HIV/HCV Co-Infection Watch: November 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**

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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**

Co-Infection Watch

Findings

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

- **AIDS Drug Assistance Programs**

There are **56** State and Territorial AIDS Drug Assistance Programs (ADAPs) in the United States, **45** of which offer some form of coverage for Hepatitis C (HCV) treatment. Of those programs, **39** have expanded their HCV coverage to include the regimens that serve as the current Standard of Care (SOC) for Hepatitis C treatment. Six (**6**) programs offer only Basic Coverage and **11** 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 November 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.

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AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Figure 1. (* Indicates "Preferred Drug")

State	Basic	Sovaldi	Olysio	Harvoni	Viekira	Daklinza	Technivie	Zepatier	Epclusa	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	Y	Y	N	Y
Georgia – GA	Y	Y	N/A	Y	Y	Y	Y	Y	Y	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

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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	Y	N	N	N	Y	Y	?	N	Y
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	Y	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

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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
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	S	N/A	Y	S	Y	Y	Y	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	Y	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	?	?

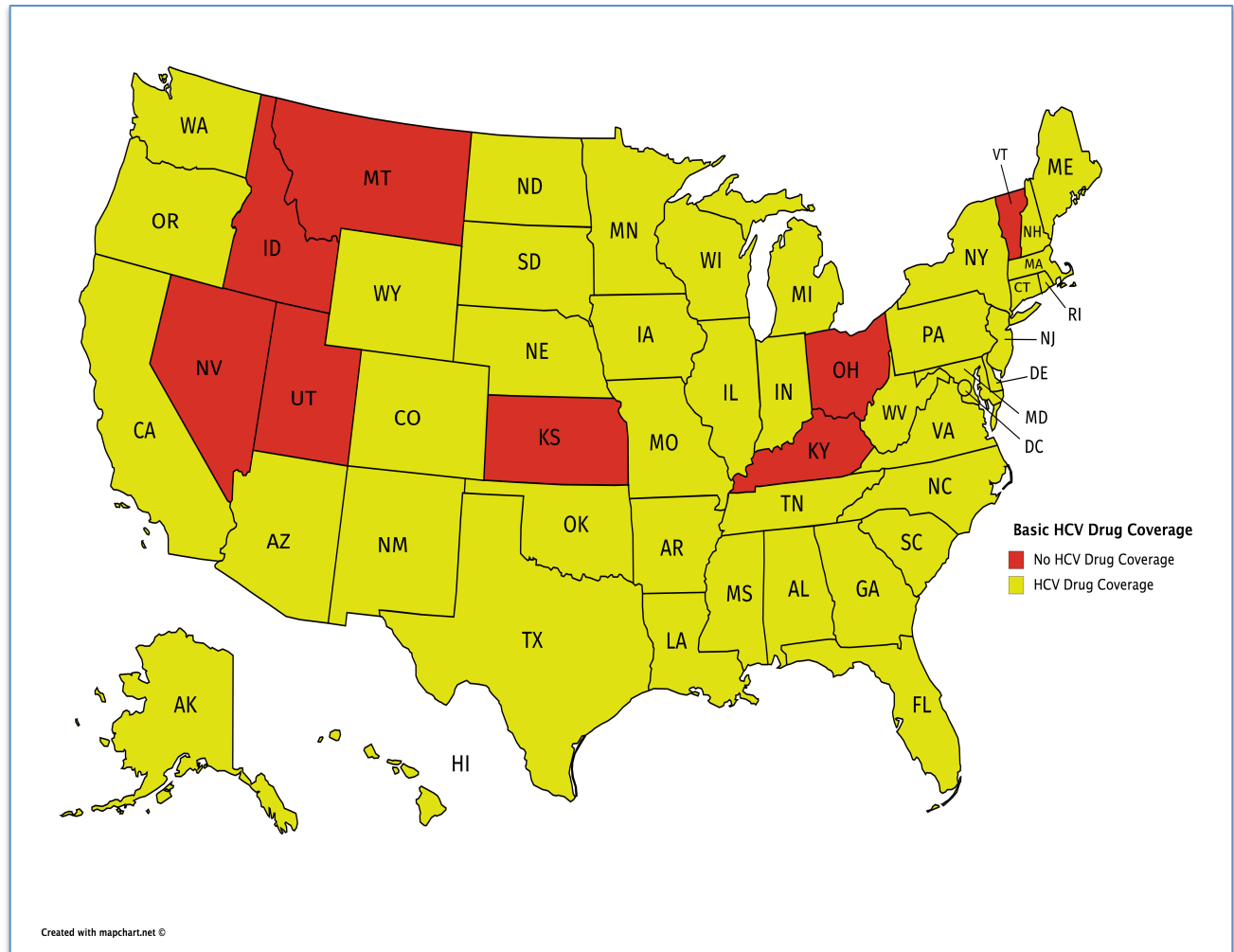# AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

There are currently **45** 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

Basic HCV Drug Coverage
- No HCV Drug Coverage
- HCV Drug Coverage

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AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Sovaldi Coverage Map
November 2018

Figure 3.
Sovaldi Coverage Map Key:
 Lime Green: Coverage
 Red: No Coverage

ADAP Sovaldi Coverage
Not Covered
Covered

Created with mapchart.net ©

Co-Infection Watch
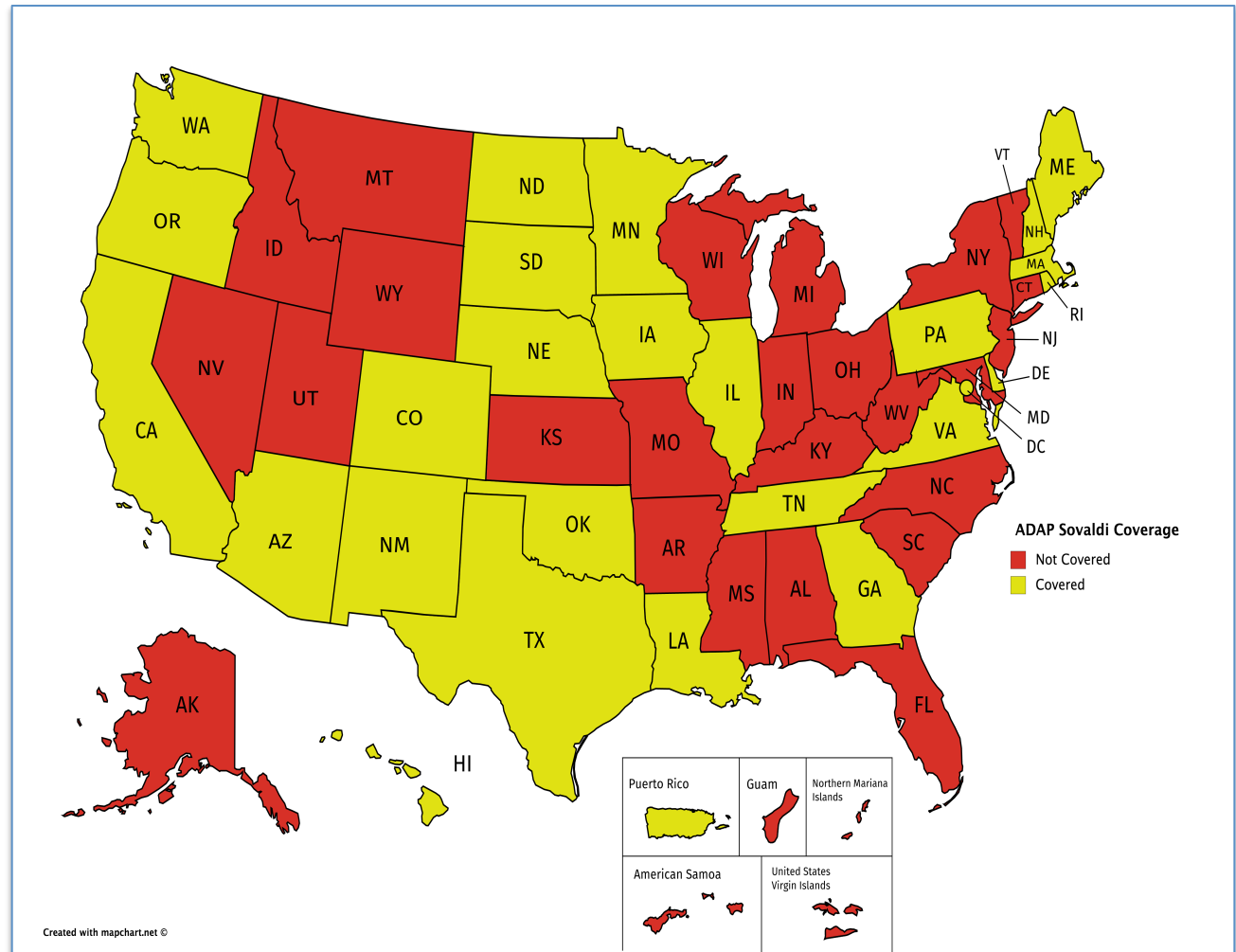
AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Harvoni Coverage Map
November 2018

Figure 4.
Harvoni Coverage Map Key:
  Lime Green: Coverage
  Red: No Coverage
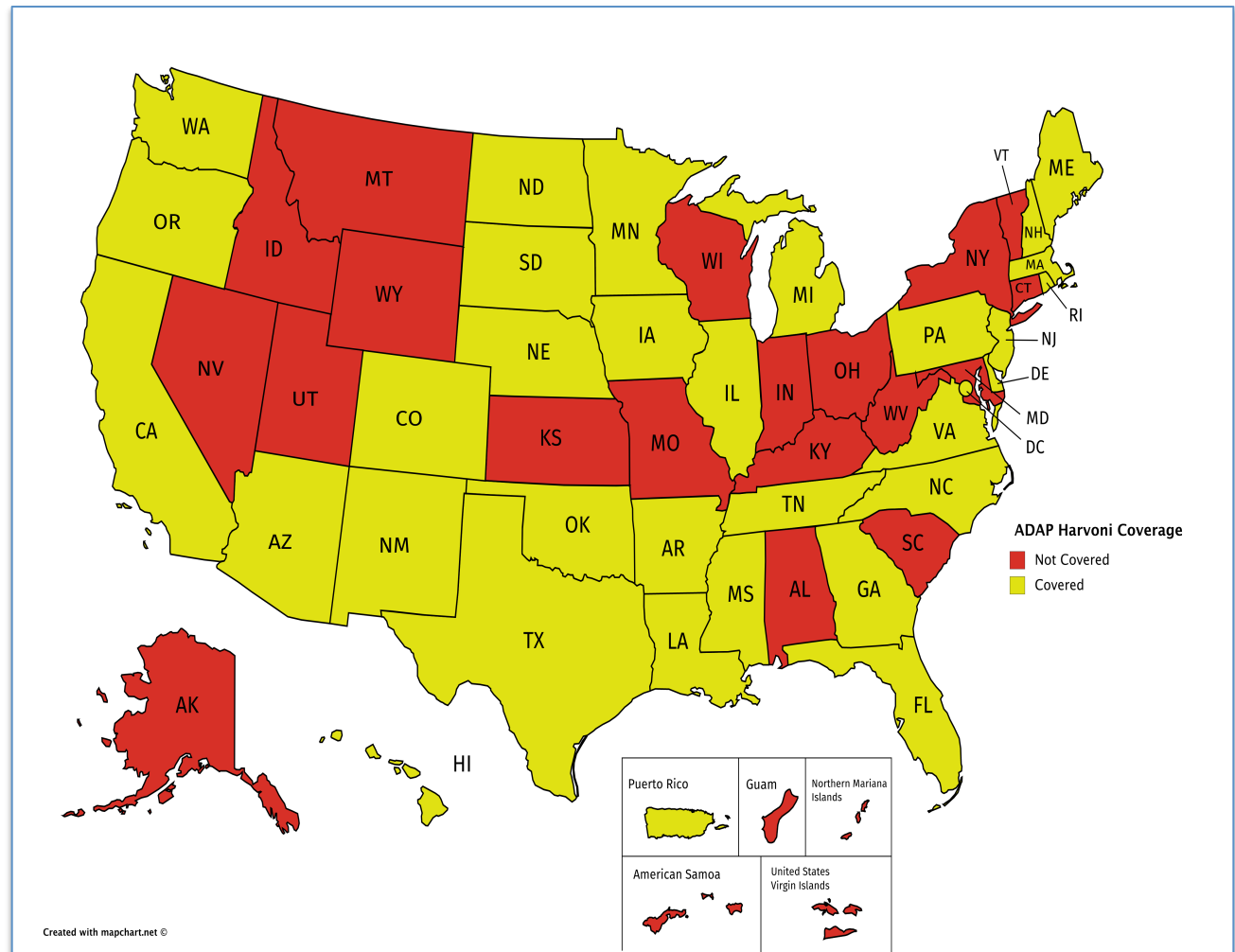
ADAP Harvoni Coverage
Not Covered
Covered

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AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Viekira Pak Coverage Map
November 2018

Figure 5.
Viekira Pak Coverage Map Key:
  Lime Green: Coverage
  Red: No Coverage

ADAP Viekira Pak Coverage
Not Covered
Covered
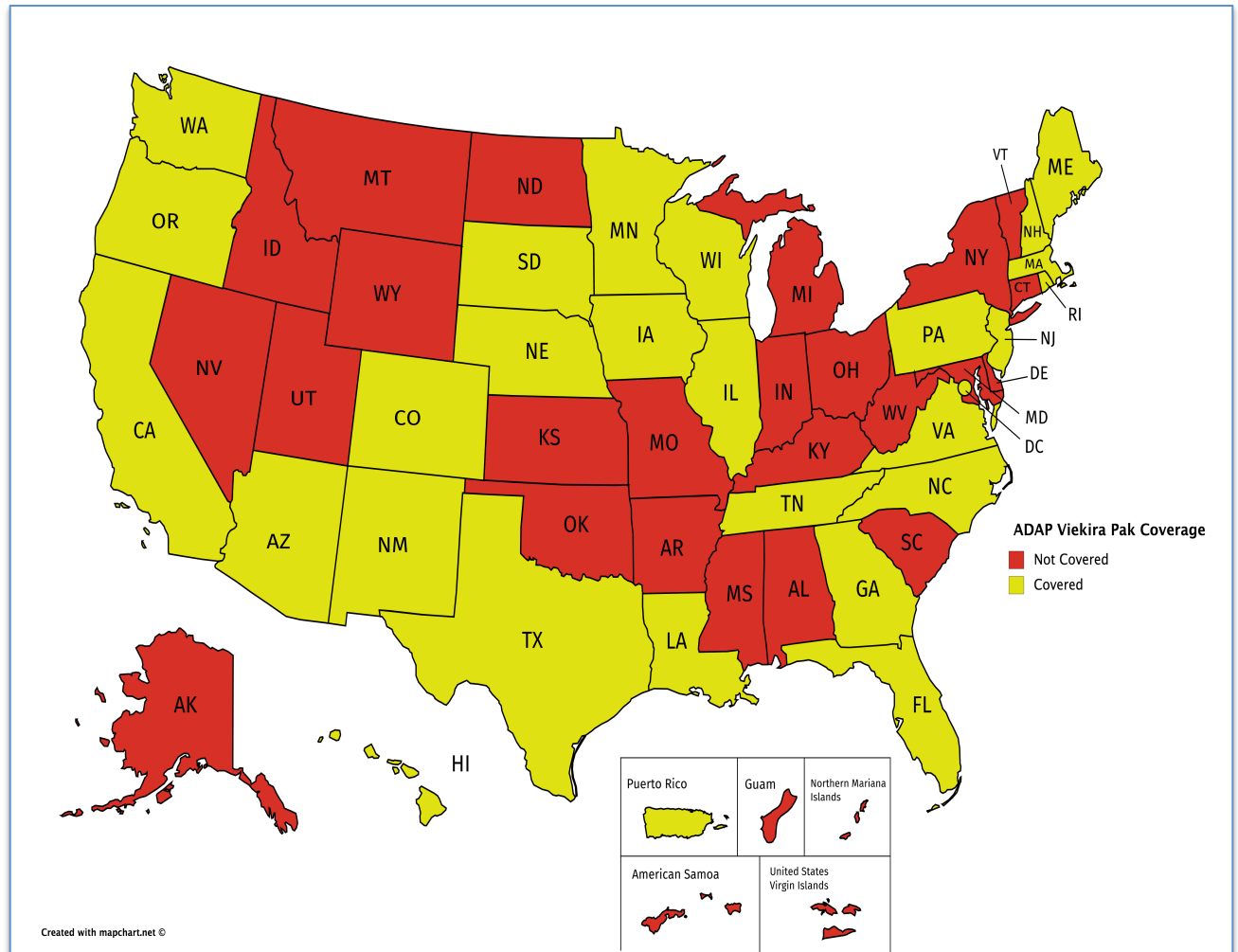
AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Daklinza Coverage Map
November 2018

Figure 6.
Daklinza Coverage Map Key:
  Lime Green: Coverage
  Red: No Coverage
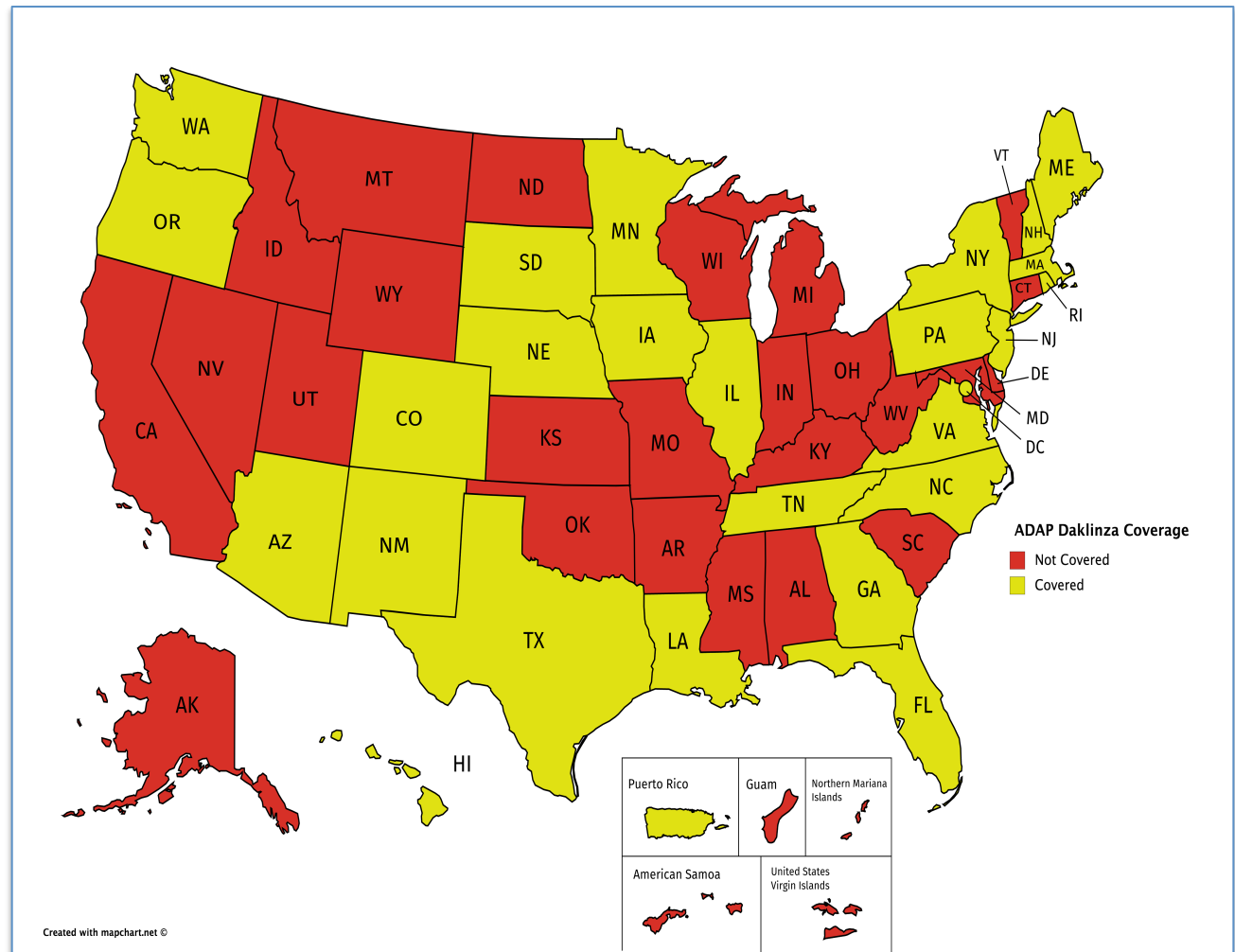
ADAP Daklinza Coverage
Not Covered
Covered

AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Technivie Coverage Map
November 2018

Figure 7.
Technivie Coverage Map Key:
  Lime Green: Coverage
  Red: No Coverage

ADAP Technivie Coverage
  Not Covered
  Covered

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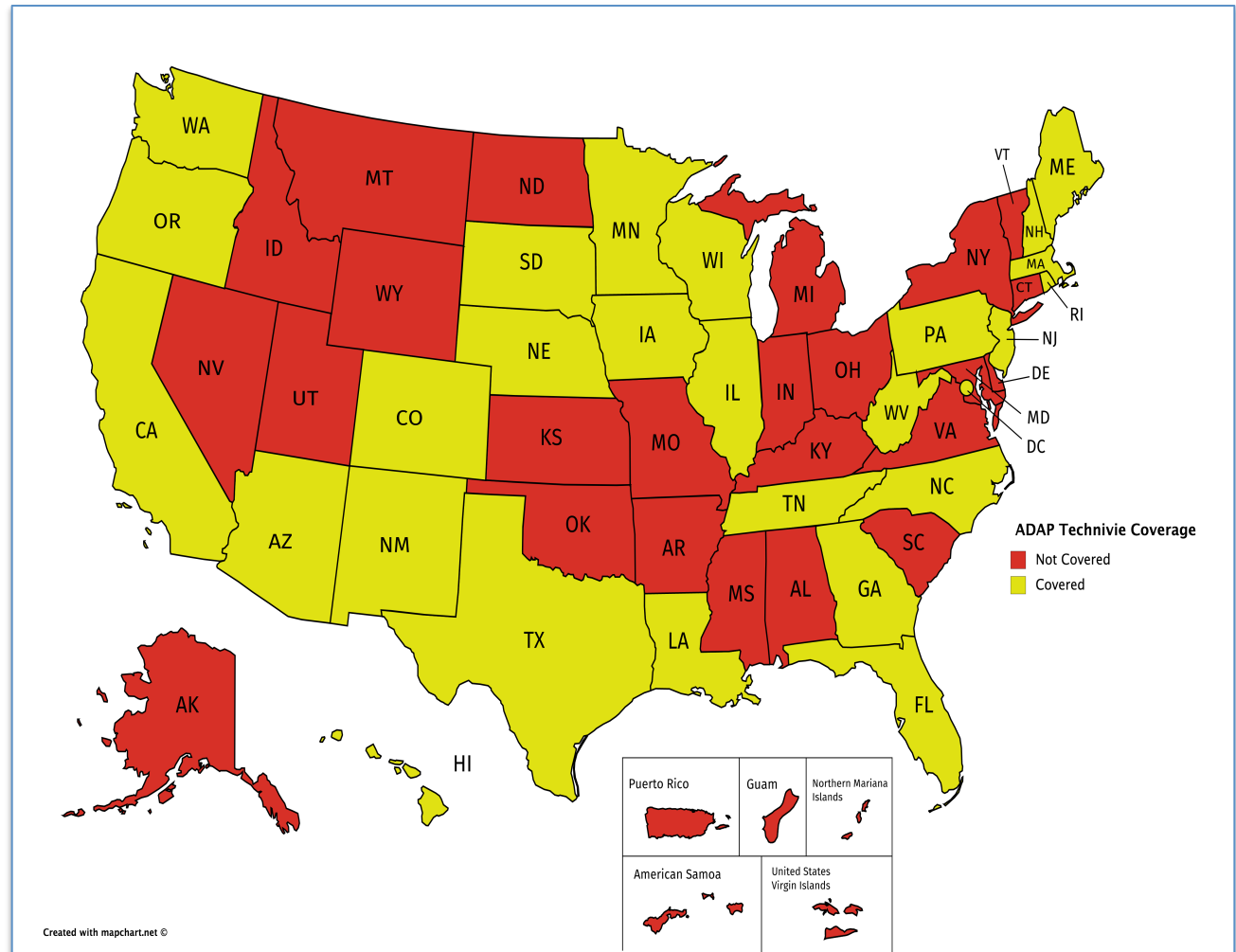
AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Zepatier Coverage Map
November 2018

Figure 8.
Zepatier Coverage Map Key:
  Lime Green: Coverage
  Red: No Coverage

ADAP Zepatier Coverage
Not Covered
Covered

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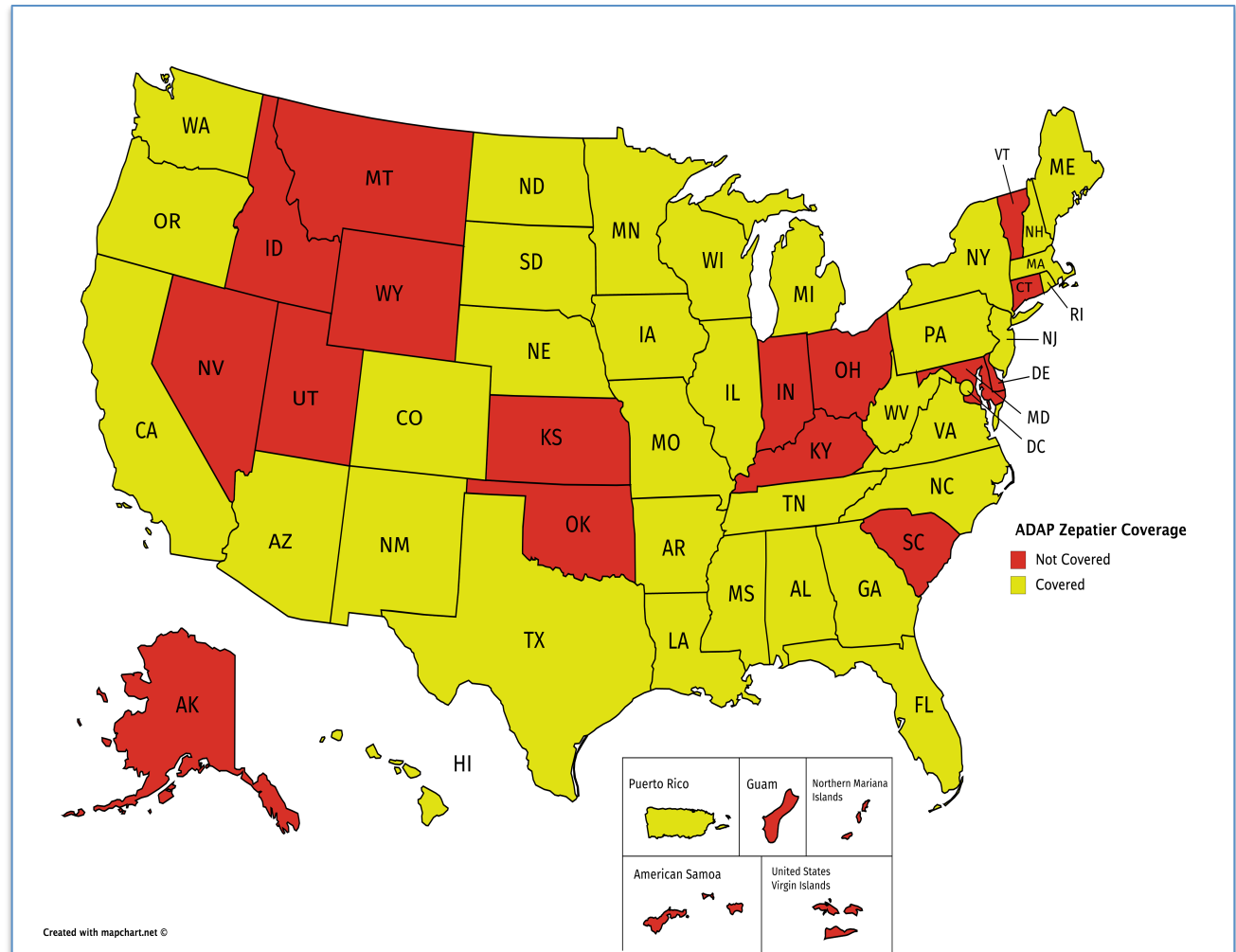
AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Epclusa Coverage Map
November 2018

Figure 9.
Epclusa Coverage Map Key:
  Lime Green: Coverage
  Red: No Coverage
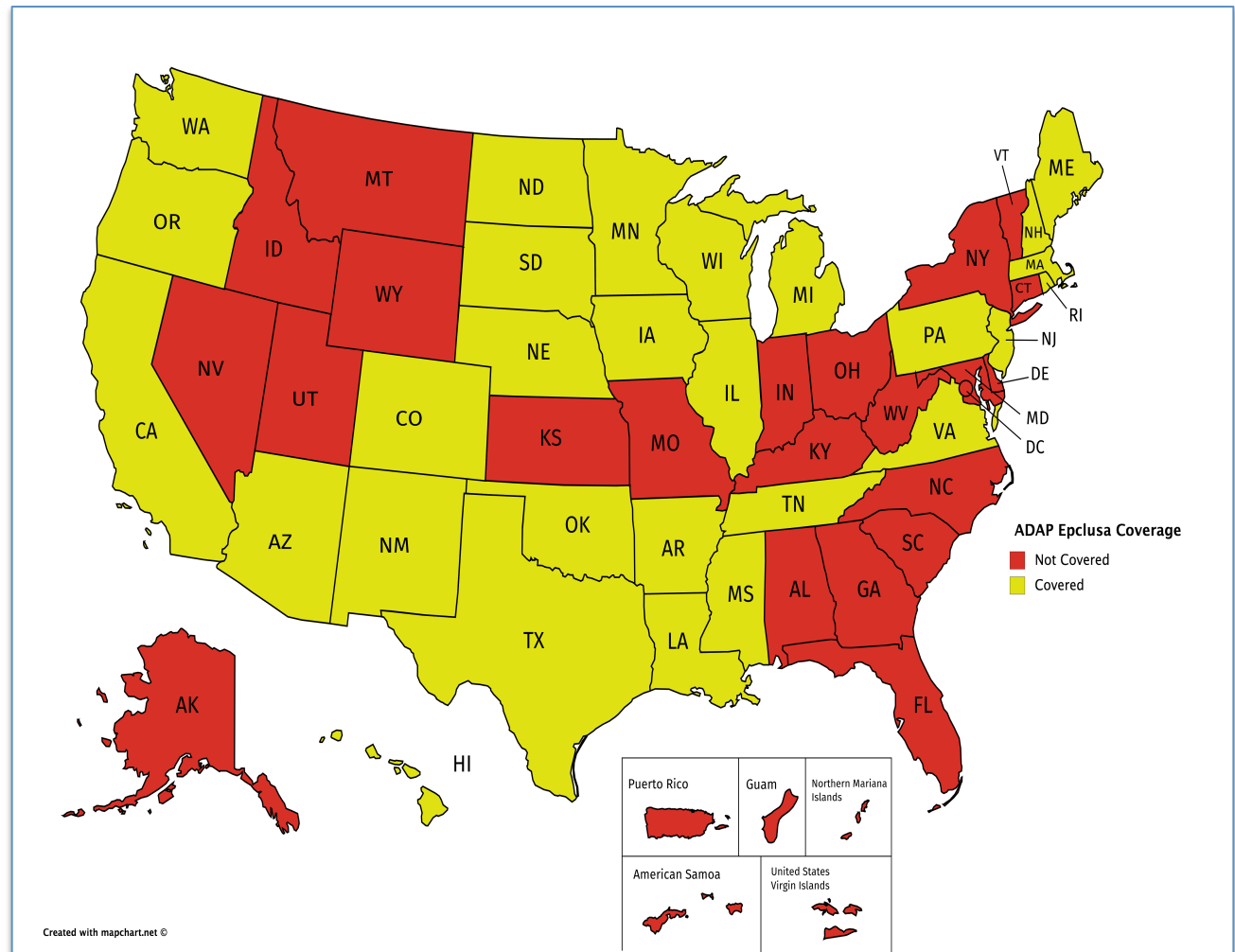
ADAP Epclusa Coverage
- Not Covered
- Covered

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AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Viekira XR Coverage Map
November 2018

Figure 10.
Viekira XR Coverage Map Key:
  Lime Green: Coverage
  Red: No Coverage
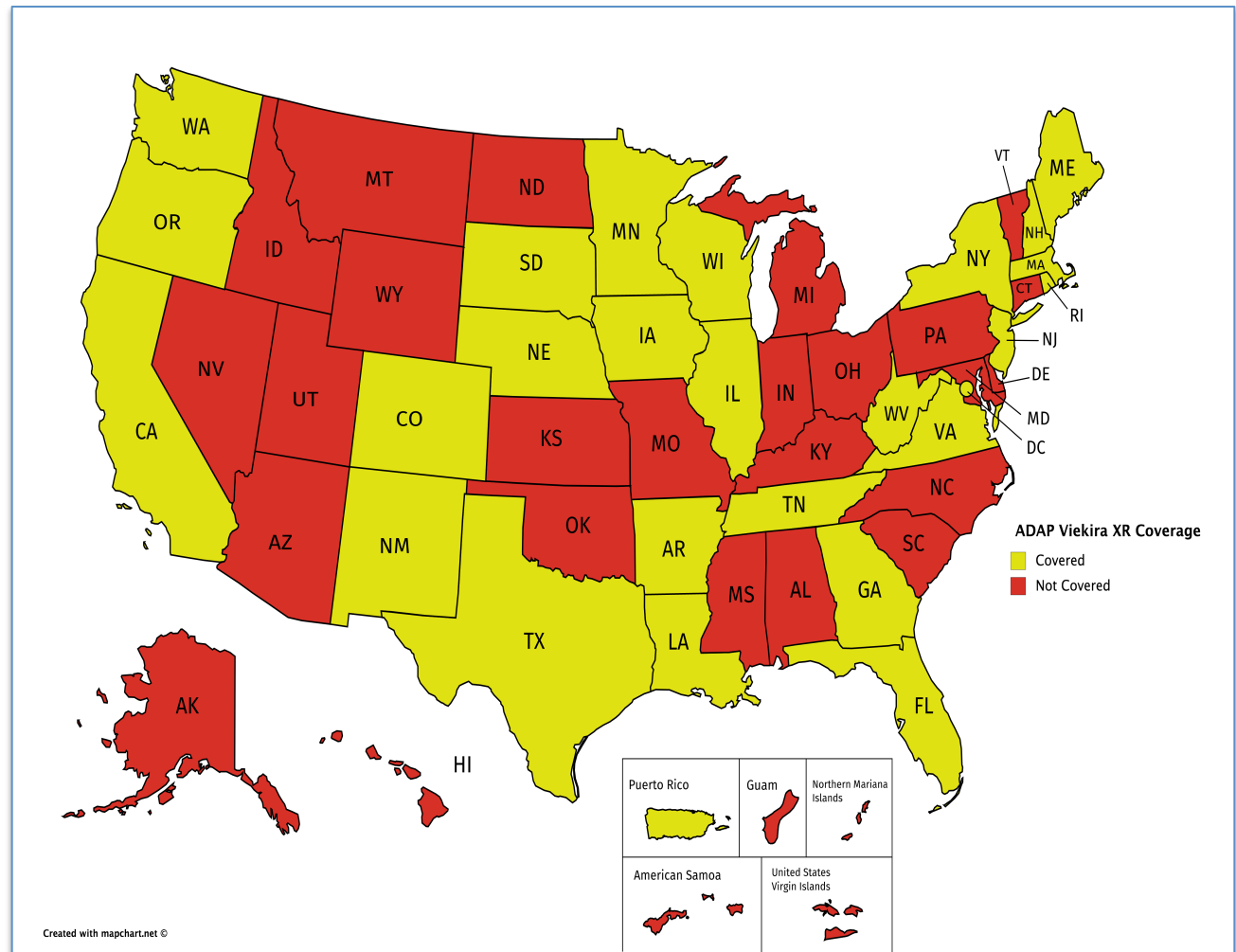
AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Vosevi Coverage Map
November 2018

Figure 11.
Vosevi Coverage Map Key:
  Lime Green: Coverage
  Red: No Coverage

ADAP Vosevi Coverage
- Covered
- Not Covered

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AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Mavyret Coverage Map
November 2018

Figure 12.
Mavyret Coverage Map Key:
   Lime Green: Coverage
   Red: No Coverage

ADAP Mavyret Coverage
   Not Covered
   Covered

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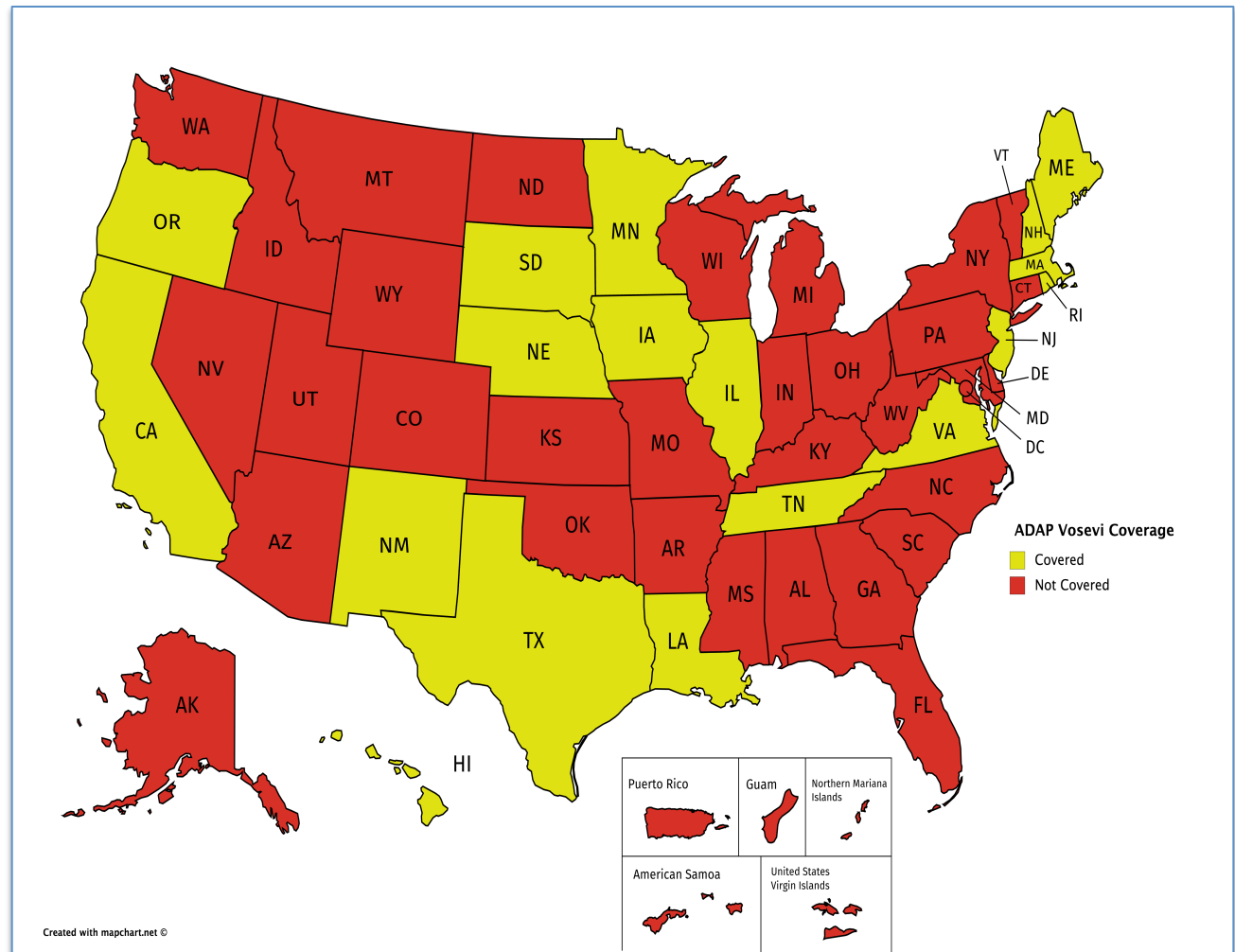
AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Of the 56 respective State and Territorial ADAPs, only **13** (ID, KS, KY, MS, MT, NV, NM, OH, UT, VT, GU, PW, VI) do <u>not</u> 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 November 15, 2018.

<u>November 2018 Updates</u>:
- North Carolina has expanded their ADAP Coverage to include Harvoni and Mavyret

<u>November 2018 Notes</u>:
- States with Open Drug FormulariesIL, 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

Co-Infection Watch

Medicaid Programs & HCV Treatments

Figure 13. – Figure 24.

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Medicaid Programs & HCV Treatments

Figure 13. (* Indicates "Preferred Drug")

State	Basic	Sovaldi	Olysio	Harvoni	Viekira	Daklinza	Technivie	Zepatier	Epclusa	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	Y	N/A	Y	Y	N	N	Y	Y	N	N	Y
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	N	Y	N	Y*	Y*	N	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*

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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*

Co-Infection Watch

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
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

Created with mapchart.net ©
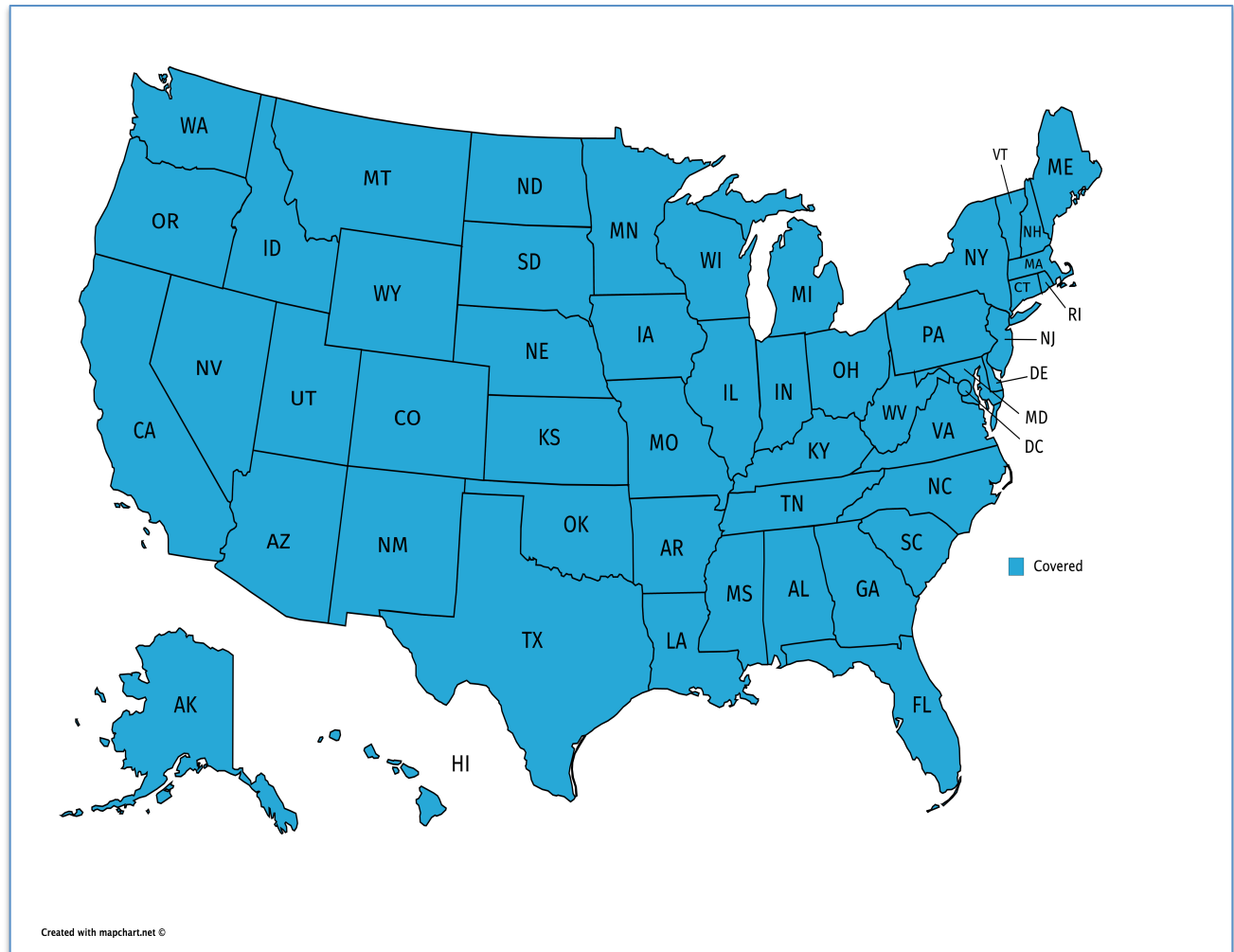
Medicaid Programs & HCV Treatments

Medicaid Sovaldi Coverage Map
November 2018

Figure 15.
Sovaldi Map Key:
  Light Blue: Covered
  Yellow: Not Covered
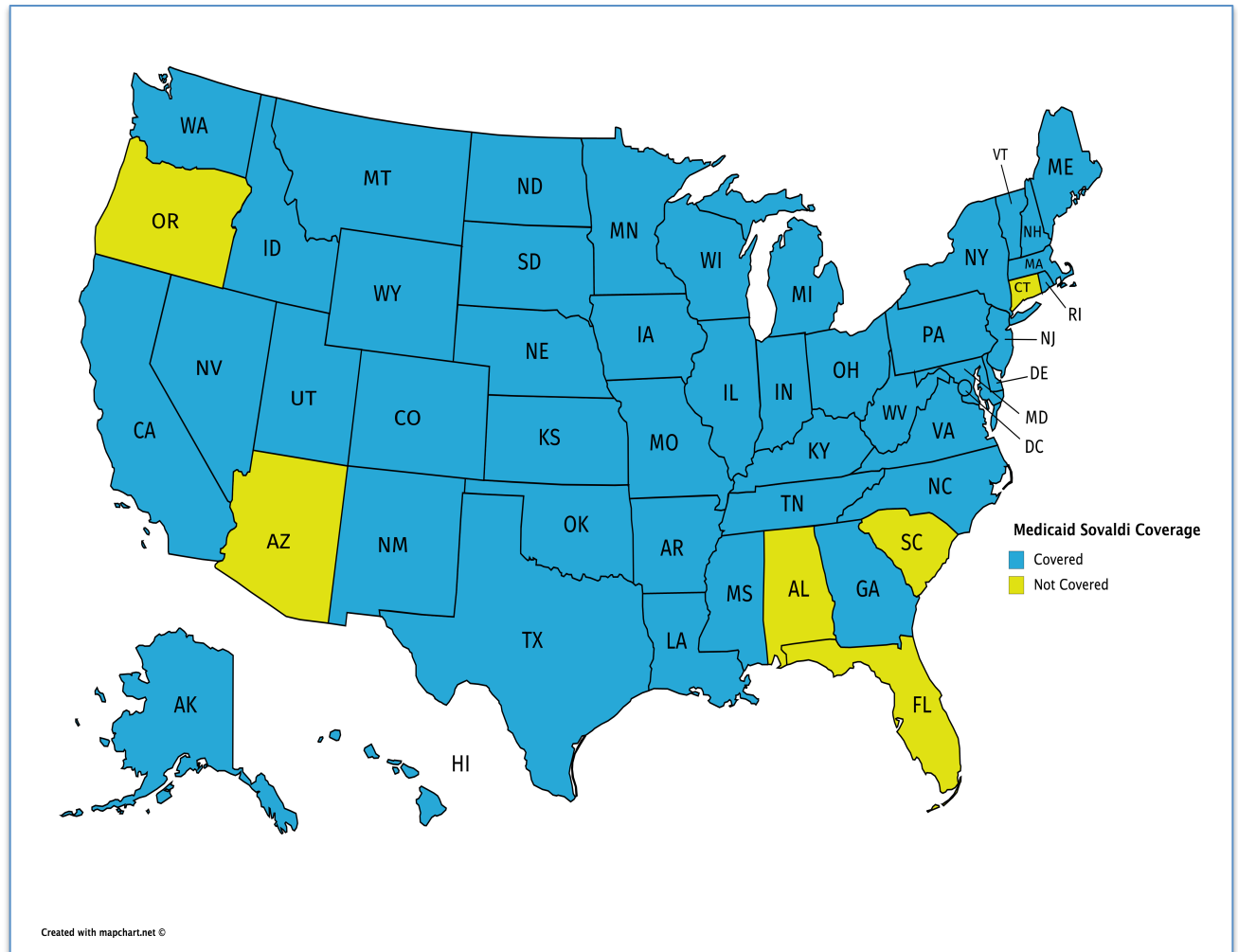
Medicaid Programs & HCV Treatments

Harvoni Coverage Map
November 2018

Figure 16.
Medicaid Harvoni Map Key:
  Light Blue: Covered
  Yellow: Not Covered

Medicaid Harvoni Coverage
Covered
Not Covered

Created with mapchart.net ©

Co-Infection Watch
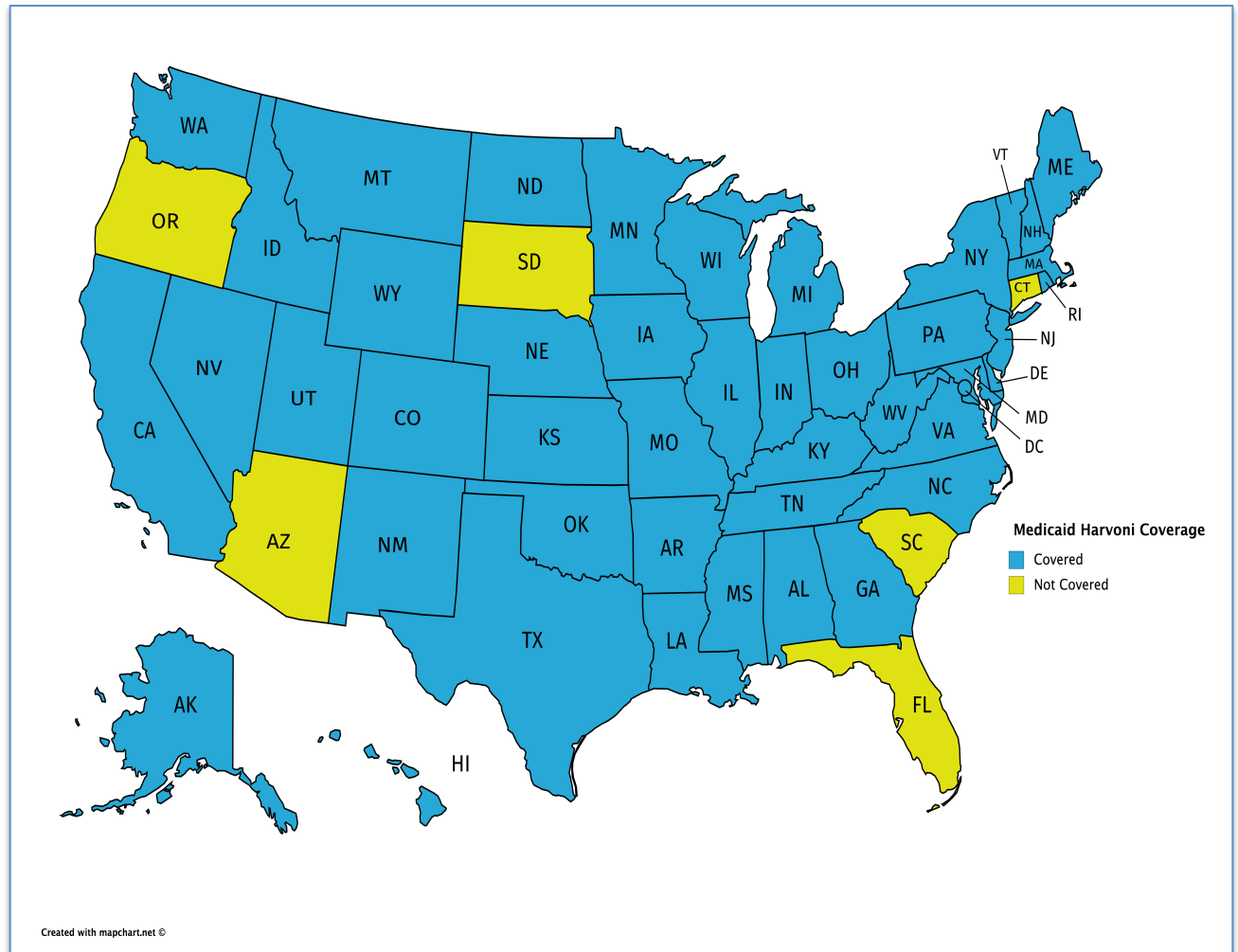
Medicaid Programs & HCV Treatments

Viekira Pak Coverage Map
November 2018

Figure 17.
Medicaid Viekira Pak Map Key:
   Light Blue: Covered
   Yellow: Not Covered

Created with mapchart.net ©
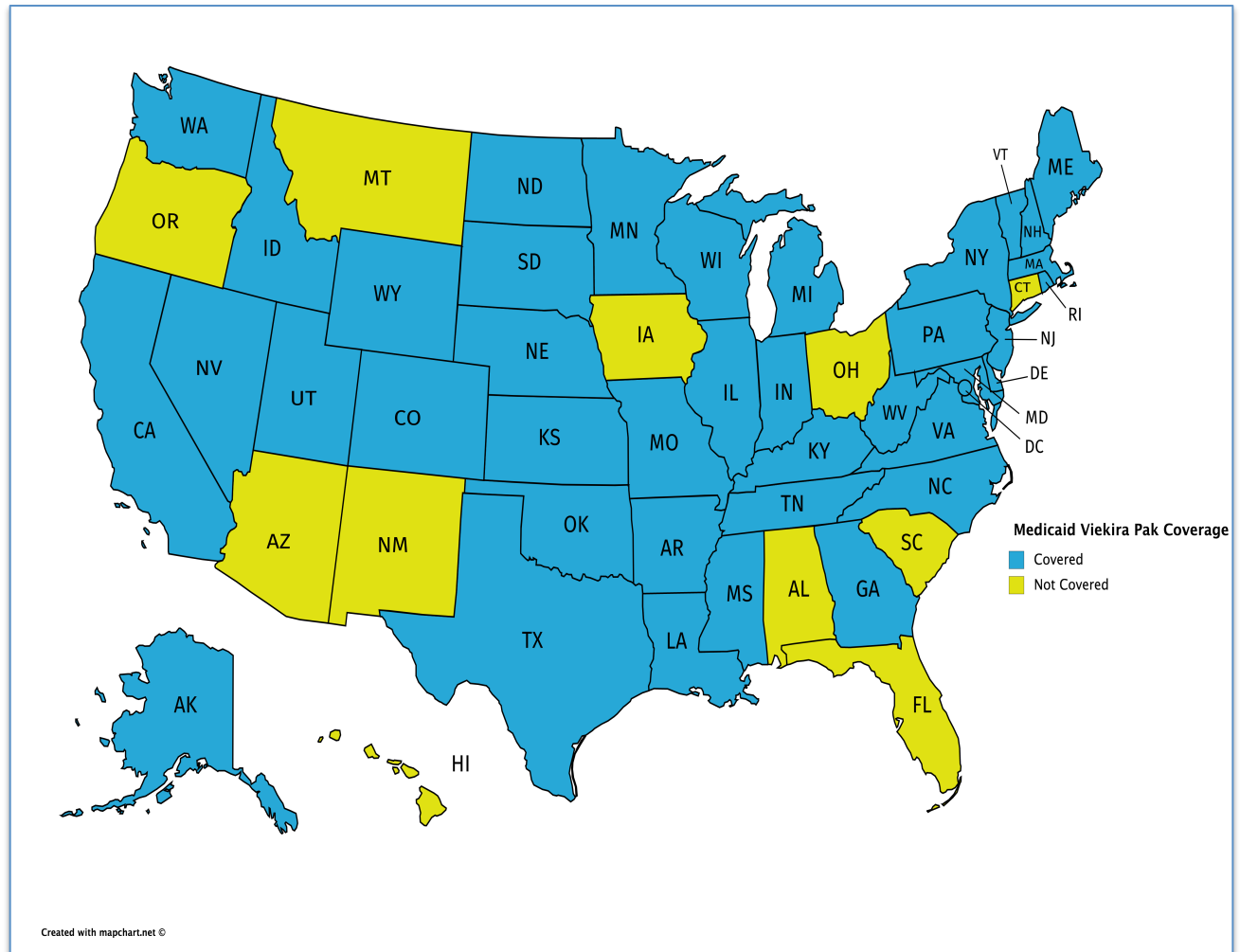
Medicaid Programs & HCV Treatments

Daklinza Coverage Map
November 2018

Figure 18.
Medicaid Daklinza Map Key:
  Light Blue: Covered
  Yellow: Not Covered

Medicaid Daklinza Coverage
■ Covered
■ Not Covered

Created with mapchart.net ©
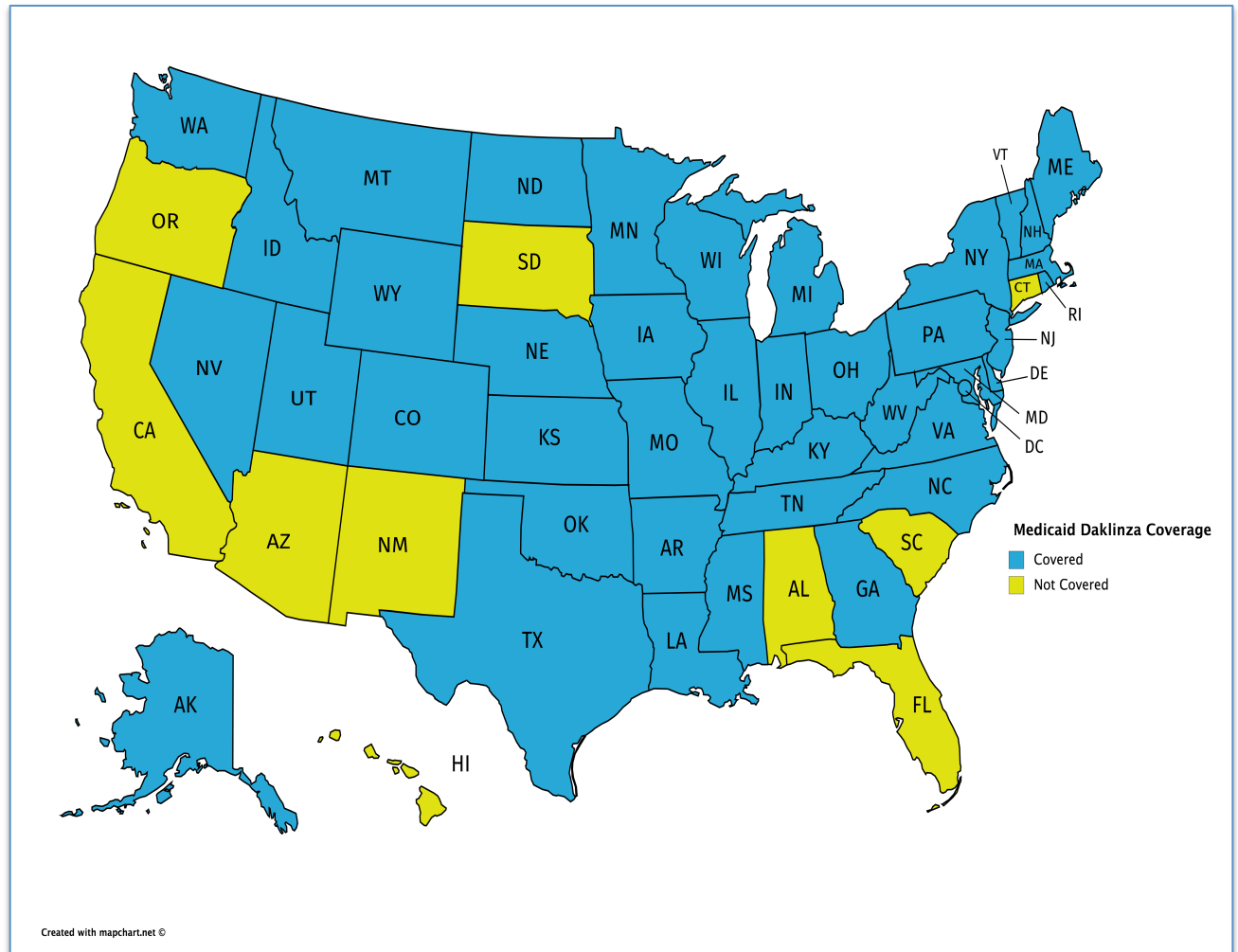
Medicaid Programs & HCV Treatments

Technivie Coverage Map
November 2018

Figure 19.
Medicaid Technivie Map Key:
  Light Blue: Covered
  Yellow: Not Covered
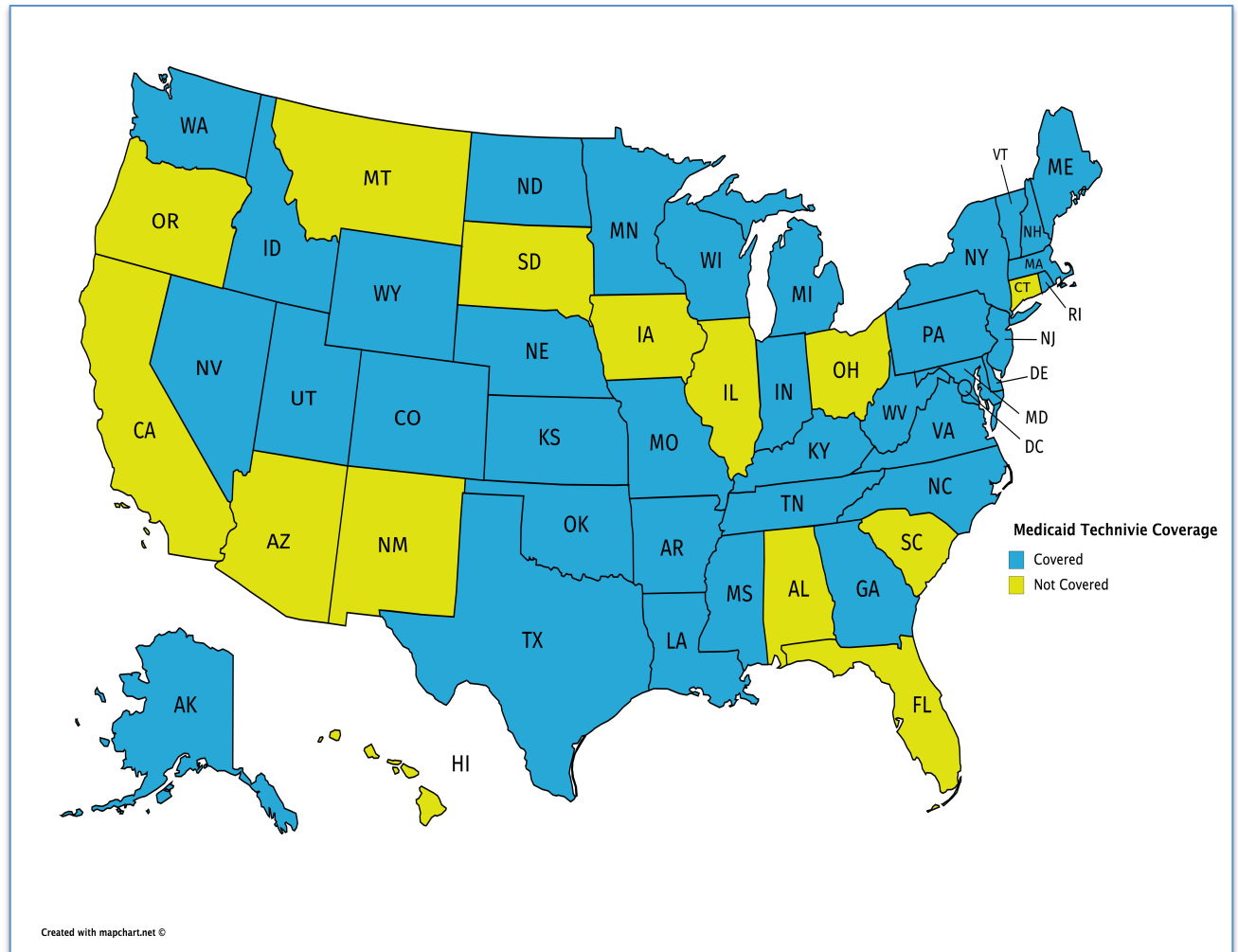
Medicaid Programs & HCV Treatments

Zepatier Coverage Map
November 2018

Figure 20.
Medicaid Zepatier Map Key:
  Light Blue: Covered
  Yellow: Not Covered
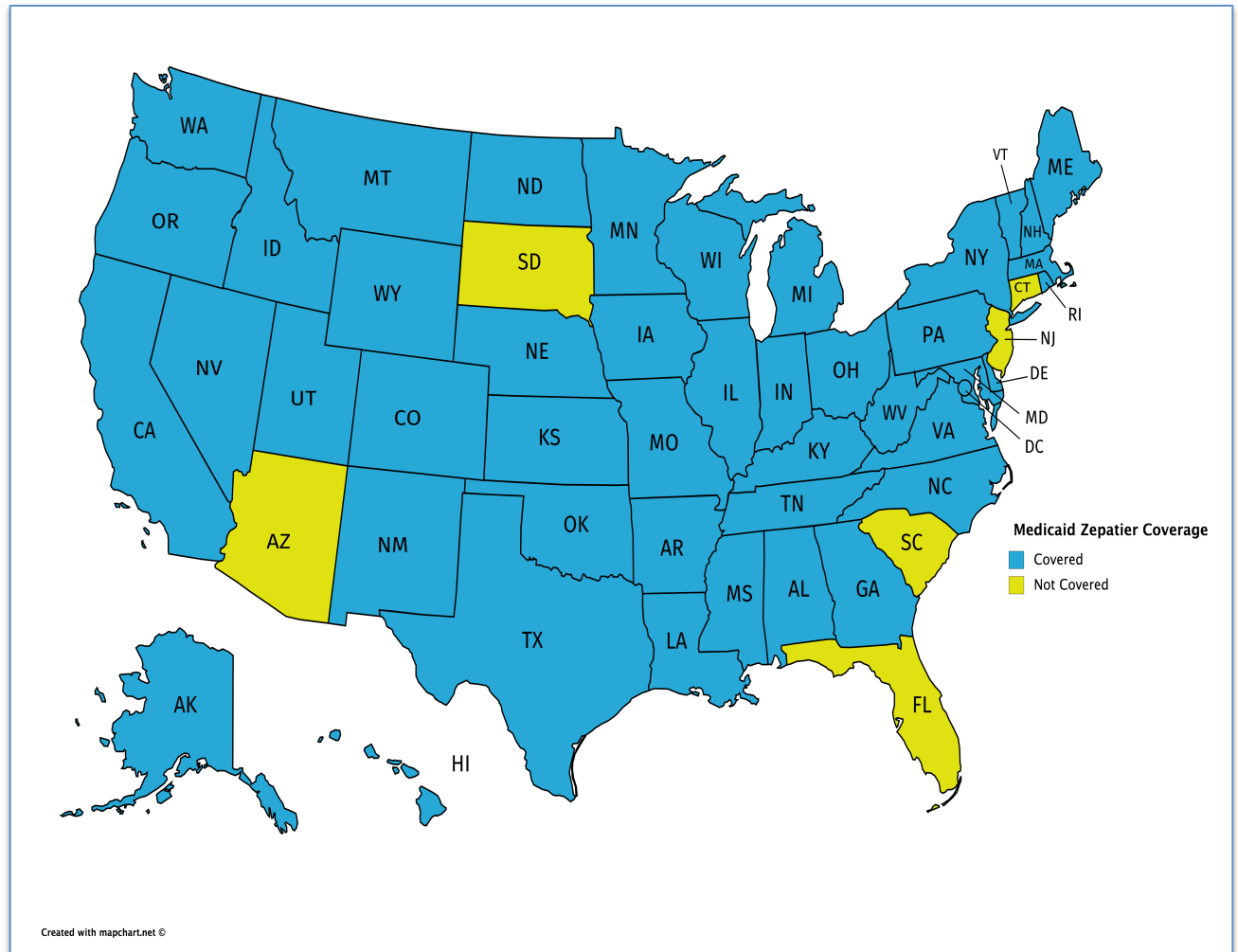
Medicaid Programs & HCV Treatments

Epclusa Coverage Map
November 2018

Figure 21.
Medicaid Epclusa Map Key:
  Light Blue: Covered
  Yellow: Not Covered

Created with mapchart.net ©

Co-Infection Watch
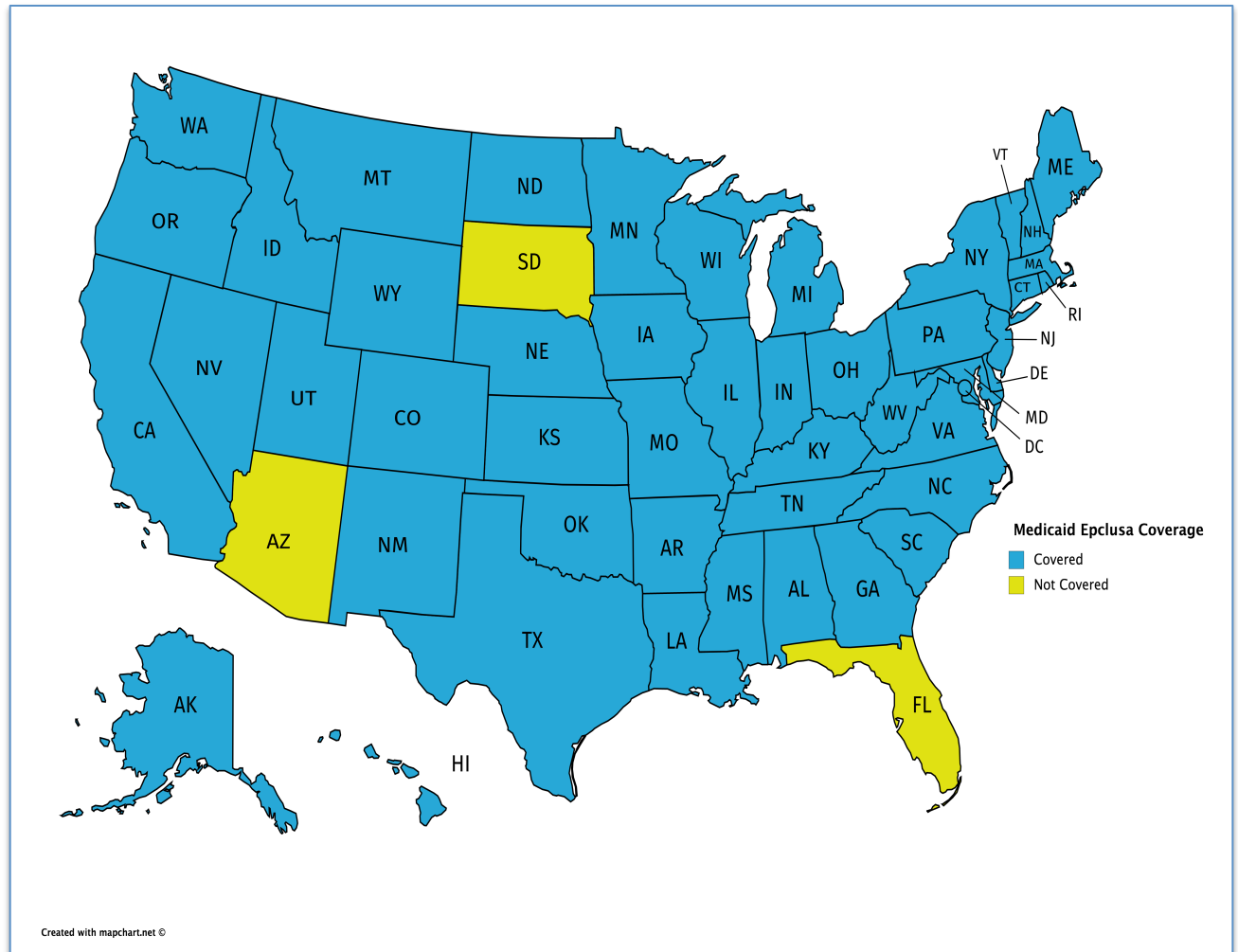
Medicaid Programs & HCV Treatments

Viekira XR Coverage Map
November 2018

Figure 22.
Medicaid Viekira XR Map Key:
    Light Blue: Covered
    Yellow: Not Covered
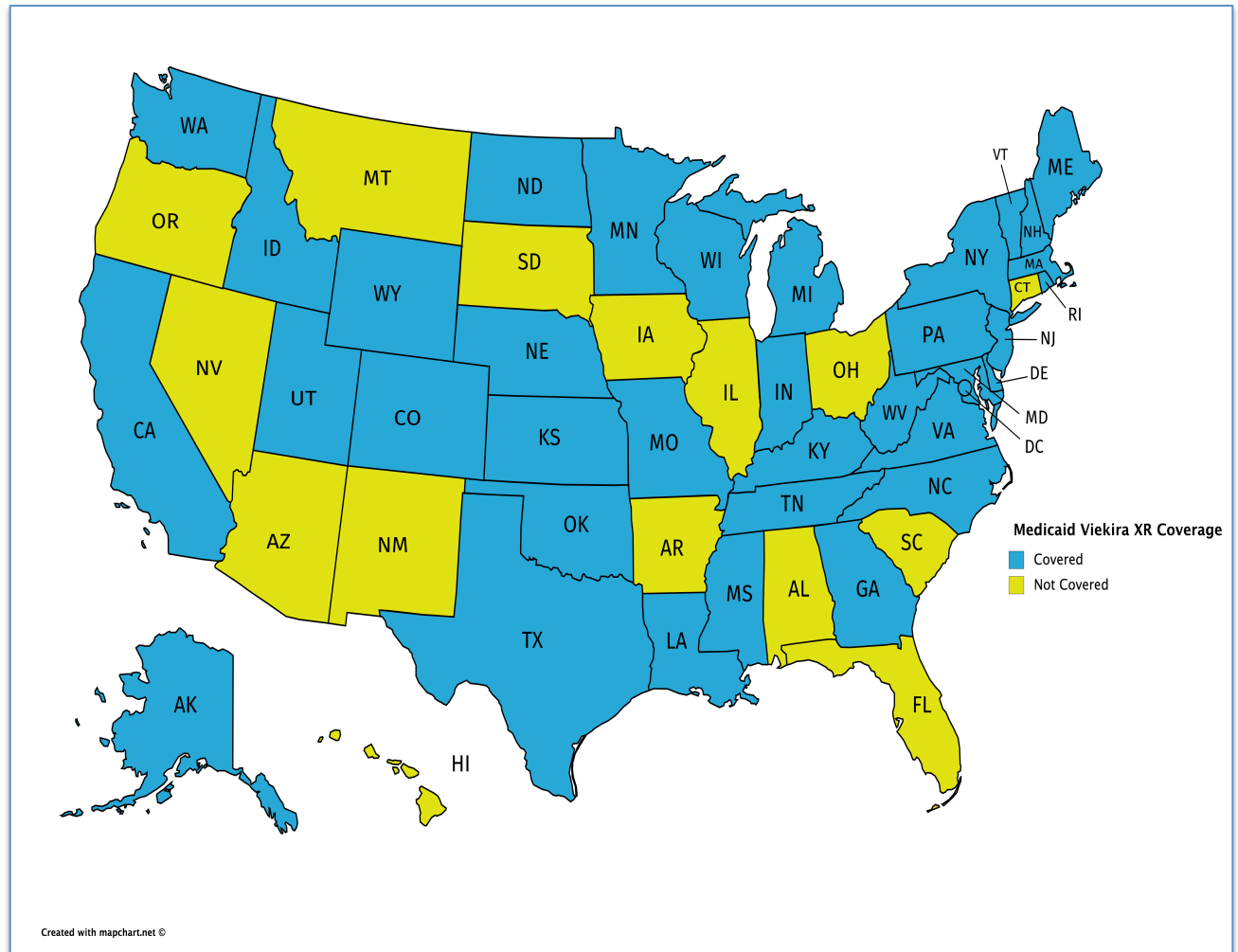
Medicaid Programs & HCV Treatments

Vosevi Coverage Map
November 2018

Figure 23.
Medicaid Vosevi Map Key:
  Light Blue: Covered
  Yellow: Not Covered
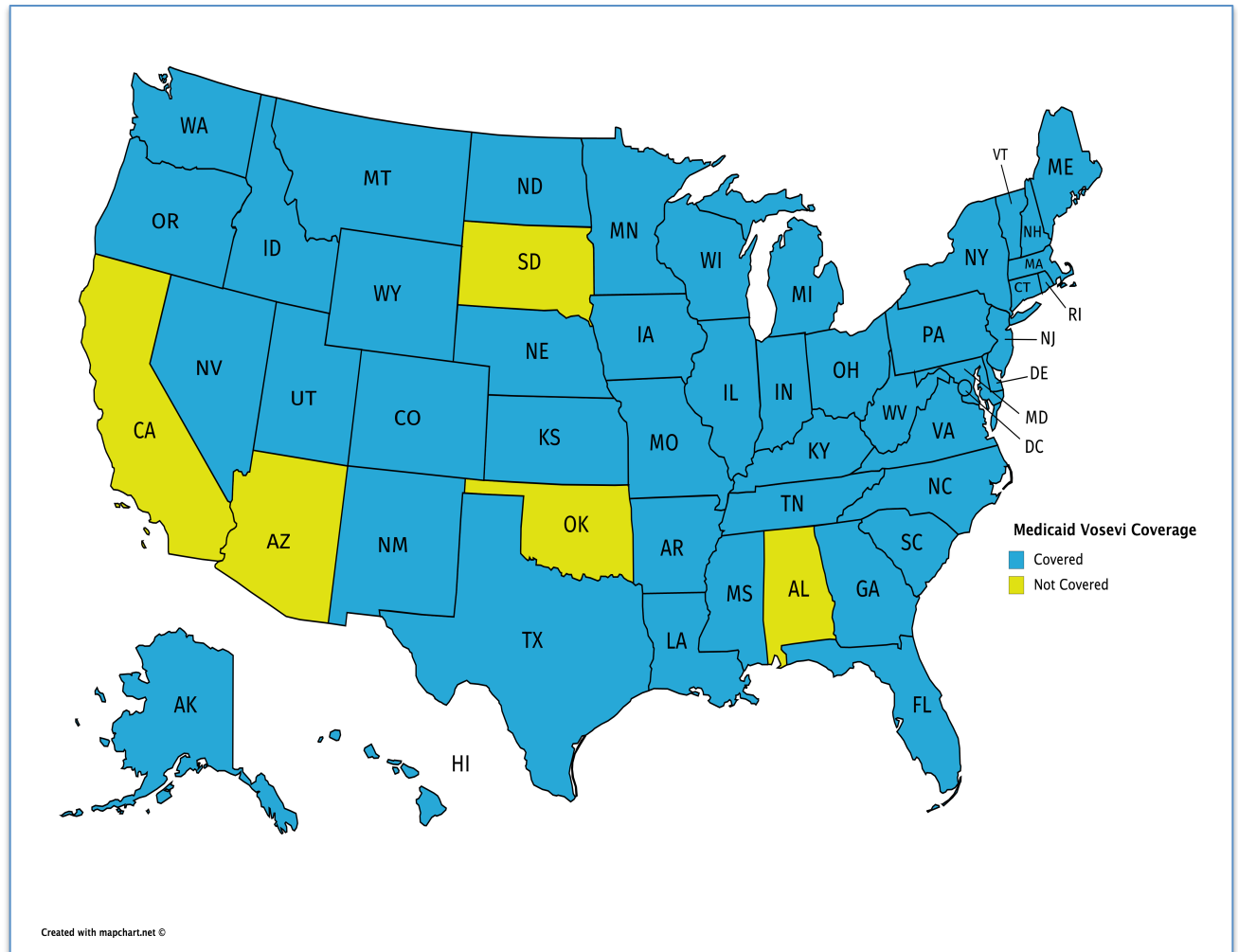
Medicaid Programs & HCV Treatments

Mavyret Coverage Map
November 2018

Figure 24.
Medicaid Mavyret Map Key:
 Light Blue: Covered
 Yellow: Not Covered
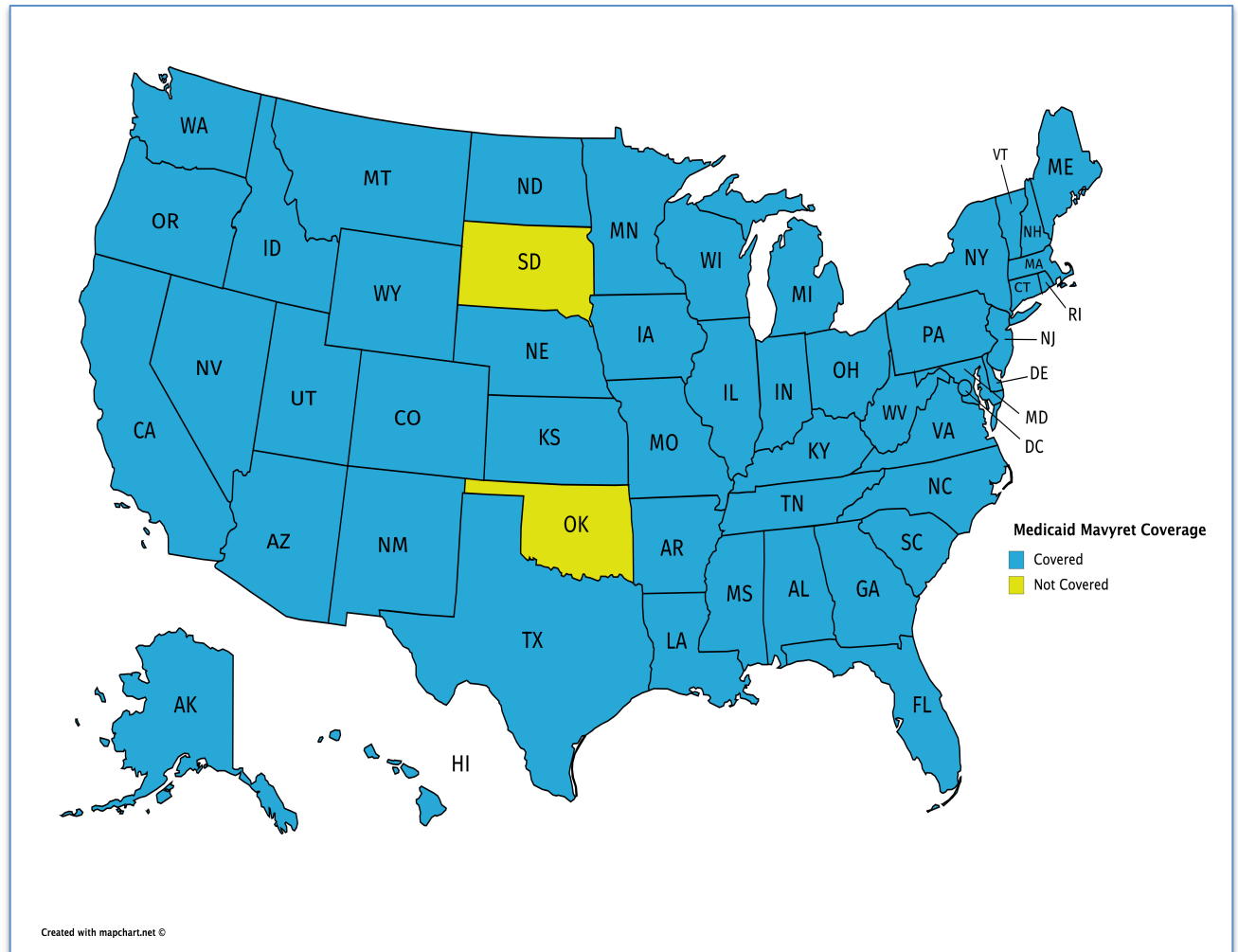
Medicaid Programs & HCV Treatments

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).

November 2018 Updates:
- No updates

November 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

Co-Infection Watch

Veterans Affairs & HCV Treatments

The Veteran's Administration (VA) currently offers coverage for all HCV drugs. This is according to the most recent VA National Formulary, dated July 2018 (U.S. Dept. of V.A., 2018a). The VA Treatment Considerations and Choice of Regimen for HCV-Mono-Infected and HIV/HCV Co-Infected Patients (U.S. Dept. of V.A., 2018b) lists the following therapies as preferred treatments:

Abbreviations:

CTP – Child-Turcotte-Pugh (score used to assess severity of cirrhosis)

IU/mL – International Units Per Milliliter

PEG-IFN/IFN – Peginterferon/Interferon

RAS – Resistance-associated substitutions

RBV – Ribavirin

Genotype 1:

- Treatment-naïve without or with cirrhosis (CTP A):
    - Zepatier: 1 tablet orally daily for 12 weeks if GT1a without baseline NS5A RAS or GT1b
    - Mavyret: 3 tablets orally daily with food
- If non-cirrhotic: 8 weeks
- If cirrhotic: 12 weeks
    - Harvoni: 1 tablet orally daily
- If HCV-monoinfected, non-cirrhotic, and baseline HCV RNA <6 million IU/mL: 8 weeks
- If cirrhotic, baseline HCV RNA ≥6 million IU/mL or HIV/HCV coinfected: 12 weeks
- Consider adding RBV in cirrhotic patients
    - Epclusa: 1 tablet orally daily for 12 weeks
- Treatment-naïve with decompensated cirrhosis (CTP B or C):
    - Harvoni: 1 tablet orally daily + RBV (600 mg/day and increase by 200 mg/day every 2 weeks only as tolerated) for 12 weeks
    - Epclusa: 1 tablet orally daily + RBVd for 12 weeks; start at lower RBV doses as clinically indicated (e.g., baseline Hgb)

Veterans Affairs & HCV Treatments

Genotype 1 (Cont.):

- Treatment-experienced (NS5A- and SOF-naïve [e.g., failed PEG-IFN/RBV ± NS3/4A PI]) without or with cirrhosis (CTP A)
    - Zepatier: 1 tablet orally daily for 12 weeks if GT1b, or if failed only PEG-IFN/RBV and GT1a without baseline NS5A RAS
    - Mavyret: 3 tablets orally daily with food
- If PEG-IFN/RBV-experienced: 8 weeks if non-cirrhotic or 12 weeks if cirrhotic
- If NS3/4A PI + PEG-IFN/RBV-experienced: 12 weeks
    - Harvoni: 1 tablet orally daily for 12 weeks; add RBVd if cirrhotic
    - Epclusa: 1 tablet orally daily for 12 weeks
- Treatment-experienced (NS5A-naïve and SOF-experienced) without or with cirrhosis (CTP A)
    - Mavyret: 3 tablets orally daily with food
- If PEG-IFN/RBV + Sovaldi-experienced: 8 weeks if non-cirrhotic or 12 weeks if cirrhotic
- If Olysio + Sovaldi-experienced: 12 weeks
    - Epclusa: 1 tablet orally daily for 12 weeks if GT1b
- Treatment-experienced (prior NS5A-containing regimen) without or with cirrhosis (CTP A)
    - Mavyret: 3 tablets orally daily with food for 16 weeks if failed only an NS5A inhibitor without NS3/4A PI (e.g., Harvoni)
    - Vosevi: 1 tablet orally daily with food for 12 weeks
- Treatment-experienced with decompensated cirrhosis (CTP B or C)
    - Epclusa: 1 tablet orally daily + RBV; start at lower RBV doses as clinically indicated (e.g., baseline Hgb);
- If NS5A-naïve: 12 weeks
- If NS5A-experienced: 24 weeks; NOT FDA approved for 24 weeks

Veterans Affairs & HCV Treatments

Genotype 2:

- Treatment-naïve or treatment-experienced (PEG-IFN/IFN ± RBV or Sovaldi + RBV ± PEG-IFN) without or with cirrhosis (CTP A)
    - Mavyret: 3 tablets orally daily with food
- If non-cirrhotic: 8 weeks
- If cirrhotic: 12 weeks
    - Epclusa: 1 tablet orally daily for 12 weeks
- Treatment-experienced (NS5A-experienced) without or with cirrhosis (CTP A)
    - Vosevi: 1 tablet orally daily with food for 12 weeks
- Treatment-naïve or treatment-experienced patients with decompensated cirrhosis (CTP B or CTP C)
    - Epclusa: 1 tablet orally daily + RBV; start at lower RBV doses as clinically indicated (e.g., baseline Hgb)
- If NS5A-naïve: 12 weeks
- If NS5A-experienced: 24 weeks

Genotype 3:

- Treatment-naïve without cirrhosis or with cirrhosis (CTP A)
    - Mavyret: 3 tablets orally daily with food for 12 weeks
    - Epclusa: 1 tablet orally daily for 12 weeks
- If CTP A, test for NS5A RAS
- Add RBV if Y93H RAS present
- Treatment-experienced (PEG-IFN ± RBV or Sovaldi + RBV ± PEG-IFN) without or with cirrhosis (CTP A)
    - Mavyret: 3 tablets orally daily with food for 16 weeks

Veterans Affairs & HCV Treatments

Genotype 3 (Cont.):

- Treatment-experienced (NS5A-experienced) without or with cirrhosis (CTP A)
  - Vosevi: 1 tablet orally daily with food for 12 weeks
- If CTP A, consider adding RBV (no supporting data)
- Treatment-naïve or treatment-experienced with decompensated cirrhosis (CTP B or CTP C)
  - Epclusa: 1 tablet orally daily + RBV; start at lower RBV doses as clinically indicated (e.g., baseline Hgb)
- If NS5A-naïve: 12 weeks
- If NS5A-experienced: 24 weeks

Genotype 4:

- Treatment-naïve without or with cirrhosis (CTP A)
  - Zepatier: 1 tablet orally daily for 12 weeks
  - Mavyret: 3 tablets orally daily with food
- If non-cirrhotic: 8 weeks
- If cirrhotic: 12 weeks
  - Harvoni: 1 tablet orally daily for 12 weeks
  - Epclusa: 1 tablet orally daily for 12 weeks
- Treatment-naïve with decompensated cirrhosis (CTP B or C)
  - Harvoni: 1 tablet orally daily + RBV (600 mg/day and increase by 200 mg/day every 2 weeks only as tolerated) for 12 weeks
  - Epclusa: 1 tablet orally daily + RBV for 12 weeks; start at lower RBV doses as clinically indicated (e.g., baseline Hgb)

Veterans Affairs & HCV Treatments

Genotype 4 (Cont.):

- Treatment-experienced (Sovaldi-experienced and NS5A-naïve) without or with cirrhosis (CTP A)
    - Mavyret: 3 tablets orally daily with food for 12 weeks
    - Epclusa: 1 tablet orally daily + RBV for 12 weeks; start at lower RBV doses as clinically indicated (e.g., baseline Hgb)
- Treatment-experienced (NS5A-experienced) without or with cirrhosis (CTP A)
    - Vosevi: 1 tablet orally daily with food for 12 weeks
- Treatment-experienced with decompensated cirrhosis (CTP B or CTP C)
    - Epclusa: 1 tablet orally daily + RBV; start at lower RBV doses as clinically indicated (e.g., baseline Hgb)
        - » If NS5A-naïve: 12 weeks
        - » If NS5A-experienced: 24 weeks; NOT FDA approved for 24 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 $15,000
- 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: None
- Minimum Premium Reimbursement Amount: None
- 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.

Co-Infection Watch

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

Co-Infection Watch

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	?	?	?

Co-Infection Watch

Harm Reduction Programs

Syringe Exchange Coverage Map
November 2018

Figure 28.
Syringe Exchange Map Key:
  Purple: Syringe Exchange(s)
  Red: No Syringe Exchange(s)

Legend:
- Syringe Exchanges Legal (and/or) Present
- Syringe Exchanges Illegal (and/or) Not Present
- Syringe Exchanges Not Legalized, But Present

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Co-Infection Watch
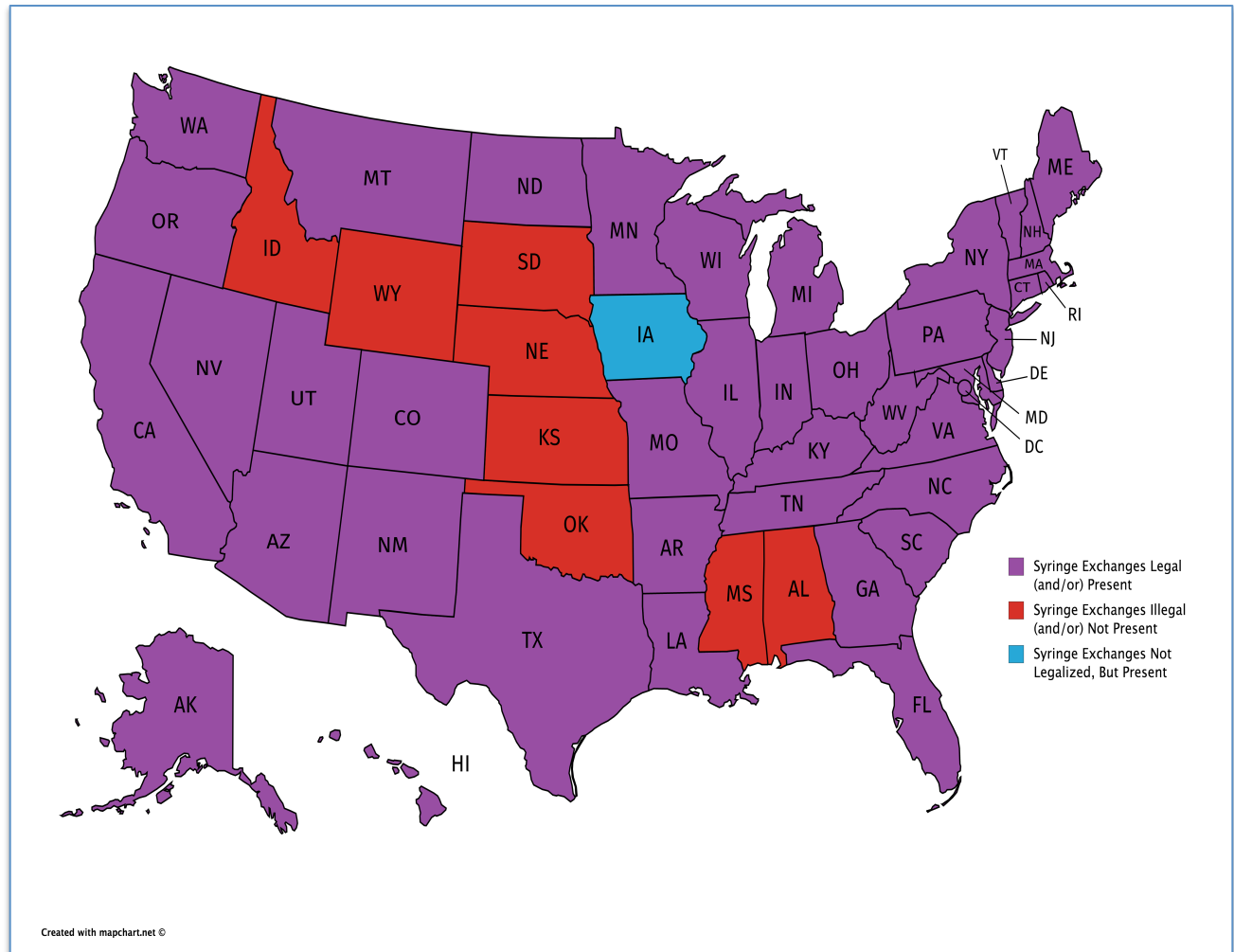
Harm Reduction Programs

Expanded Naloxone Coverage Map
November 2018

Figure 29.
Expanded Naloxone Map Key:
  Purple: Expanded Naloxone
  Red: Restricted Naloxone

Co-Infection Watch
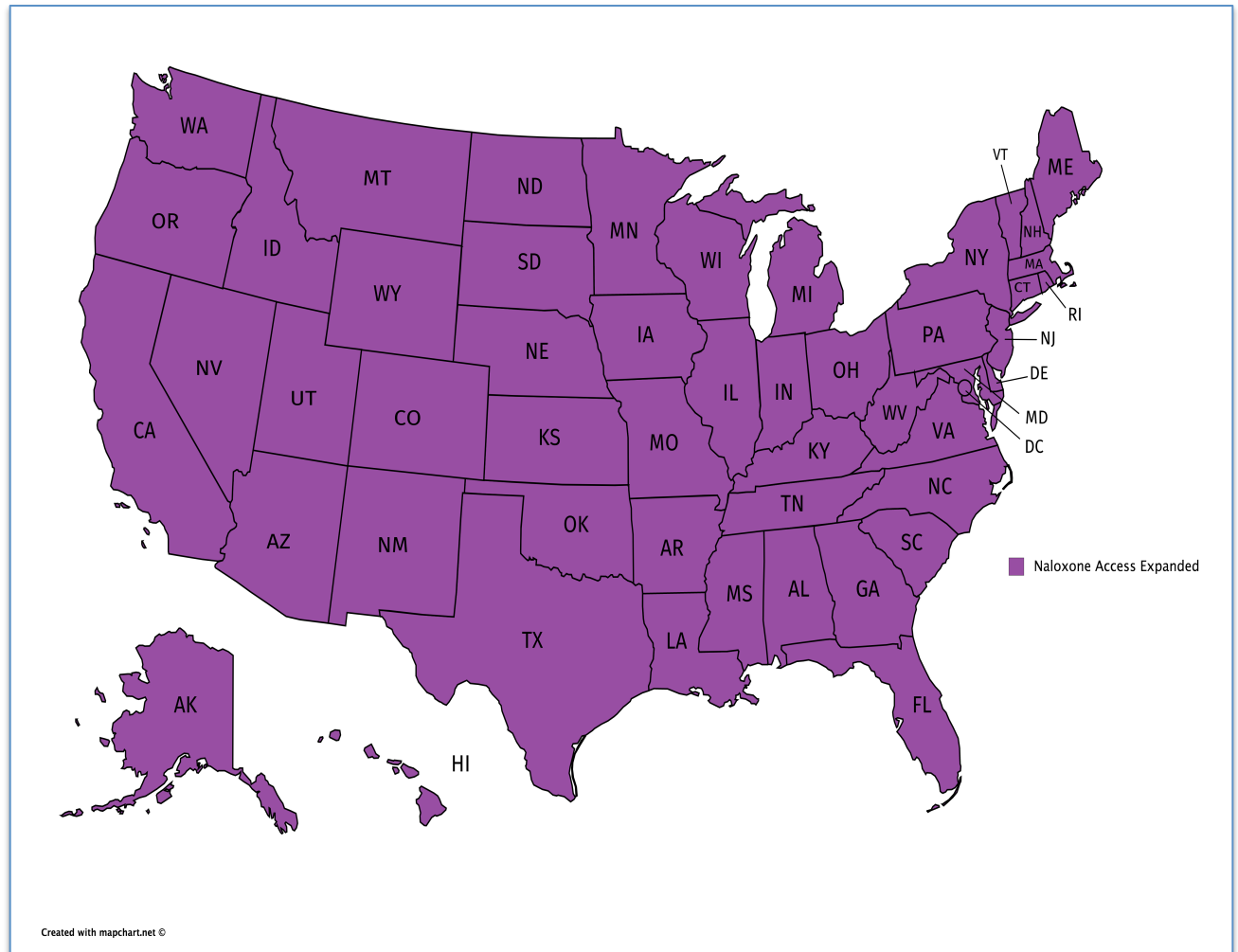
Harm Reduction Programs

Good Samaritan Laws Coverage Map
November 2018

Figure 30.

Good Samaritan Laws Map Key:

Purple: Good Samaritan Laws

Red: No Good Samaritan Laws

Good Samaritan Law Protections for Opioid Overdoses

No Good Samaritan Law Protections for Opioid Overdoses

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Co-Infection Watch
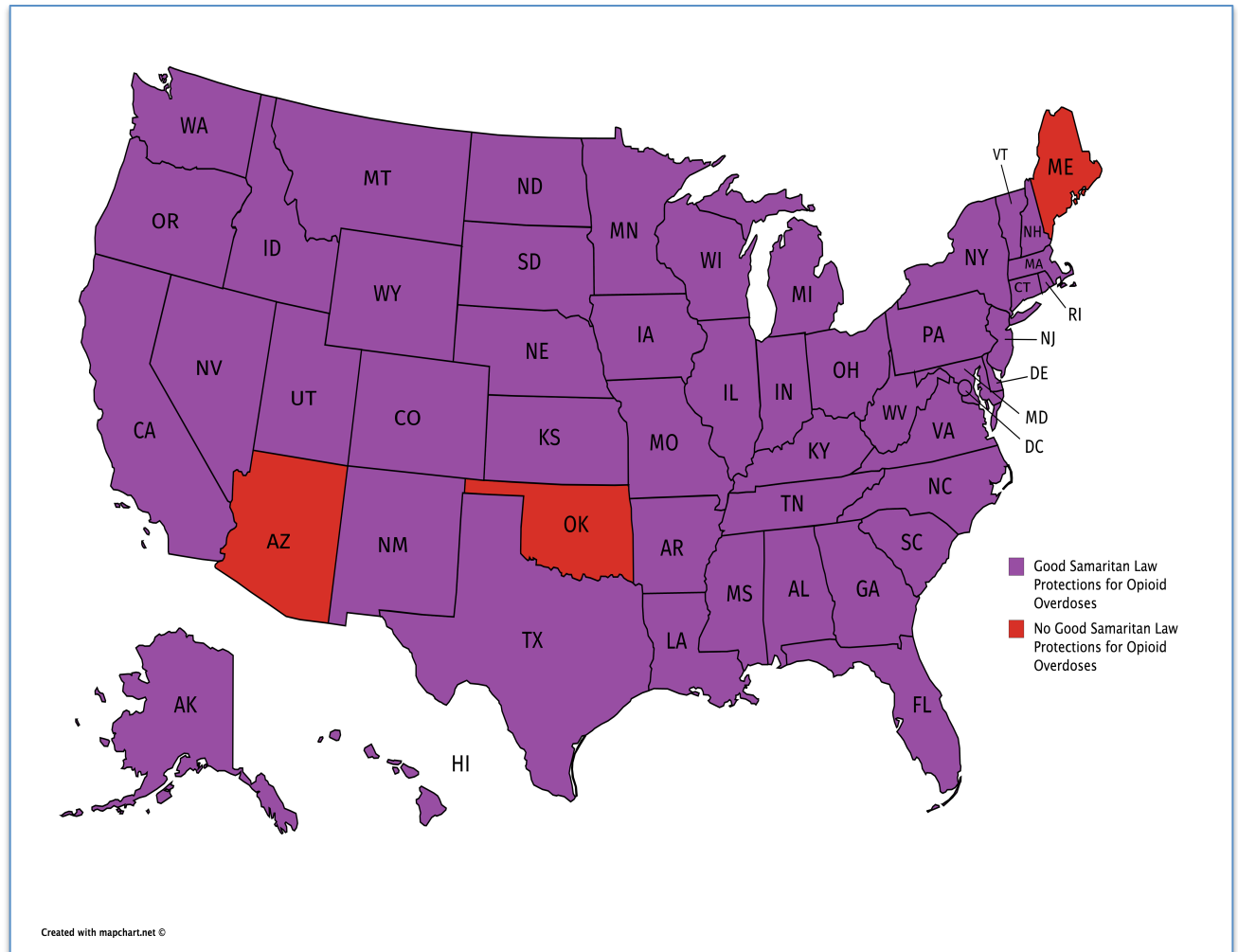
Harm Reduction Programs

Prescription Drug Monitoring Programs (PDMPs) Coverage Map
November 2018

Figure 31.

PDMPs Map Key:

Purple: Mandatory PDMPs

Red: No Mandatory PDMPs

Created with mapchart.net ©
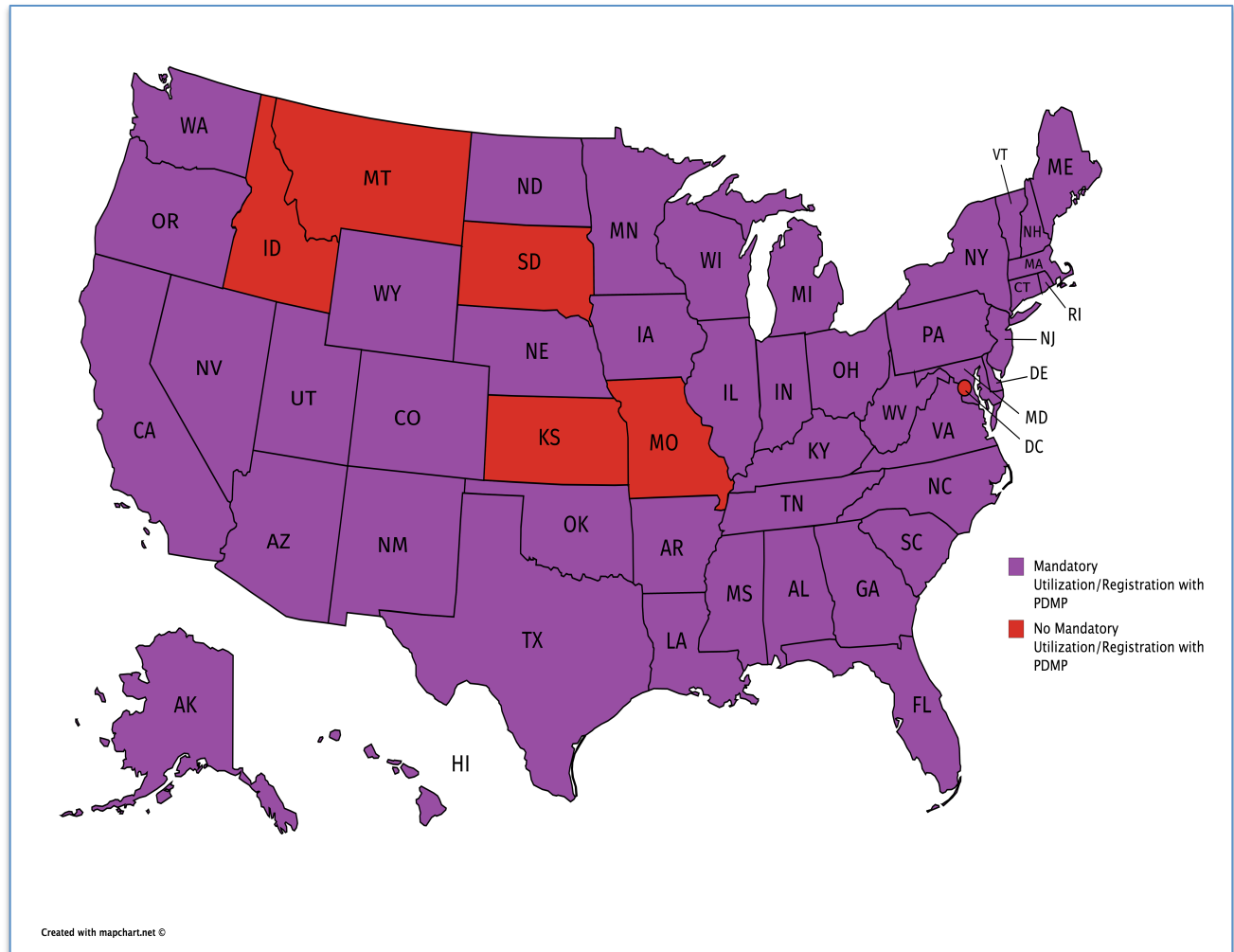
Harm Reduction Programs

Doctor Shopping Laws Coverage Map
November 2018

Figure 32.

Doctor Shopping Laws Map Key:

Purple: Doctor Shopping Laws

Red: No Doctor Shopping Laws

Legend:
- Opioid–Specific Doctor Shopping Laws Implemented
- No Opioid–Specific Doctor Shopping Laws Implemented

Created with mapchart.net ©

Co-Infection Watch
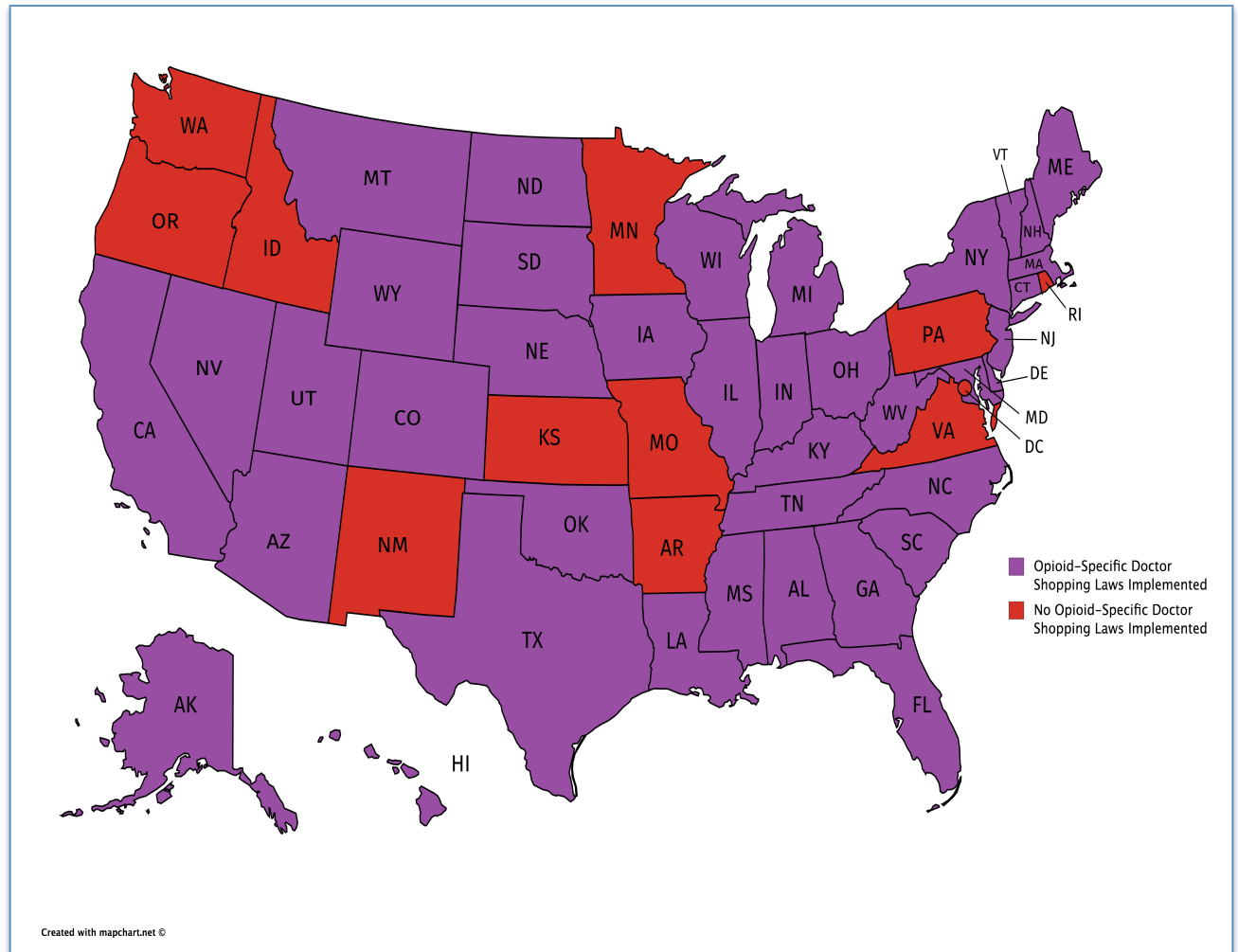
Harm Reduction Programs

Physical Exam Required Coverage Map
November 2018

Figure 33.

Physical Exam Required Map Key:

   Purple: Physical Exam Required

   Red: No Physical Exam Required

Physical Exam Required for Opioid Prescription

No Physical Exam Required for Opioid Prescription

Created with mapchart.net ©

Co-Infection Watch
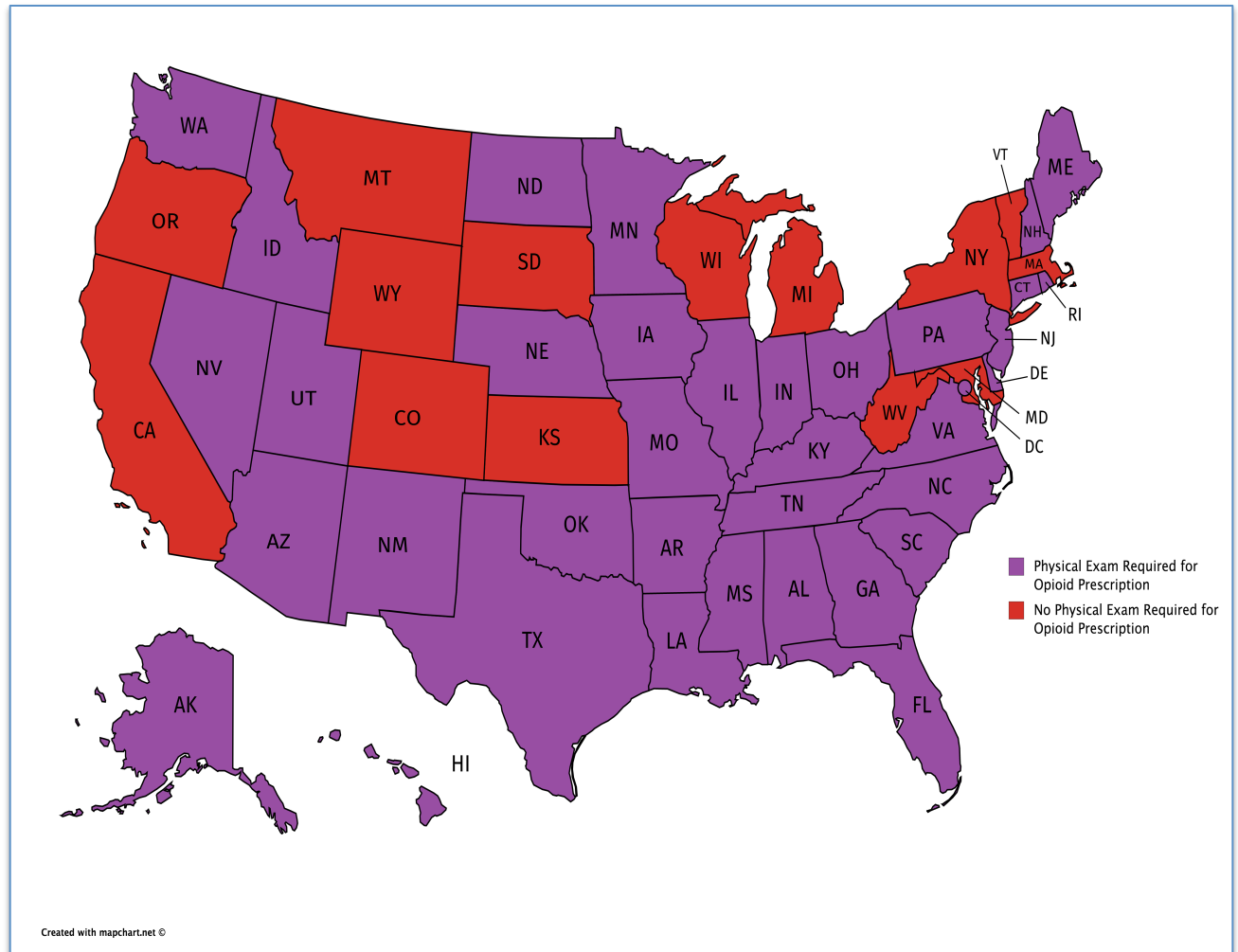
Harm Reduction Programs

I.D. Required Coverage Map
November 2018

Figure 34.

I.D. Requirement Map Key:

Purple: I.D. Required

Red: No I.D. Required

Legend:
- Photo ID Required for Purchase of Prescription Opioid Drugs
- No Photo ID Required for Purchase of Prescription Opioid Drugs

Created with mapchart.net ©

Co-Infection Watch
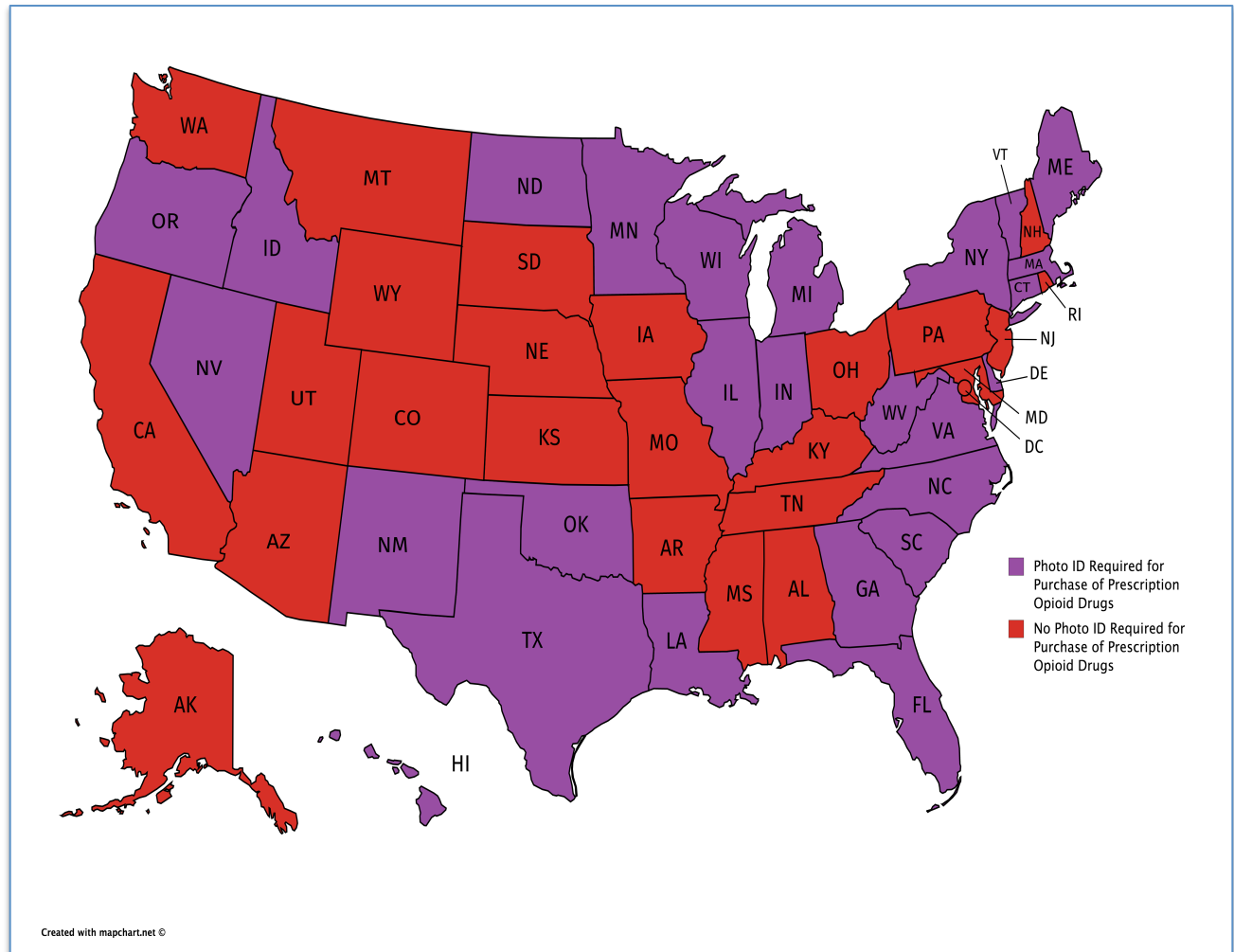
Harm Reduction Programs

Prescriber Education Required Coverage Map
November 2018

Figure 35.

Prescriber Ed Required Map Key:

  Purple: Prescriber Ed Required
  Red: No Prescriber Ed Required

Prescriber Education Required for All Prescribers of Opioid Drugs

No Prescriber Education Required for All Prescribers of Opioid Drugs

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Co-Infection Watch

Harm Reduction Programs

Lock-In Program Coverage Map
November 2018

Figure 36.

Lock-In Program Map Key:

Purple: Lock-In Program

Red: No Lock-In Program

Legend:
- Opioid–Specific Lock–In Program Enacted
- No Opioid–Specific Lock–In Program Enacted

Created with mapchart.net ©

Co-Infection Watch

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.

November 2018 Updates:
- No updates

November 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 Special Focus: Medicaid Expansion & HCV Treatment

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Co-Infection Watch

Regional Trends
Special Focus: Medicaid Expansion & HCV Treatment

Perhaps one of the biggest non-surprises of the 2018 Midterm Elections has been the expansion of the Medicaid programs in Idaho, Nebraska, and Utah, not by the legislative process, but by voter initiative. These considerably Red Republican states join only one other state – Maine – in being states that have expanded their Medicaid programs by this process. And while the expansion process in Maine had been illegally halted by outgoing Republican Governor Paul LePage, incoming Democratic Governor-Elect Janet Mills has vowed that, once her administration takes office, she will authorize the expansion for which Maine voters opted. In a fun twist, LePage has stated that he will consider running against Mills in four years if she fails to expand Medicaid in a financially "sustainable" way (Hoey, 2018).

But is this pattern of voter-approved Medicaid expansion a portent of things to come for recalcitrant Republicans who have largely opposed expansion? Will the "Will of the People" continue to overcome the opposition of a party that insists that healthcare is not a human right, but a privilege for those who can afford it? My Magic Eight Ball reads, "ALL SIGNS POINT TO YES!" Despite the best efforts of Republicans to sow doubt in government-provided healthcare, the evidence is clear: across all political affiliations, voters are increasingly coming around to the idea that for-profit healthcare using a private insurance model is not working for us; moreover, they're increasingly in favor of expanding the government's role in regulating and bringing the cost of healthcare under control.

So, what does this mean for patients living with HCV? A lot.

While Medicare and the V.A. are the highest government purchasers of HCV drugs, Medicaid programs aren't far behind. Evidence continues to mount that, after the Birth Cohort (people born between 1945-1965), the biggest growth in new HCV diagnoses - particularly new Acute HCV diagnoses – are people under the age of 45. Moreover, they're also likelier to be eligible for healthcare coverage under Medicaid (in expansion states) due to their income.

Essentially, there's the potential that these expansions could increase access to HCV Direct-Acting Antivirals to cure people who contract HCV in these states. Suchevidence includes the loosening of restrictions on who can access treatment in these programs. In 2018 alone, 21 states either eliminated or reduced their Prior Authorization requirements that focused on patients' liver disease stage, 9 states loosened requirements related to drug and alcohol abuse that required patients to be enrolled in counseling or recovery services before being allowed access to treatment, and six states scaled back prescribing restrictions that forced patients to receive prescriptions from a specialist, rather than a general practitioner (Silverman, 2018).

Regional Trends

Special Focus: Medicaid Expansion & HCV Treatment

While falling prices for HCV drugs may account for some of these decisions, more often than not, patients' and advocacy groups have had to force these changes by way of litigation. California, for example, was basically forced to increase their budgeted spending for HCV because of a pair of lawsuits brought against both the state's Medicaid program and the Department of Corrections. It was the settlement of the latter that ultimately resulted in the changes. Whether or not this easing of restrictions results in more patients actually receiving treatment has yet to be seen.

On the Medicaid expansion front, Democratic Kansas Governor-Elect Laura Kelly says that she believes she can convince the legislature in her state to expand Medicaid in 2019 (Shorman, 2018). Personally, I think this is considerably optimistic, given the fiscal experiment with Reaganomics undertaken by former Governor Sam Brownback that resulted in sluggish growth, lower-than-expected revenues, and brutal cuts to government programs (like education). Not only did this experiment fail, it failed so spectacularly that a Republican-controlled legislature – the party that swears by this Voodoo Economic bait-and-switch – were forced to increase taxes and admit that the experiment was a failure. These failures in mind, however, it is unlikely Republican-held legislature is likely to receive Kelly's Medicaid expansion proposal warmly, after six years of refusing to do so.
Ultimately, I think that continued expansion of Medicaid is likely going to be the bulwark that prevents the HCV Epidemic from growing so widespread that we cannot successfully fight it. That said, it still needs to be done in conjunction with adequate funding and treatment in Correctional settings, as well..

Latest News

Latest News

- **Early Treatment with Direct-Acting Antivirals Saves Medical Costs in Non-Cirrhotic Patients with Chronic Hepatitis C Virus Infection in the United States**

Methods: Adults first diagnosed with CHC from 2013 to 2015 were analyzed in the Optum Clinformatics® Data Mart, a de-identified US claims database. Patients were excluded if they had cirrhosis at the time of CHC diagnosis (index date) or received interferon and/or ribavirin-only therapy prior to first DAA (for the DAA-treated cohort) or before the end of follow-up (for the untreated cohort). Patients had at least 1 complete yr of follow-up post-index up to a maximum of 3 yrs. Medical costs (charged amounts, 2017 US$) and DAA-treatment status were measured for each complete post-index yr. Both all-cause and disease-specific medical costs were investigated. Medical costs related to hepatic complications (11 pre-selected diagnoses), HCV care (including HCV management during treatment), and/or EHMs (21 pre-selected EHMs, including costly and/or prevalent conditions such as cardiovascular disease [CVD], chronic kidney disease, depression, fatigue, malignancy, or type 2 diabetes [T2DM], among others) were classified based on diagnosis codes associated with each claim. Differences in medical costs between DAA-treated and untreated cohorts across the 3 yrs post-index were estimated using adjusted multivariate regression models.

Results: Of 3,069 eligible patients (62% male; mean age: 51 yrs), 852 (28%) were initiated on a DAA during the study period. At index date, 30 (1%) had hepatic complications and the most common EHMs were fatigue (13%), T2DM (11%), and CVD (9%). The total all-cause medical costs were statistically significantly lower across DAA-treated yrs than across the untreated yrs, $6,379/yr on average, due to savings related to care for EHMs ($3,158/yr on average) and other non-hepatic/non-EHM conditions ($4,638/yr on average) (Levin, 2018)..

- **Kidney Transplant Patients With HCV Face Elevated Diabetes Risk**

Patients diagnosed with hepatitis C virus (HCV) infection prior to receiving a kidney transplant have a greater risk of developing diabetes in the years following the procedure, according to new research.

However, the same study found no such association between preoperative hepatitis B virus (HBV) and new-onset diabetes after transplantation (NODAT).

Latest News

- **Kidney Transplant Patients With HCV Face Elevated Diabetes Risk (Cont.)**

The assessment of a retrospective study involving 557 Chinese patients who underwent transplants between 1993 and 2014. Patients with preoperative HCV were 3.03 times more likely to develop NODAT than the control group, according to investigators.

"An increased incidence of diabetes in HCV-infected subjects was first noted in 1994," wrote corresponding author Mingxiang Yu, PhD, of Fudan University, and colleagues. "Since then, the association between HCV infection and incident diabetes has been widely examined in different populations." (Kaltwasser, 2018).

- **Gaps Observed in Hepatitis C Care Among Those Born Between 1945-1965**

Although linkage to care was shown to be largely successful in the Birth-Cohort Evaluation to Advance Screening and Testing of Hepatitis C (BEST-C) study, the largest gap in hepatitis C care was seen in treatment initiation, according to research published in the American Journal of Managed Care.

Researchers in the current study sought to estimate the attainment of hepatitis C care cascade steps for patients newly diagnosed as antibody-positive by conducting chart reviews of patients at 3 medical centers participating in the BEST-C study.

They defined care cascade steps as a positive antibody test, a confirmatory genotype or RNA test, receipt of positive result, clinical evaluation concurrently or subsequently to receipt of positive test results, initiation of antiviral therapy, treatment completion, and undetectable viral load within 2 weeks of end of treatment.

Study participants were born between 1945 and 1965 and were diagnosed with hepatitis C between December 2012 and October 2015 (N=130). Researchers tracked these patients' receipt of genotype or RNA testing, clinical evaluation, treatment initiation, and completion of treatment.

The study investigators conclude that whereas linkage to care was largely successful, there was still a significant gap in the initiating treatment step of the hepatitis C care cascade, and therefore, "greater emphasis on linking patients to clinical evaluation and treatment is necessary in order to achieve the public health benefits promised by birth-cohort testing" (Hepatitis Advisor, 2018).

Contact

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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.

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