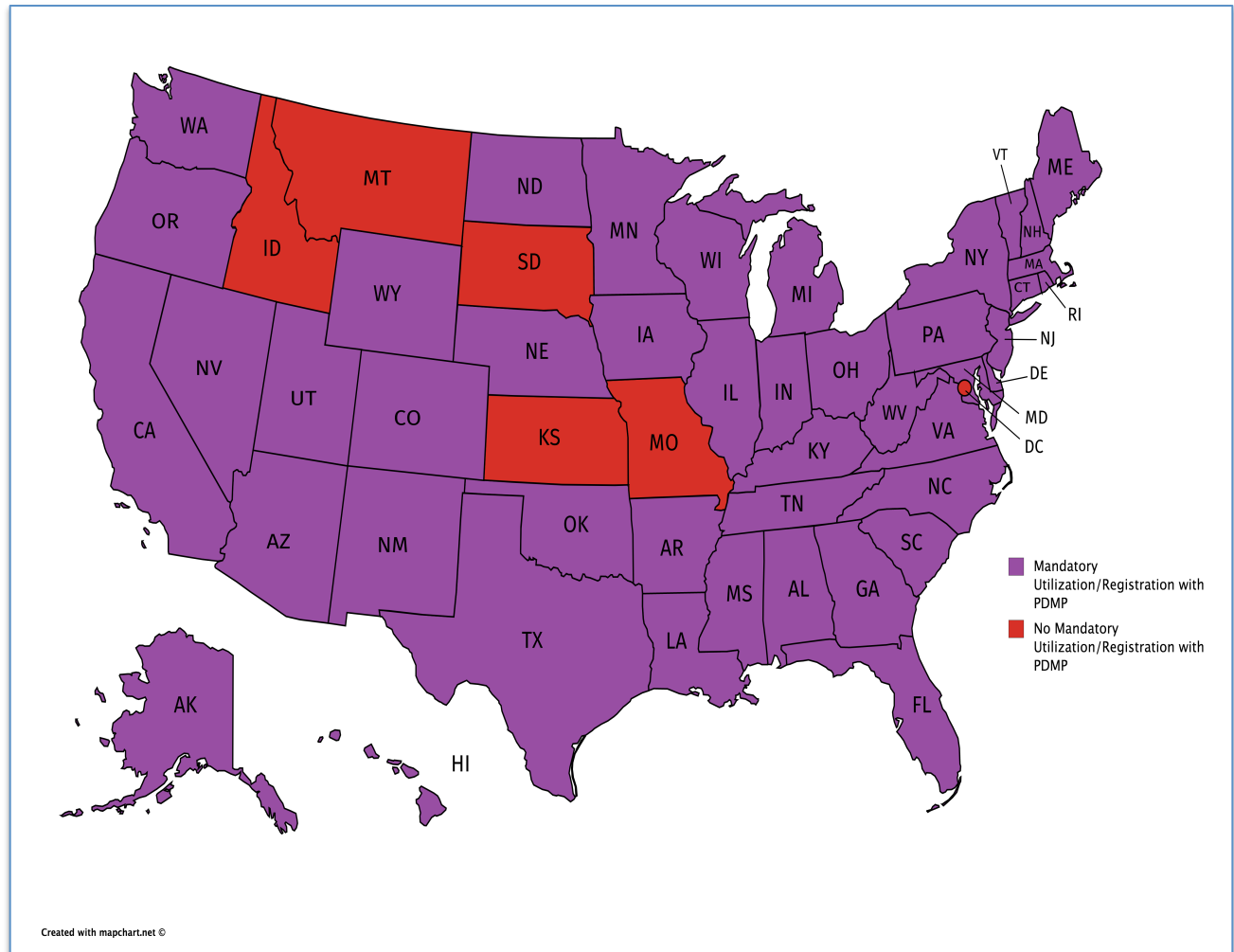
August 2018

Figure 31.

PDMPs Map Key:

Purple: Mandatory PDMPs

Red: No Mandatory PDMPs



Harm Reduction Programs

Doctor Shopping Laws Coverage Map

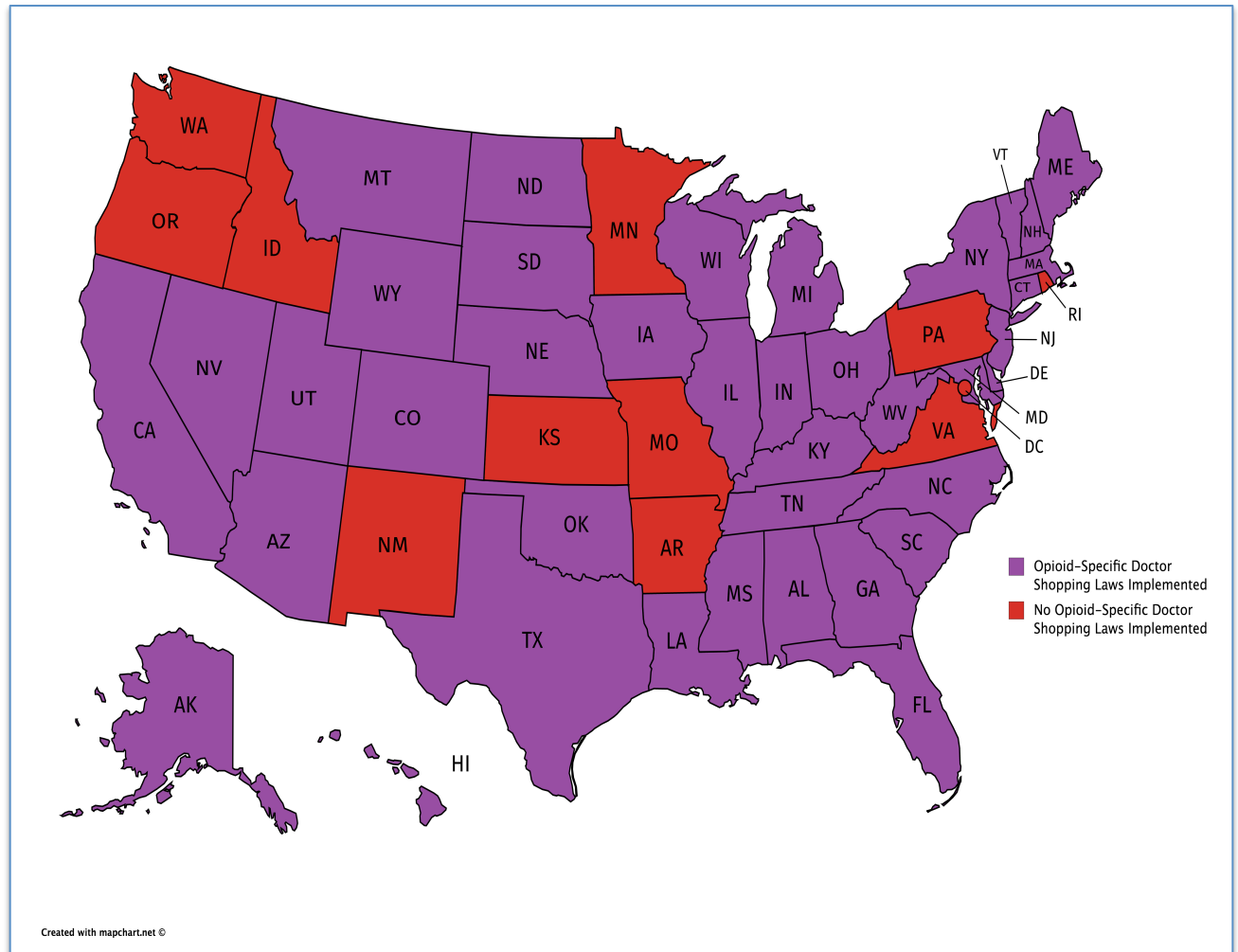
August 2018

Figure 32.

Doctor Shopping Laws Map Key:

Purple: Doctor Shopping Laws

Red: No Doctor Shopping Laws



Harm Reduction Programs

Physical Exam Required Coverage Map

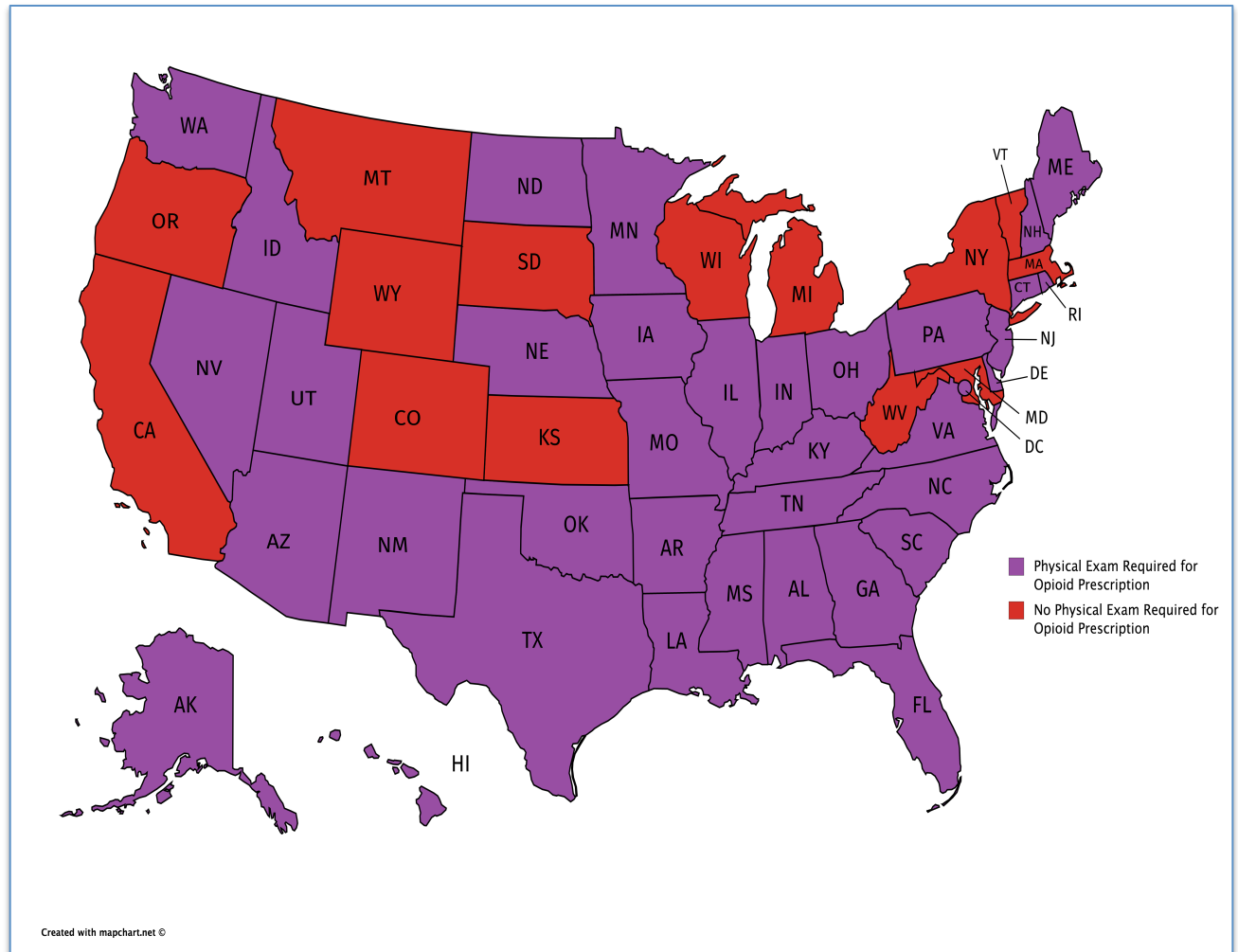
August 2018

Figure 33.

Physical Exam Required Map Key:

Purple: Physical Exam Required

Red: No Physical Exam Required



Harm Reduction Programs

I.D. Required Coverage Map

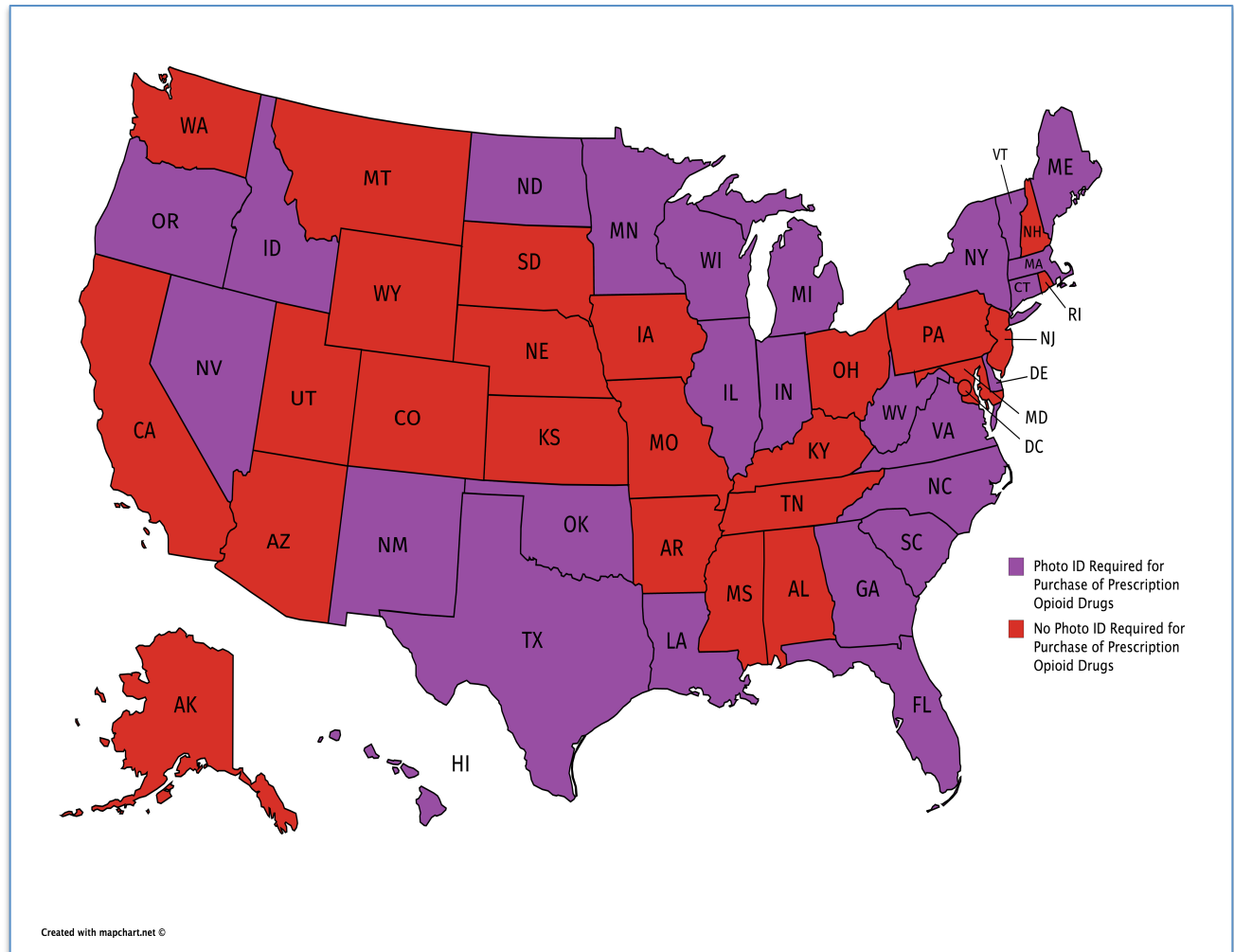
August 2018

Figure 34.

I.D. Requirement Map Key:

Purple: I.D. Required

Red: No I.D. Required



Harm Reduction Programs

Prescriber Education Required Coverage Map

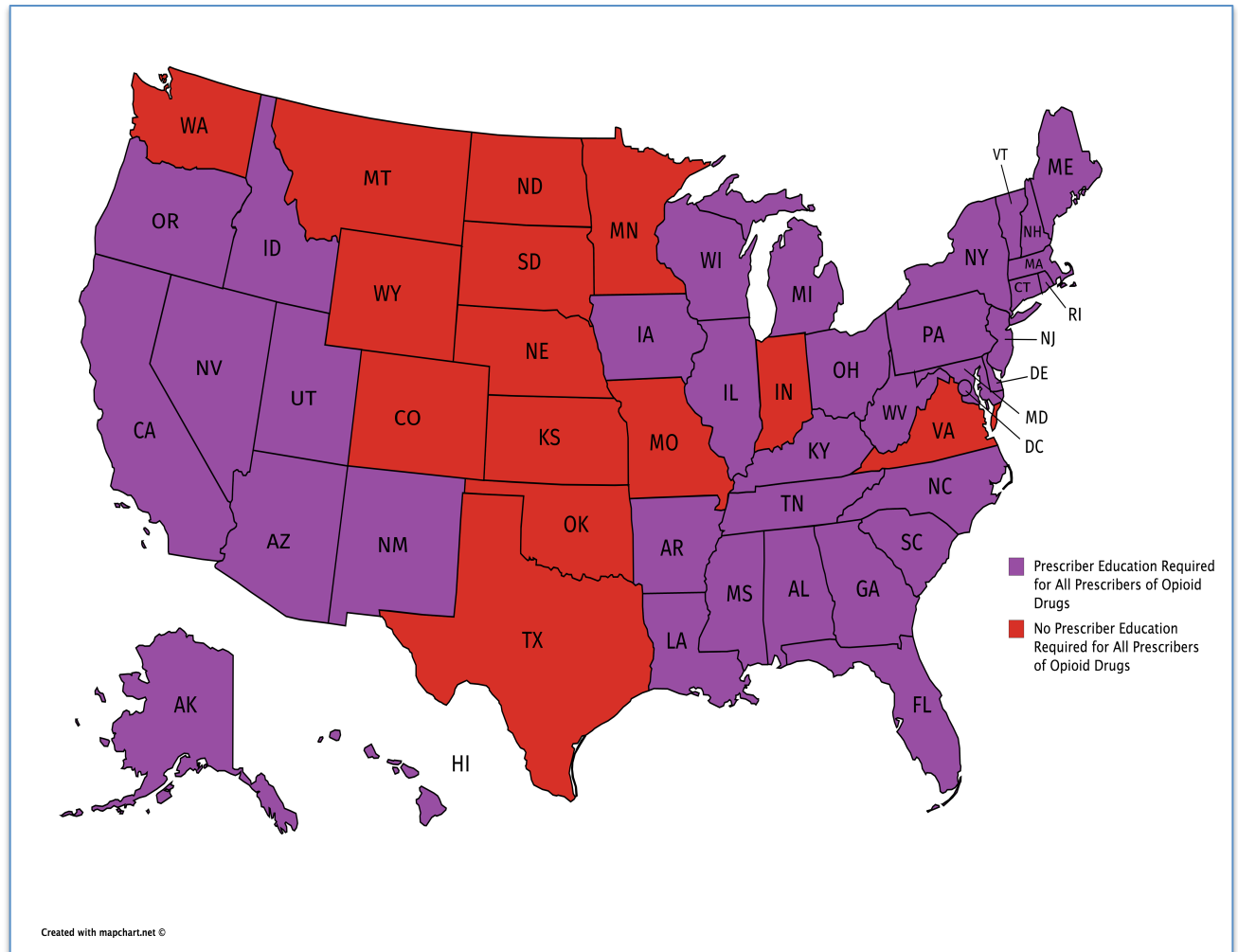
August 2018

Figure 35.

Prescriber Ed Required Map Key:

Purple: Prescriber Ed Required

Red: No Prescriber Ed Required



Harm Reduction Programs

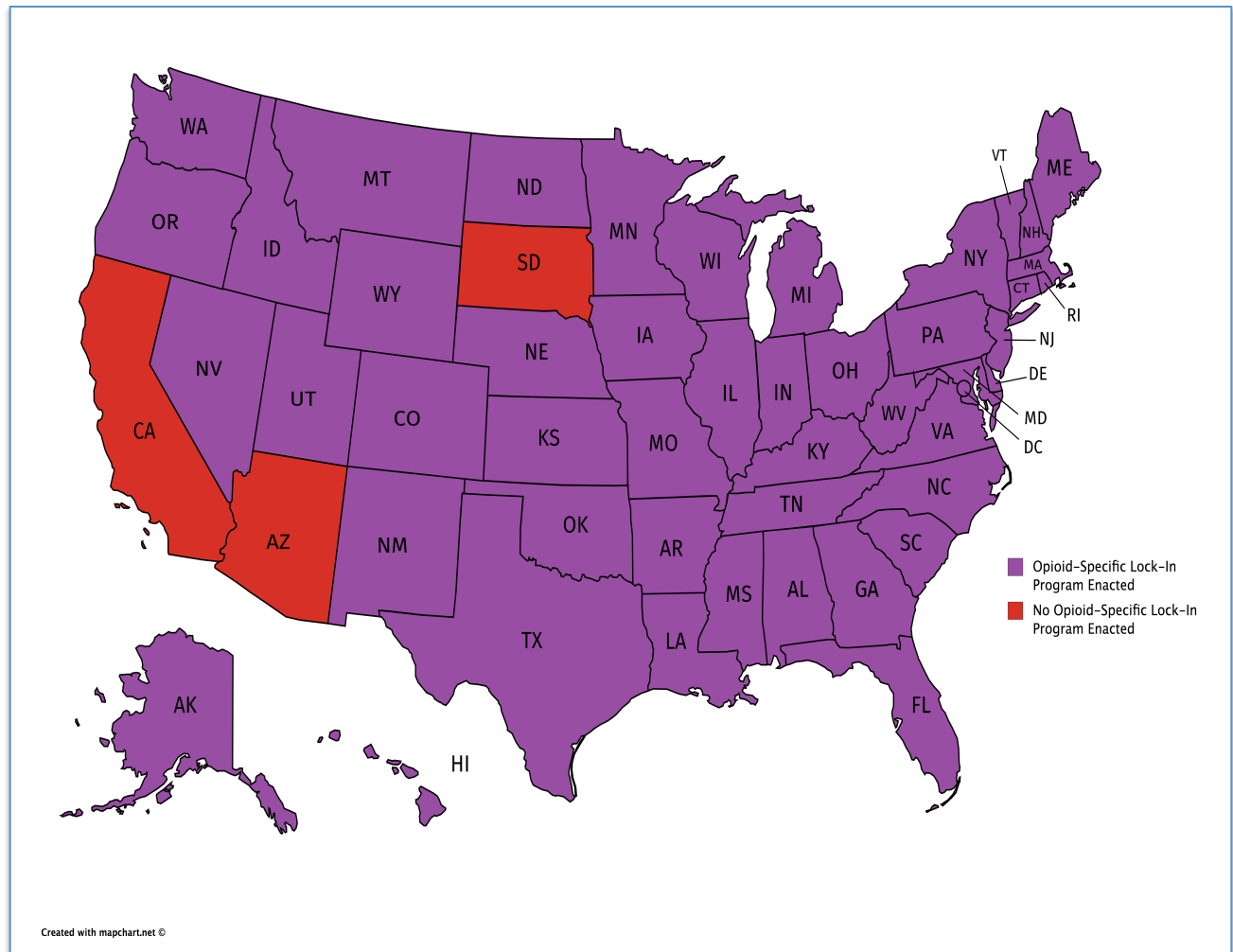
Lock-In Program Coverage Map

August 2018

Figure 36.

Lock-In Program Map Key:

Purple: Lock-In Program
Red: No Lock-In Program



Harm Reduction Programs

Harm Reduction, as it relates to opioid abuse and HCV, are measures designed to serve as preventive or monitoring efforts in combating opioid prescription drug and heroin abuse, and as an effect, helping to prevent the spread of HCV and HIV. The Co-Infection Watch covers the following measures: Syringe Exchange, Expanded Naloxone Access, Good Samaritan Laws, Mandatory PDMP Reporting, Doctor Shopping Laws, Physical Exam Requirements, ID Requirements for Purchase, Required or Recommended Prescriber Education, and Lock-In Programs.

August 2018 Updates:

- Legislation to legalize the presence of Syringe Services Programs has **failed** in the following state(s) in 2018 – **AL, IA, MS, OK**
- Legislation requiring mandatory utilization of PDMPs has been **enacted** in the following state(s) in 2018 – **CO, IA, OR, WY**
- Legislation requiring mandatory utilization of PDMPs has **failed** in the following state(s) in 2018 – **MO**
- Legislation implementing Doctor Shopping Laws has been **enacted** in the following state(s) in 2018 – **MI**
- Legislation implementing Doctor Shopping Laws has **failed** in the following state(s) in 2018 – **MN, VA**
- Legislation requiring Prescriber Education has been **enacted** in the following state(s) in 2018 – **HI**

August 2018 Notes:

- The following state has pending legislation that would legalize state-sponsored Syringe Exchanges – **(None)**
- The following states have pending legislation requiring Mandatory PDMP reporting – **(None)**
- The following state has pending legislation implementing Doctor Shopping Laws – **PA**
- The following state has pending legislation requiring a Physical Examination before Opioid Prescribing – **MA**
- The following state has pending legislation requiring Prescriber Education – **(None)**

Regional Trends Hepatitis Treatment in the Mountain Region

.

Regional Trends

Hepatitis C Treatment in Mountain Region – District 08 – Mountain(AZ, CO, ID, MT, NV, NM, UT, WY)

The West South Central Region is comprised of four states, including AR, LA, OK, TX.

- **HBV (2016 National Rate – 1.0):**

This region has a low burden of HBV, with all states that track and report HBV below the national rate of infection. Nevada has the highest, at 0.7. Wyoming does not report HBV.

- **HCV (2016 National Rate – 1.0):**

This region has a relatively high burden of HCV, with two states having infection rates higher than the national rate (UT – 2.5; Montana – 1.9). Utah has the 4th-highest rate of infection in the U.S.; Montana has the 7th-highest rate of infection. Neither Arizona, nor Wyoming report HCV.

- **Overdose Deaths (2016 National Rate – 19.8):**

Four states have overdose death rates higher than the national average – NM (25.2), UT (22.4), NV (21.7, and AZ (20.3).

- **ADAP:**

Only three (3) states – AZ, CO, MT – have expanded their state ADAP formularies to include HCV DAA drugs. Four (4) states offer no coverage for HCV drugs, whatsoever – ID, NV, NM, UT.

- **Correctional Hepatitis Testing:**

All but three states – NM, UT, WY – replied to our information request re: screening/testing guidelines for HBV and HCV. Only two (2) states – CO, NV – require compulsory HBV screening; no states use Opt-Out delivery. Only three (3) states – CO, ID, NV – require compulsory HCV screening (Arizona is developing the procedure); no states use Opt-Out delivery.

Latest News

Latest News

- **Injection Drug Users Can Benefit from a Partially Effective Hepatitis C Vaccine**

A hepatitis C virus (HCV) vaccine could dramatically reduce the transmission of the virus among injection drug users, even without achieving sterilizing immunity, according to a recently-published study.

Although vaccinations are available for hepatitis A and hepatitis B, HCV does not yet have an effective vaccine on the market.

The study, published in *Science Translational Medicine*, employed mathematical modeling to investigate transmission probabilities relative to HCV RNA titers of needle/syringe-sharing donors. The researchers simulated the sharing of 2 types of syringes fitted with needles that retain either large or small amounts of fluid after expulsion.

Using data from individuals who had been infected or reinfected with the virus, the researchers estimated the transmission risk between injection drug users, accounting for syringe type, rinsing, and sharing frequency.

According to the findings, an injection drug user who shared a syringe/needle with an individual who was infected with HCV would have a greater than 90% of contracting the virus after 6 months, assuming sharing episodes occurred every 7 days. However, if the user had been vaccinated with an effective HCV vaccine, the transmission risk would decrease between 1% and 25%, the researchers estimated. The percentage of decreased risk would depend on the type of needle used and HCV titer, they noted (Barrett, 2018).

- **SeraCare launches HCV RNA linearity panel**

SeraCare Life Sciences announced the launch of the company's proprietary AccuSpan HCV RNA Linearity Panel designed to monitor HCV RNA recovery at defined intervals, according to a press release.

Using its AccuPlex recombinant technology, SeraCare developed the eight-member panel from serial dilutions of high-titer recombinant HCV genotype 1 with established reactivity for HCV RNA. The company qualified the design against WHO standards (Healio, 2018).

Contact

Marcus J. Hopkins

Project Director, HIV/HCV Co-Infection Watch

mhopkins@tiicann.org

Marcus J. Hopkins is a West Virginia native currently living in his familial hometown of Morgantown, WV. In 2005, Marcus was diagnosed HIV-positive.

After thirty years of involvement in the performing arts (vocal and instrumental music, color guard, and Drum Corps International), he currently spends most of his time dedicated to bringing attention, clarity, and comprehensive education to the world of Patient-Centric HIV and Hepatitis C research and reporting. Marcus presently serves as the Project Director for the HIV/HCV Co-Infection Watch, which is a publication of the Community Access National Network (CANN). He also blogs for CANN's "Hepatitis: Education, Advocacy & Leadership" (HEAL) coalition.

In his spare time, he's a video game-addicted, cat-loving insomniac who leaves audiobooks playing in the background at all times.



Disclaimer

Any opinions expressed in this report are the opinions of the Community Access Network, and are in no way to be considered the official position of any other party, including any directors, employees, funders or providers of either ADAP- or Medicaid-related services.

The purpose of these presentations is to provide a clearer picture of the state of the HCV treatment landscape for those patients co-infected with HIV/HCV. While the programs that offer limited or no treatment are color coded, these colors do not represent any judgments made about any of the programs, their directors, their employees, or their providers.

Additionally, any conclusions, observations, or recommendations made related to the design, layout, content, or maintenance of these state-run websites are the opinion of the HIV/HCV Co-Infection Watch, and are not intended to serve as a reflection of the programs, their directors, their employees, or their providers.

Methodology

The HIV/HCV HIV/HCV Co-Infection research is conducted using the following resources:

- State- and privately-run websites (publicly available information, only).
- Prior research and reporting conducted by for-profit and non-profit organizations (publicly available information).
- Contact lists from state- and privately-run sources (publicly available information, only).
- Responses to a quarterly formulary survey.

Research gathering is conducted from a “patient perspective,” meaning that the project manager performs all tasks from the view of the patient. When conducting research, the researcher is tasked with considering the following questions:

- Is the information readily available?
- Is the information easy to access, clearly laid out, and easy to understand?
- Does the information answer basic questions about coverage options?
- Is the information up-to-date, recent, and accurate?
- Is the website user-friendly?
- Is there current and correct contact information available?

Using the information gathered during the research phase, data is documented, compiled and presented in a way that is clear and easy to understand. Maps are provided to indicate which states’ and territories’ programs offer HCV treatment coverage, and spreadsheets are provided, as well. “Coverage” is broken down into seven categories - Basic Coverage, Sovaldi, Olysio, Harvoni, Viekira Pak, Daklinza, Technivie, Epclusa, Viekira XR, Vosevi, and Mavyret. This will be expanded as newer treatment options become available.

States and territories where no information could be found, whether because it was not readily available or because those entities failed to respond to requests for information by the researcher, are indicated on the maps by being “greyed” out (as opposed to filled in with color); those programs are indicated in the spreadsheets by being left blank, or with the symbol “?”.

Regional Trends tracks coverage data, HCV-related statistics, and harm reduction strategies in specific U.S. Census regions. This section uses data gathered from various government, public, and private resources, including data represented elsewhere in the Report.

References

Aetna Better Health® of Kentucky (2018, August 01). Formulary Guide – July 2018. Louisville, KY: Aetna Better Health® of Kentucky. Retrieved from: https://www.aetnabetterhealth.com/kentucky/assets/pdf/Pharmacy/ABHKY_7747_Single_Tier_with_Ref_Drug_2154.pdf

Aetna Better Health® of New Jersey. (2018, August 01). Formulary. Princeton, NJ: Aetna Better Health® of New Jersey. Retrieved from: https://www.aetnabetterhealth.com/newjersey/assets/pdf/pharmacy/ABHNJ_5322_Single_Tier_with_Ref_Drug_2224.pdf

Alabama Department of Public Health. (2018, April 01). ADAP Formulary. Montgomery, AL: Alabama Department of Public Health: HIV/AIDS Division: Ryan White HIV/AIDS Program Part B: Alabama AIDS Drug Assistance Program. Retrieved from: http://www.alabamapublichealth.gov/hiv/assets/adap_medcap_formulary.pdf

Alabama Medicaid Agency. (2018, July 02). ALABAMA MEDICAID AGENCY PREFERRED DRUG LIST BY THERAPEUTIC CATEGORY. Montgomery, AL: Alabama Medicaid Agency. Retrieved from: http://medicaid.alabama.gov/documents/4.0_Programs/4.3_Pharmacy-DME/4.3.7_PREFERRED_Drug_List/4.3.7_PDL_List_Therapeutic_7-2-18.pdf

Alaska Department of Health and Social Services. (2017, October 01). Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class – All Genotypes – All FDA Approved Direct Acting Antivirals for HCV. Anchorage, AK: Department of Health and Social Services: Division of Health Care Services: Health and Social Services: Health Care Services: Medication Prior Authorization. Retrieved from: http://dhss.alaska.gov/dhcs/Documents/pharmacy/pdfs/CCFU_ID_HepC_GT-all_APPROVED-20170915_EFFECTIVE-20171001.pdf

Alaska Department of Health and Social Services. (2015, February 02). Alaska Medicaid Pharmacy Winter 2015 Update. Anchorage, AK: Department of Health and Social Services: Division of Health Care Services: Pharmacy & Ancillary Services Unit. Retrieved from: http://dhss.alaska.gov/dhcs/Documents/pharmacy/pdfs/Pharmacy_Program_Changes_201502.pdf

Anthem BlueCross BlueShield Medicaid – Kentucky Member. (2018, August 01). Preferred Drug List – English. Retrieved from: https://fm.formularynavigator.com/FBO/4/Kentucky_PDL_English.pdf

Arizona Department of Health Services. (2018, April 26). AIDS Drug Assistance Program (ADAP) Formulary – Provider Version. Phoenix, AZ: Public Health Preparedness Services: Division of Public Health Services: Arizona Department of Health Services. Retrieved from: <http://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/disease-integrated-services/adap/adap-formulary-providers.pdf>

Arizona Health Care Cost Containment System (AHCCCS). (2018, July 01). AHCCCS Acute Long Term Care Drug List Effective July 01, 2018. Phoenix, AZ: Arizona Health Care Cost Containment System. Retrieved from: <https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCSAcuteLongTermCareDrugList.pdf>

References

Arkansas Department of Health. (2017, September 06). Ryan White Part B ADAP Formulary. Little Rock, AR: Arkansas Department of Health: HIV/STD/Hepatitis C: ADAP Division. Retrieved from: http://www.healthy.arkansas.gov/images/uploads/pdf/RWHAP_ADAP_Formulary_09_2017.pdf

Arkansas Department of Human Services. (2018, August 10). Arkansas Medicaid Preferred Drug List. Little Rock, AR: Arkansas Department of Human Services: Arkansas Medicaid: Evidence-Based Prescription Drug Program. Retrieved from: <https://arkansas.magellanrx.com/provider/docs/rxinfo/PDL.pdf>

Barrett, J. (2018, July 25). Injection Drug Users Can Benefit from a Partially Effective Hepatitis C Vaccine. Cranbury, NJ: Pharmacy & Healthcare Communications, LLC: Specialty Pharmacy Times. Retrieved from: <https://www.specialtypharmacytimes.com/news/injection-drug-users-can-benefit-from-a-partially-effective-hepatitis-c-vaccine>

BlueCross BlueShield of New Mexico. (2018, January 01 Blue Cross and Blue Shield of New Mexico (BSBSNM) – Blue Cross Community CentennialSM Drug List. Retrieved from: http://www.bcbsnm.com/pdf/rx/cc_drug_list_nm.pdf

Buckeye Health Plan – MyCare Ohio. (2018, July). 2018 List of Covered Drugs (Formulary). Columbus, OH: MyCare Ohio. Retrieved from: https://mmp.buckeyehealthplan.com/content/dam/centene/Buckeye/mmp/pdfs/2018_OH_formulary_mmp_en.pdf

California Department of Health Care Services. (2018, April). Drugs: Contract Drugs List Part 4 – Therapeutic Classifications. Sacramento, CA: California Department of Health Care Services: Medi-Cal: Contract Drugs List. Retrieved from: http://files.medi-cal.ca.gov/pubdoco/publications/masters-mtp/part2/drugscdlp4_p00.doc

California Department of Public Health. (2018, June 14). California Department of Public Health, Office of AIDS, AIDS Drug Assistance Program (CDPH/OA/ADAP) – Formulary by Class. Sacramento, CA: California Department of Public Health: Office of AIDS: AIDS Drug Assistance Program. Retrieved https://cdph.magellanrx.com/provider/external/commercial/cdph/doc/en-us/CDPH_Formulary.pdf

CareSource Ohio Medicaid. (2018, July 01). CareSource Ohio Medicaid. Dayton, OH. Retrieved from: <https://www.caresource.com/documents/ohio-medicaid-preferred-drug-list/>

Centers for Disease Control and Prevention (CDC). (2016, October 03). Hepatitis A Questions and Answers for the Public. Atlanta, GA: Centers for Disease Control and Prevention: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Division of Viral Hepatitis. Retrieved from: <https://www.cdc.gov/hepatitis/hav/afaq.htm>

Centers for Disease Control and Prevention (CDC). (2017a, June 19). Surveillance for Viral Hepatitis – United States, 2015. Atlanta, GA: U.S. Department of Health and Human Resources: Centers for Disease Control and Prevention: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Division of Viral Hepatitis. Retrieved from: <https://www.cdc.gov/hepatitis/statistics/2015surveillance/index.htm>

References

Centers for Disease Control and Prevention (CDC). (2017b, June 19). Surveillance for Viral Hepatitis – United States, 2015 - Summary. Atlanta, GA: U.S. Department of Health and Human Resources: Centers for Disease Control and Prevention: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Division of Viral Hepatitis. Retrieved from: <https://www.cdc.gov/hepatitis/statistics/2015surveillance/commentary.htm>

Centers for Disease Control and Prevention (CDC). (2017c, December 19). Drug Overdose Death Data. Atlanta, GA: U.S Department of Health and Human Services: Centers for Disease Control and Prevention: Nation Center for Injury Prevention and Control: Division of Unintentional Injury Prevention. Retrieved from: <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

Colorado Department of Health Care Policy & Financing. (2018, July 01). Colorado Department of Health Care Policy and Financing Preferred Drug List (PDL). Denver, CO: Colorado Department of Health Care Policy & Financing. Retrieved from: https://www.colorado.gov/pacific/sites/default/files/PDL_effective_07-01-2018_final2_1.pdf

Colorado Department of Public Health & Environment. (2017, February 07). Colorado AIDS Drug Assistance Program - Description of Medication Formulary. Denver, CO: Colorado Department of Public Health & Environment: Colorado AIDS Drug Assistance Program. Retrieved from: <https://drive.google.com/open?id=1mD-z9ogzkTkZDWIkXgHM-j-T5bCXwMgS>

Connecticut Department of Social Services. (2018, March 01). Connecticut AIDS Drug Assistance Program (CADAP) Formulary. Hartford, CT: Connecticut Department of Social Services. Retrieved from: <http://www.ct.gov/dss/lib/dss/pdfs/FormularyDrugClass.pdf>

Connecticut Department of Social Services. (2018, July 01). Connecticut Medicaid Preferred Drug List. Hartford, CT: Connecticut Department of Social Services: Pharmacy. Retrieved from: https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/CT_PDL_medicaid.pdf

Delaware Health and Social Services. (2018, July 11). DELAWARE AIDS DRUG ASSISTANCE PROGRAM (ADAP) – FORMULARY BY CLASS – Effective 07/11/2017. Dover, DE: Delaware Health and Social Services: Division of Public Health. Retrieved from: http://www.ramsellcorp.com/PDF/DE_DrugClass.pdf

Delaware Health and Social Services. (2018, July 01). DELAWARE MEDICAL ASSISTANCE PROGRAM (DMAP) PREFERRED DRUG LIST (PDL). New Castle, DE: Delaware Health and Social Services: Division of Medicaid and Medical Assistance. Retrieved from: https://medicaidpublications.dhss.delaware.gov/dotnetnuke/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=420&language=en-US&PortalId=0&TabId=94

Department of Veterans Affairs. (2017a, April). VHA National Formulary. Washington, DC: U.S. Department of Veterans Affairs: Veterans Health Administration: Pharmacy Benefits Management Services: VA National Formulary.

Department of Veterans Affairs. (2017b, March 08). Chronic Hepatitis C Virus (HCV) Infection: Treatment Considerations. Washington, DC: U.S. Department of Veterans Affairs: Veterans Health Administration: Office of Patient Care Services: National Viral Hepatitis Program: National Hepatitis C Resource Center Program. Retrieved from: <https://www.hepatitis.va.gov/pdf/treatment-considerations-2017-03-08.pdf>

References

District of Columbia. (2018, July 12). Pharmacy Preferred Drug List (PDL). Washington, DC: District of Columbia Department of Health Care Finance. Retrieved from: https://dc.fhsc.com/downloads/providers/DCRx_PDL_listing.pdf

Florida ADAP. (2018, March 01). Florida Ryan White Part B – AIDS Drug Assistance Program (ADAP) Formulary – Effective March 1, 2018. Tallahassee, FL: Florida Health: HIV/AIDS Section: Florida ADAP. Retrieved from: http://www.floridahealth.gov/diseases-and-conditions/aids/adap/_documents/2018_formulary_therapeutic_brand_combined.pdf

Florida Agency for Health Care Administration. (2018, July 18). Florida Medicaid Preferred Drug List. Tallahassee, FL: Florida Agency for Health Care Administration: Bureau of Policy: Pharmacy Policy Unit. Retrieved from: http://www.fdhc.state.fl.us/medicaid/Prescribed_Drug/pharm_thera/pdf/PDL.pdf

Georgia Department of Community Health. (2018, August 03). Georgia Medicaid/PeachCare Preferred Drug List – Effective August 01. Atlanta, GA: Georgia Department of Community Health. Retrieved from: [https://dch.georgia.gov/sites/dch.georgia.gov/files/PDL by Drug Class 8.1.18.pdf](https://dch.georgia.gov/sites/dch.georgia.gov/files/PDL%20by%20Drug%20Class%208.1.18.pdf)

Georgia Department of Public Health. (2016, June 02). Georgia ADAP Application for Prior Approval Medications. Atlanta, GA: Georgia Department of Public Health: Health Protection: The HIV Care (Ryan White Part B) Program: AIDS Drug Assistance Program. Retrieved from: [http://dph.georgia.gov/sites/dph.georgia.gov/files/Prior Approval Medication Form %28June 2016%29.pdf](http://dph.georgia.gov/sites/dph.georgia.gov/files/Prior%20Approval%20Medication%20Form%20June%202016.pdf)

Government of the District of Columbia. (2018, March 12). AIDS Drugs Assistance Program (ADAP): FORMULARY. Washington, DC: Government of the District of Columbia: Department of Health. Retrieved from: [https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/ADAP Formulary-January 2018.pdf](https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/ADAP%20Formulary-January%202018.pdf)

Harm Reduction Coalition. (n.d.). Connect Locally - Find a Harm Reduction Resource Near You!. New York, NY: Harm Reduction Coalition. Retrieved from: <http://harmreduction.org/connect-locally/>

Healio. (2018, July 25). SeraCare launches HCV RNA linearity panel. Thorofare, NJ: SLACK Incorporated Print Publications: Healio: HCV. Retrieved from: <https://www.healio.com/hepatology/hepatitis-c/news/online/%7B682cf5ce-1838-401f-b9bc-761b275719e0%7D/seracare-launches-hcv-rna-linearity-panel>

HIV Drug Assistance Program. (2016, March). HIV Drug Assistance Program (HDAP) – Formulary – March 2016. Honolulu, HI: Department of Health: Harm Reduction Services Branch: HIV Drug Assistance Program (HDAP). Retrieved from: <https://docs.google.com/viewer?url=http%3A%2F%2Fhealth.hawaii.gov%2Fharmreduction%2Ffiles%2F2013%2F08%2FHADAP-Formulary-2016-Mar.pdf>

Horizon NJ Health. (2018, August). Prescription Drug Listing. Newark, NJ: Horizon Blue Cross Blue Shield New Jersey®: Horizon NJ Health. Retrieved from: https://www.horizonnjhealth.com/securecms-documents/368/formulary_english.pdf

References

Humana – CareSource. (2018, July 01). Humana - CareSource Commonwealth of Kentucky Medicaid. Louisville, KY: Humana – CareSource: Preferred Drug List. Retrieved from: <https://www.caresource.com/documents/kentucky-preferred-drug-list/>

Idaho Department of Health and Welfare. (2018, August 01). Idaho ADAP Formulary. Boise, ID: Idaho Department of Health and Welfare. Retrieved from: <http://healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=4qAt0Uw4naY=&tabid=391&portalid=0&mid=2934>

Idaho Department of Health and Welfare. (2018, July 01). Idaho Medicaid Preferred Drug List with Prior Authorization Criteria. Boise, ID: Idaho Department of Health and Welfare. Retrieved from: <http://healthandwelfare.idaho.gov/Portals/0/Medical/PrescriptionDrugs/IDMPDL.pdf>

Illinois Department of Public Health. (2017, August 30). AIDS Drug Assistance Program (ADAP) – Formulary as of 04/27/2017. Springfield, IL: Illinois Department of Public Health. Retrieved from: <https://iladap.providecm.net/Content/docs/ADAPFormularyAndPrescribingGuidelines.pdf>

Illinois Department of Healthcare and Family Services. (2018, July 01). Preferred Drug List Illinois Medicaid. Springfield, IL: Illinois Department of Healthcare and Family Services. Retrieved from: <https://www.illinois.gov/hfs/SiteCollectionDocuments/PDLFinal712018.pdf>

Indiana Family and Social Services Administration. (2018, July 01). Indiana Medicaid Preferred Drug List (PDL). Indianapolis, IN: Indiana Family and Social Services Administration: Indiana Health Coverage Programs (IHCP). Retrieved from: [https://prdgov-rxadmin.optum.com/rxadmin/INM/20180701_INM_PDL\(1\).pdf](https://prdgov-rxadmin.optum.com/rxadmin/INM/20180701_INM_PDL(1).pdf)

Indiana State Department of Health. (2018, February 09). HIV Medical Services Program – Indiana ADAP Covered Pharmaceuticals. Indianapolis, IN: Indiana State Department of Health: HIV Medical Services Program. Retrieved from: [http://www.in.gov/isdh/files/ADAP Formulary 9 February 2018.pdf](http://www.in.gov/isdh/files/ADAP%20Formulary%20February%202018.pdf)

Iowa Department of Public Health. (2017, June 01). Iowa ADAP Formulary. Des Moines, IA: Iowa Department of Public Health: Bureau of HIV, STD, and Hepatitis: HIV/AIDS Program: Care and Support Services. <https://idph.iowa.gov/Portals/1/userfiles/40/ADAP%20Formulary%20June%202017.pdf>

Iowa Department of Human Services. (2018, April 26). Final PDL – PDL Effective Date June 01, 2018 (Two Drug Columns). Des Moines, IA: Iowa Department of Human Services: Iowa Medicaid Program. Retrieved from: <http://www.iowamedicaidpdl.com/sites/default/files/ghs-files/current-pdl/2018-04-26/ia-web-pdl2018junefinal.pdf>

Kansas Department of Health and Environment (2018a, April). Kansas AIDS Drug Assistance Program Formulary. Topeka, KS: Kansas Department of Health and Environment: Bureau of Disease Control and Prevention (BDCCP): STD/HIV Section: The Kansas Ryan White Part B Program. Retrieved from: http://www.kdheks.gov/sti_hiv/download/KS_ADAP_Formulary.pdf

References

Kansas Department of Health and Environment. (2018b, August 01). PREFERRED DRUG LIST. Topeka, KS: Kansas Department of Health and Environment: Division of Health Care Finance: Kansas Medical Assistance Program (KMAP): KanCare. Retrieved from: <http://www.kdheks.gov/hcf/pharmacy/download/PDLList.pdf>

Kentucky Department for Public Health. (2018 April 15). Kentucky AIDS Drug Assistance Program (KADAP) – April 25, 2018. Frankfort, KY: Kentucky Cabinet for Health and Family Services: Department for Public Health: Epidemiology Health Planning: HIV/AIDS: Services Program: Kentucky AIDS Drug Assistance Program (KADAP). Retrieved from: [https://chfs.ky.gov/agencies/dph/dehp/hab/Documents/KADAP Formulary 04-25-2018.pdf](https://chfs.ky.gov/agencies/dph/dehp/hab/Documents/KADAP%20Formulary%2004-25-2018.pdf)

Kine, P. (2016, March 10). VA expands hepatitis C treatment to all patients with the virus. Springfield, VA: Military Times. Retrieved from: <http://www.militarytimes.com/story/veterans/2016/03/09/va-expands-hepatitis-c-treatment-all-patients-virus/81547558/>

KyHealth Choices. (2018, July 09). Kentucky Pharmacy Preferred Drug List. Frankfort, KY. Retrieved from: https://kyportal.magellanmedicaid.com/public/client/static/kentucky/documents/PreferredDrugGuide_full.pdf

Louisiana Health Access Program. (2018, July 01). AIDS Drug Assistance Program (ADAP) – Louisiana ADAP Un-Insured Formulary – Formulary By Drug Class. Effective 7/1/18. Retrieved from: [http://www.ramsellcorp.com/PDF/Louisiana HAP Un-insured Drug Class.pdf](http://www.ramsellcorp.com/PDF/Louisiana%20HAP%20Un-insured%20Drug%20Class.pdf)

Maine Center for Disease Control and Prevention. (2018, April 08). ADAP Formulary Report. Augusta, ME: Maine Department of Health and Human Services: Maine Center for Disease Control and Prevention: Division of Infectious Disease: HIV, STD, and Viral Hepatitis Program. Retrieved from: https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/documents/ADAP_Quarterly_Formulary_Report_1818.pdf

Maine Department of Health and Human Services. (2018, July 27). MaineCare PDL (MEDEL Combined) with criteria – July 27, 2018. Augusta, ME: Maine Department of Health and Human Services: Office of MaineCare Services. Retrieved from: <http://www.mainearepdl.org/sites/default/files/ghs-files/pdl/2018-07-27/copy-ssdcpdmainecriteria-july-27-2018.xls>

Maryland Pharmacy Programs. (2018, March 20). MADAP Formulary. Baltimore, MD: Maryland Pharmacy Programs: Maryland AIDS Drug Assistance Program. Retrieved from: <http://mdrxprograms.com/docs/madap/MadapFormulary.xls>

Maryland Department of Health and Mental Hygiene. (2018, July 01). Maryland Preferred Drug List. Annapolis, MD: Maryland Department of Health and Mental Hygiene: Maryland Medical Assistance Programs: Maryland Medicaid Pharmacy Program. Retrieved from: [https://mmcp.health.maryland.gov/pap/docs/Maryland PDL 7.1.18.pdf](https://mmcp.health.maryland.gov/pap/docs/Maryland%20PDL%207.1.18.pdf)

References

Michigan Department of Health and Human Services. (2018, July 17). Michigan Department of Health and Human Services Preferred Drug List (Effective 07/17/2018). Lansing, MI: Michigan Department of Health and Human Services: Michigan Department of Community Health. Retrieved from: https://michigan.fhsc.com/downloads/PDL_07172018.pdf

Michigan Drug Assistance Program. (2018, June 01). HIV / AIDS Related Treatments. Lansing, MI: Michigan Department of Health and Human Services: Keeping Michigan Healthy: Michigan Drug Assistance Program. Retrieved from: <http://www.scriptguiderx.com/content/formularies/060118.pdf>

Minnesota Department of Human Service. (2018, July 11). Minnesota Fee-For-Service Medicaid Preferred Drug List. St. Paul, MN: Minnesota Department of Human Services: https://mn.gov/dhs/assets/preferred-drug-list-fee-for-service_tcm1053-292127.pdf

Mississippi Division of Medicaid. (2018, June 01). Universal Preferred Drug List EFFECTIVE 7/01/2018 [Version 2018.3a] Updated: 06-01-18. Jackson, MS: Mississippi Division of Medicaid. Retrieved from: <https://medicaid.ms.gov/wp-content/uploads/2018/04/MSPDLeffective07012018.pdf>

Mississippi State Department of Health. (2018, March 26). Medication Formulary. Jackson, MS: Mississippi State Department of Health: Office of STD/HIV: Care and Treatment Division: HIV Care and Treatment Program. Retrieved from: https://msdh.ms.gov/msdhsite/_static/resources/5262.pdf

Missouri Department of Health & Senior Services. (2016, May 17). Missouri AIDS Drug Assistance Program (ADAP) – Effective May 17, 2016. Jefferson City, MO: Missouri Department of Health & Senior Services: Healthy Living: Health Conditions & Diseases: Communicable Diseases: HIV/AIDS. Retrieved from: <http://health.mo.gov/living/healthcondiseases/communicable/hivaids/pdf/HIVMedications.pdf>

Missouri Department of Health & Senior Services. (2017). Missouri Ryan White Program AIDS Drug Assistance Program (ADAP) Formulary Changes. Jefferson City, MO: Missouri Department of Health & Senior Services: Healthy Living: Health Conditions & Diseases: Communicable Diseases: HIV/AIDS. Retrieved from: <http://health.mo.gov/living/healthcondiseases/communicable/hivaids/pdf/adap-changes-2018.pdf>

Missouri Department of Social Services. (2018, July 01). Missouri Pharmacy Program Preferred Drug List Effective 01 July 2018 All Therapeutic Classes. Jefferson City, MO: Missouri Department of Social Services: Missouri HealthNet Division: Clinical Services: Pharmacy: Pharmacy Clinical Edits and Preferred Drug Lists. Retrieved from: <https://dss.mo.gov/mhd/cs/pharmacy/pdf/mppdl.pdf>

Molina Healthcare of New Mexico. (2018, July 01). Molina Healthcare of New Mexico – Preferred Drug List (Formulary). Albuquerque, NM. Retrieved from: <http://www.molinahealthcare.com/members/nm/en-US/PDF/Medicaid/formulary.pdf>

References

Molina Healthcare of Ohio. (2018, August 01). Molina Healthcare of Ohio Preferred Drug List (Formulary). Columbus, OH. Retrieved from: <http://www.molinahealthcare.com/members/oh/en-US/PDF/Medicaid/oh-medicare-formulary.pdf>

Montana Department of Public Health and Human Services. (2017, November). Montana ADAP Formulary – March 2016. Helena, MT: Montana Department of Public Health and Human Services: Public Health and Safety: HIV/STD Section: Treatment Programs. Retrieved from: <http://dphhs.mt.gov/Portals/85/publichealth/documents/HIVSTD/ADAPFormularyNov2017.pdf?ver=2017-12-13-132143-907×tamp=1513196531258>

Montana Department of Public Health and Human Services. (2018, August 02). Montana Medicaid Preferred Drug List (PDL) [Revised 8-2-18]. Helena, MT: Montana Department of Public Health and Human Services: Montana Healthcare Programs: Montana Medicaid. Retrieved from: <https://medicaidprovider.mt.gov/Portals/68/docs/pharmacy/MTPDL08022018.pdf>

National Alliance of State & Territorial AIDS Directors (NASTAD). (2018, February 01). ADAP Formulary Database – Hepatitis C treatments. Washington, DC: National Alliance of State & Territorial AIDS Directors. Retrieved from: <https://www.nastad.org/sites/default/files/2018-adap-formulary-database-users-guide.pdf>

Nebraska Department of Health and Human Services. (2016, May 01). Medications covered by The Nebraska Ryan White AIDS Drug Assistance Program (ADAP). Lincoln, NE: Nebraska Department of Health and Human Services: Nebraska Ryan White Program: ADAP. Retrieved from: <http://dhhs.ne.gov/publichealth/Documents/ADAPformulary.pdf>

Nebraska Department of Health and Human Services. (2018, August 01). Nebraska Medicaid Preferred Drug List with Prior Authorization Criteria. Lincoln, NE: Nebraska Department of Health and Human Services: Medicaid and Long-Term Care Division: Nebraska Medicaid Pharmacy Program. Retrieved from: https://nebraska.fhsc.com/downloads/PDL/NE_PDL-20180801.pdf

Network for Public Health Law, The. (2016, June). LEGAL INTERVENTIONS TO REDUCE OVERDOSE MORTALITY: NALOXONE ACCESS AND OVERDOSE GOOD SAMARITAN LAWS. St. Paul, MN: The Network for Public Health Law. Retrieved from: https://www.networkforphl.org/_asset/qz5pvn/network-naloxone-10-4.pdf

Nevada Department of Health and Human Services. (2018, January 01). STATE OF NEVADA AIDS DRUG ASSISTANCE PROGRAM (ADAP) FORMULARY. Reno, NV: Nevada Department of Health and Human Services: Division of Public and Behavioral Health (DPBH): Ryan White HIV/AIDS Program: Part B. Retrieved from: <http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/HIV-Ryan/dta/Policies/.NV ADAP Formulary No. 44 Drug Class 1.1.2018 v.1.pdf>

Nevada Department of Health and Human Services. (2018, February 05). Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL). Reno, NV: Nevada Department of Health and Human Services: Division of Health Care Financing and Policy. Retrieved from: https://www.medicare.nv.gov/Downloads/provider/NV_PDL_20180202.pdf

References

New Hampshire AIDS Drug Assistance Program. (2018, June 18). Preferred Drug List (PDL). Concord, NH: New Hampshire Department of Health and Human Services: New Hampshire CARE Program: AIDS Drug Assistance Program. Retrieved from: https://nhadap.magellanmedicaid.com/downloads/providers/nhadap_pdl.pdf

New Hampshire Department of Health and Human Services. (2018, June 18). Fee-for-Service Medicaid - Preferred Drug List (PL). Concord, NH: New Hampshire Department of Health and Human Services: Office of Medicaid & Business Policy: Pharmacy Benefit Management. Retrieved from: <http://www.dhhs.nh.gov/ombp/pharmacy/documents/preferred.pdf>

New Mexico Department of Health. (2018, July 01). Enhanced Formulary to Improve Medication Access. Santa Fe, NM: New Mexico Department of Health: HIV Services Program. Retrieved from: <https://nmhealth.org/publication/view/general/4529/>

New York State Department of Health. (2018, March 12). NEW YORK STATE DEPARTMENT OF HEALTH – UNINSURED CARE PROGRAMS – COVERED SERVICES and ADAP FORMULARY – March 12 2018). Albany, NY: New York State Department of Health: AIDS Drug Assistance Program. Retrieved from: <http://www.health.ny.gov/diseases/aids/general/resources/adap/formulary.htm>

New York State Department of Health. (2018, July 12). New York State Medicaid Fee-For-Service Pharmacy Programs. Albany, NY: New York State Department of Health: Medicaid Pharmacy Program. Retrieved from: https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf

North American Syringe Exchange Network. (2016). Directory of Syringe Exchange Programs. Tacoma, WA: North American Syringe Exchange Network. Retrieved from: <https://nasen.org/directory/>

North Carolina Department of Health and Human Services. (2017, November 30). North Carolina AIDS Drug Assistance Program – Program Manual. Raleigh, NC: North Carolina Department of Health and Human Services: Division of Public Health: Epidemiology Section: Communicable Disease Branch: AIDS Drug Assistance Program. Retrieved from: http://epi.publichealth.nc.gov/cd/hiv/docs/HMAProgramManual_11302017.pdf

North Carolina Division of Medical Assistance. (2018, August 01). North Carolina Medicaid and Health Choice Preferred Drug List (PDL). Raleigh, NC: North Carolina Department of Health and Human Services: North Carolina Division of Medical Assistance. Retrieved from: https://files.nc.gov/ncdma/documents/files/PDL_2017-2018_2Final_Posting_August_1_2018.pdf

North Dakota Department of Health. (2018, February 28). RYAN WHITE AIDS DRUG ASSISTANCE PROGRAM (ADAP) FORMULARY. Bismarck, ND: North Dakota Department of Health: Medical Services: Disease Control Division: HIV/Ryan White. Retrieved from: https://www.ndhealth.gov/hiv/Docs/RW/RWFormulary_Final_02282018.pdf

References

North Dakota Department of Human Services. (2018, July 30). NORTH DAKOTA MEDICAID PREFERRED DRUG LIST WITH PRIOR AUTHORIZATION CRITERA [Version 2018.7]. Bismarck, ND: North Dakota Department of Human Services: North Dakota Medicaid. Retrieved from: http://hidesigns.com/assets/files/ndmedicaid/2018/ND_PDL_2018.7.pdf

Office of Public and Intergovernmental Affairs. (2016, March 09). VA Expands Hepatitis C Drug Treatment. Washington, DC: U.S Department of Veterans Affairs: Office of Public and Intergovernmental Affairs. Retrieved from: <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2762>

Ohio Department of Health. (2017, July 01). Ryan White Part B – Ohio AIDS Drug Assistance Program – Expanded Formulary Exclusions Effective July 1, 2017. Columbus, OH: Ohio Department of Health: Ohio HIV Drug Assistance Program. Retrieved from: <http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/hst/hcs/2017-07OHDAPformulary.pdf>

Oregon Health Authority. (2018, September 01). Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug Lis – Effective: March 1, 2018t. Portland, OR: Oregon Health Authority: Oregon Health Plan. Retrieved from: <http://www.oregon.gov/oha/HSD/OHP/Tools/Oregon Medicaid Preferred Drug List, March 1, 2018.pdf>

Paramount Healthcare. (2018, August 01). Paramount Advantage™ Preferred Drug List. Retrieved from: <http://www.paramounthealthcare.com/documents/advantage/preferred-drug-list-advantage.pdf>

Passport Health Plan. (2018, July 01). Preferred Drug List (List of Covered Drugs). Louisville, KY: Passport Health Plan. Retrieved from: <http://passporthealthplan.com/wp-content/uploads/2018/06/Passport-0718-062618-ufmt-sec-apvd.pdf>

Pennsylvania Department of Health. (2018, July 01). Drug Formulary – Updated July 1st, 2018. Harrisburg, PA: Pennsylvania Department of Health: Special Pharmaceutical Benefits Program. Retrieved from: [http://www.health.pa.gov/My Health/Diseases and Conditions/E-H/HIV And AIDS Epidemiology/Documents/SPBP Covered Drug List \(Effective 07-01-18\).pdf](http://www.health.pa.gov/My Health/Diseases and Conditions/E-H/HIV And AIDS Epidemiology/Documents/SPBP Covered Drug List (Effective 07-01-18).pdf)

Pennsylvania Department of Human Services. (2018, July 23). Preferred Drug List (PDL). Harrisburg, PA: Pennsylvania Department of Human Services. Retrieved from: https://papdl.com/sites/default/files/ghs-files/Penn PDL 07232018_v2.pdf

Presbyterian Centennial Care. (2018, June 01). PHP Commercial Large Group Plans (Non-Metal Plans) Formulary Therapeutic Class Listing . Albuquerque, NM. Retrieved from: http://docs.phs.org/idc/groups/public/documents/communication/pe_00175507.pdf

Prescription Drug Monitoring Program Training and Technical Assistance Center. ((2016, December 13). PDMP Mandatory Query by Prescribers and Dispensers. Waltham, MA: Brandeis University: The Heller School for Social Policy and Management: Prescription Drug Monitoring Program Training and Technical Assistance Center. Retrieved from: http://www.pdmpassist.org/pdf/Mandatory_Query.pdf

References

- Rhode Island Executive Office of Health and Human Services. (2018a, January 10). Rhode Island ADAP Drug Assistance Program Formulary. Cranston, RI: Rhode Island Executive Office of Health and Human Services: Consumer: Adults: Ryan White HIV/AIDS Program. Retrieved from: <http://www.eohhs.ri.gov/Consumer/Adults/RyanWhiteHIVAIDS.aspx>
- Rhode Island Executive Office of Health and Human Services. (2018b, July 10). Preferred Drug List (PDL). Cranston, RI: Rhode Island Executive Office of Health and Human Services: Rhode Island Medicaid Fee for Service. Retrieved from: http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Pharmacy/pdl_list.pdf
- Salzman, S. (2018, May 17). With Only 15% of Diagnosed HCV Patients Receiving Treatment, the Non-Profit I-MAK Hopes to Shift the National Conversation on Drug Pricing. New York, NY: Remedy Health Media, LLC: The Body PRO: Content. Retrieved from: <http://www.thebodypro.com/content/81032/with-only-15-of-diagnosed-hcv-patients-receiving-t.html?ic=tbhwnbox>
- South Carolina Department of Health and Environmental Control. (2018, July). AIDS Drug Assistance Program (ADAP) Formulary Revised July 2018. Columbia, SC: South Carolina Department of Health and Environmental Control. Retrieved from: [http://www.scdhec.gov/Health/docs/ADAP Formulary.pdf](http://www.scdhec.gov/Health/docs/ADAP%20Formulary.pdf)
- South Carolina Department of Health and Human Services. (2018, August 01). South Carolina Department of Health and Human Services Preferred Drug List. Columbia, SC: South Carolina Department of Health and Human Services: South Carolina Pharmacy Services. Retrieved from: http://southcarolina.fhsc.com/Downloads/provider/SCpdl_listing_20180801.pdf
- Stainton, L.H. (2018, July 11). NJ GIVES MEDICAID PATIENTS WITH HEPATITIS C EARLIER ACCESS TO LIFE-SAVING DRUGS. Montclair, NJ: NJ Spotlight: Healthcare. Retrieved from: <http://www.njspotlight.com/stories/18/07/10/nj-gives-medicaid-patients-with-hep-c-earlier-access-to-life-saving-drugs/>
- State of Connecticut – Department of Social Services. (2016, April 01). Connecticut AIDS Drug Assistance Program (CADAP) Formulary. Hartford, CT: Connecticut Department of Social Services: Connecticut AIDS Drug Assistance Program. Retrieved from: <http://www.ct.gov/dss/lib/dss/pdfs/FormularyDrugClass.pdf>
- State of Hawaii, Department of Health. (2018, July). HIV Drug Assistance Program (HDAP) Formulary – July 2018. Honolulu, HI: State of Hawaii: Department of Health: Harm Reduction Services Branch: HIV Drug Assistance Program (HDAP). Retrieved from: <https://health.hawaii.gov/harmreduction/files/2018/07/HDAP-Formulary-2018-July.pdf>
- State of Louisiana Department of Health & Hospitals. (2018, July 01). Prior Authorization PDL Implementation Schedule. Baton Rouge, LA: Louisiana Department of Health. Retrieved from: http://www.lamedicaid.com/provweb1/forms/rxpa/Pharmacy_Molina_PDL_Memo_July2018.pdf

References

State of Tennessee Department of Health. (2018, February 22). HIV Drug Assistance Program (HDAP) Formulary. Nashville, TN: Tennessee Department of Health. Retrieved from: http://www.tn.gov/assets/entities/health/attachments/TN_HDAP_Formulary.pdf

Tennessee Division of Health Care Finance and Administration. (2018, August 01). TennCare Preferred Drug List (PDL). Nashville, TN: Tennessee Division of Health Care Finance and Administration: TennCare. Retrieved from: https://tenncare.magellanhealth.com/static/docs/Preferred_Drug_List_and_Drug_Criteria/TennCare_PDL.pdf

Texas Health and Humans Services Commission. (2018, August 02). Medicaid Pharmacy Prior Authorization & Preferred Drug List. Austin, TX: Texas Health and Human Services Commission: Texas Medicaid/CHIP Vendor Drug Program. Retrieved from: <https://www.txvendordrug.com/sites/txvendordrug/files/docs/formulary/2018-0726-preferred-drug-list.pdf>

Texas Health and Human Services. (2018, April). TEXAS HIV MEDICATION PROGRAM FORMULARY. Austin, TX: Texas Health and Human Services: Texas Department of State Health Services: Texas HIV Medication Program. Retrieved from: <https://www.dshs.texas.gov/hivstd/meds/files/formulary.pdf>

UnitedHealthcare Community Plan. (2018a, July 01). Preferred Drug List (PDL) – New Jersey. Iselin, NJ: UnitedHealthcare Services, Inc.: UnitedHealthcare®. Retrieved from: <http://www.uhccommunityplan.com/content/dam/communityplan/plandocuments/findadrug/NJ-PDL.pdf>

UnitedHealthcare Community Plan. (2018b, July 01). Preferred Drug List (PDL) – New Mexico. Hot Springs, AR: UnitedHealthcare Community Plan: Centennial Care. Retrieved from: http://www.uhccommunityplan.com/content/dam/communityplan/plandocuments/findadrug/NM_Centennial_Care_PDL.pdf

UnitedHealthcare Community Plan. (2018c, August 01). Preferred Drug List (PDL) – Ohio. Pittsburgh, PA: UnitedHealthcare Community Plan. Retrieved from: <http://www.uhccommunityplan.com/content/dam/communityplan/plandocuments/findadrug/OH-Medicaid-PDL.pdf>

United States Food and Drug Administration. (2017, April 07). FDA approves two hepatitis C drugs for pediatric patients. Silver Spring, MD: U.S. Department of Health and Human Services: U.S. Food and Drug Administration: News & Events: Newsroom: Press Announcements. Retrieved from: <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm551407.htm>

United States Virgin Islands. (2017, May). US VIRGIN ISLANDS AIDS DRUG ASSISTANCE FORMULARY REVISED MAY 2017. Retrieved from: http://www.scriptguiderx.com/content/formularies/VIDAP_PDL_0517.pdf

Utah Department of Health. (2017, August 01). Utah Medicaid Preferred Drug List. Salt Lake City, UT: Utah Department of Health: Division of Medicaid and Health Financing: Utah Medicaid Pharmacy Program. Retrieved from: [https://medicaid.utah.gov/pharmacy/PDL/files/Utah Medicaid PDL \(08-01-18\).pdf](https://medicaid.utah.gov/pharmacy/PDL/files/Utah%20Medicaid%20PDL%20(08-01-18).pdf)

References

Utah Department of Health. (2018, January 08). Utah ADAP Insurance Assistance (ADAP-I) Formulary. Salt Lake City, UT: Utah Department of Health: Bureau of Epidemiology: Disease Treatment: Resources. Retrieved from: <http://health.utah.gov/epi/treatment/resources/ADAP-I & ADAP-M Formulary 1.8.2018.pdf>

Vermont Department of Health Access. (2018, July 06). Vermont Preferred Drug List and Drugs Requiring Prior Authorization (includes clinical criteria). Burlington, VT: Vermont Department of Health Access: Agency of Human Services: Pharmacy Benefit Management Program. Retrieved from: <http://dvha.vermont.gov/for-providers/vermont-pdl-effective-07-06-18-june-minutes-2018.v2.pdf>

Virginia Department of Health. (2018, June). Formulary. Richmond, VA: Virginia Department of Health: Office of Epidemiology: Division of Disease Prevention: Programs: Virginia AIDS Drug Assistance Program (ADAP). Retrieved from: http://www.vdh.virginia.gov/content/uploads/sites/10/2018/07/VA_ADAP_formulary_JUNE_2018.pdf

Virginia Department of Medical Assistance Services. (2018, July 01). Virginia Medicaid Preferred Drug List With Service Authorization Criteria. Richmond, VA: Virginia Department of Medical Assistance Services: Virginia Medicaid Pharmacy Services. Retrieved from: <https://www.virginiamedicaidpharmacyservices.com/provider/external/medicaid/vamps/doc/en-us/VAmcd-PDL-List-Criteria-20180701.pdf>

Washington State Health Care Authority. (2018, July 01). Apple Health Medicaid: Fee-for-Service Preferred Drug List. Olympia, WA: Washington State Health Care Authority: Apple Health (Medicaid): Medicaid Washington Prescription Drug Program. Retrieved from: <https://www.hca.wa.gov/assets/billers-and-providers/ah-ffs-pdl-20180701.pdf>

Washington State Department of Health. (2018, June 01). Washington State Department of Health Early Intervention Program (EIP) – FORMULARY BY CLASS – Effective 6/01/2018 [Version 6, 2018]. Washington State Department of Health: Early Intervention Program. Retrieved from: <http://www.ramsellcorp.com/PDF/WA EIP MASTER Effective - Drug Class.pdf>

WellCare of Kentucky Medicaid. (2018, July 01). Kentucky Medicaid Comprehensive Preferred Drug List (List of Covered Drugs). WellCare of Kentucky Medicaid. Retrieved from: https://www.wellcare.com/~media/PDFs/Kentucky/SharedPDL/ky_caidd_pdl_eng_06_2018.ashx

WellCare of New Jersey Medicaid. (2018, July 01). New Jersey Medicaid Comprehensive Preferred Drug List (List of Covered Drugs). WellCare of New Jersey Medicaid. Retrieved from: https://www.wellcare.com/~media/PDFs/New-Jersey/Shared-PDL/2018/nj_caidd_pdl_eng_06_2018.ashx

West Virginia Department of Health and Human Resources. (2018, July 25). WEST VIRGINIA MEDICAID PREFERRED DRUG LIST WITH PRIOR AUTHORIZATION CRITERIA (Version 2018.3f). Charleston, WV: West Virginia Department of Health and Human Resources: West Virginia Bureau for Medical Services: West Virginia Medicaid Pharmacy Program. Retrieved from: <https://dhhr.wv.gov/bms/BMS Pharmacy/Documents/Preferred Drug List/2018/WV PDL 07012018 v2018 v3f.pdf>

References

Wisconsin Department of Health Services. (2018, August 01). Wisconsin Medicaid, BadgerCare Plus Standard, and SeniorCare Preferred Drug List – Quick Reference. Madison, WI: Wisconsin Department of Health Services: Wisconsin <https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/provider/medicaid/pharmacy/pdl/pdfs/quickref080118v2.pdf.spage>

Wisconsin Department of Health Services. (2018a, March 01). AIDS Drug Assistance Program (ADAP) Formulary, March 1, 2018. Madison, WI: Wisconsin Department of Health Services: Wisconsin AIDS/HIV Drug Assistance Program. Retrieved from: <https://www.dhs.wisconsin.gov/aids-hiv/adap-formulary.pdf>

Wyoming Department of Health Services. (2018, July 17). WYOMING MEDICAID Preferred Drug List (PDL). Cheyenne, WY: Wyoming Department of Health: Division of Healthcare Financing: Office of Pharmacy Services. Retrieved from: <http://www.wymedicaid.org/sites/default/files/ghs-files/pdl/2018-07-18/pdleffective-7-17-18.pdf>