

# HIV/HCV Co-Infection Watch: December 2019



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.....	48
Regional Trends.....	64
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 under the U.S. Department of Veterans Affairs.
- Statistics related to HIV/HCV co-infection (i.e., 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](http://tiicann.org/signup_listserv.html)

# Findings

The following is a summary of the key findings for December 2019:

- **AIDS Drug Assistance Programs**

There are **56** State and Territorial AIDS Drug Assistance Programs (ADAPs) in the United States, **47** of which offer some form of coverage for Hepatitis C (HCV) treatment. Of those programs, **43** have expanded their HCV coverage to include the regimens that serve as the current Standard of Care (SOC) for Hepatitis C treatment. Four (**4**) programs offer only Basic Coverage and 9 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 December 2019:

- **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-four (**44**) States and Territories currently have syringe exchange programs in place, regardless of state. Fifty-one (**51**) states and the District of Columbia have expanded access to Naloxone to avert opioid drug overdoses. Fifty (**50**) states have Good Samaritan laws or statutes that provide protection for those rendering emergency services during drug overdoses. Forty-five (**45**) 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. Forty (**40**) 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. Forty (**40**) 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. Forty-three (**43**) 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	Harvoni	Viekira Pak	Daklinza	Zepatier	Epclusa	Vosevi	Mavyret	Harvoni <i>Generic</i>	Epclusa <i>Generic</i>	X
Alabama	Y	N	N	N	N	Y	N	N	Y			X
Alaska	Y	N	N	N	N	N	No Info	No Info	No Info			X
Arizona	Y	Y	Y	N	Y	Y	Y	N	Y			X
Arkansas	Y	N	Y	N	N	Y	Y	N	Y			X
California	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	X
Colorado	Y	Y	Y	Y	Y	Y	Y	N	Y			X
Connecticut	Y	N	Y	N	N	N	Y	Y	Y			X
Delaware	Y	N	Y	N	N	N	N	N	N			X
Florida	Y	N	Y	N	N	Y	N	N	Y			X
Georgia	Y	Y	Y	Y	Y	Y	Y	N	Y			X
Hawaii	Y	Y	Y	Y	Y	Y	Y	Y	Y			X
Idaho	N	N	N	N	N	N	N	N	N			X
Illinois	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X
Indiana	Y	Y	Y	N	N	N	Y	No Info	Y			X
Iowa	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X
Kansas	N	N	N	N	N	N	N	No Info	No Info			X
Kentucky	N	N	N	N	N	N	N	No Info	No Info			X
Louisiana	Y	Y	Y	Y	Y	Y	Y	Y	Y			X
Maine	Y	Y	Y	N	N	Y	Y	N	Y	Y	Y	X

# AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

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

State	Basic	Sovaldi	Harvoni	Viekira Pak	Daklinza	Zepatier	Epclusa	Vosevi	Mavyret	Harvoni <i>Generic</i>	Epclusa <i>Generic</i>	X
Maryland	Y	Y	Y	Y	Y	Y	Y	Y	Y			X
Massachusetts	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X
Michigan	Y	N	Y	N	N	Y	Y	N	Y			X
Minnesota	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X
Mississippi	N	N	Y	N	N	Y	Y	N	Y			X
Missouri	Y	N	N	N	N	Y	N	N	Y			X
Montana	N	N	N	N	N	N	N	N	Y			X
Nebraska	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X
Nevada	Y	Y	Y	Y	Y	Y	Y	Y	Y			X
New Hampshire	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X
New Jersey	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X
New Mexico	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X
New York	Y	N	N	Y	Y	Y	N	N	Y			X
North Carolina	Y	N	Y	Y	Y	Y	N	N	Y			X
North Dakota	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X
Ohio	N	N	N	N	N	N	N	No Info	No Info			X
Oklahoma	Y	Y	Y	N	N	N	Y	No Info	No Info			X
Oregon	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X
Pennsylvania	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	X

# AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

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

State	Basic	Sovaldi	Harvoni	Viekira Pak	Daklinza	Zepatier	Epclusa	Vosevi	Mavyret	Harvoni <i>Generic</i>	Epclusa <i>Generic</i>	X
Rhode Island	Y	Y	Y	Y	Y	Y	Y	Y	Y			X
South Carolina	Y	N	N	N	N	N	N	N	N			X
South Dakota	Y	Y	Y	Y	Y	Y	Y	Y	Y			X
Tennessee	Y	Y	Y	N	Y	Y	Y	Y	Y			X
Texas	Y	Y	Y	Y	Y	Y	Y	Y	Y			X
Utah	N	N	N	N	N	N	N	No Info	No Info			X
Vermont	N	N	N	N	N	N	N	No Info	No Info			X
Virginia	Y	Y	Y	N	Y	Y	Y	N	Y			X
Washington	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X
West Virginia	Y	N	N	N	N	Y	N	N	N			X
Wisconsin	Y	N	N	Y	N	Y	Y	N	N			X
Wyoming	Y	Y	Y	N	Y	Y	Y	Y	Y			X
Washington, DC	Y	Y	Y	Y	Y	Y	N	N	Y			X
												X
Fed. St. Micronesia	Y	N	N	N	No Info	No Info	No Info	No Info	No Info			X
Guam	N	N	N	N	N	N	N	N	N			X
Palau	N	N	N	N	N	No Info	No Info	No Info	No Info			X
Puerto Rico	Y	Y	Y	N	Y	Y	N	Y	Y			X
U.S. Virgin Islands	N	N	N	N	N	N	N	No Info	No Info			X

# AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

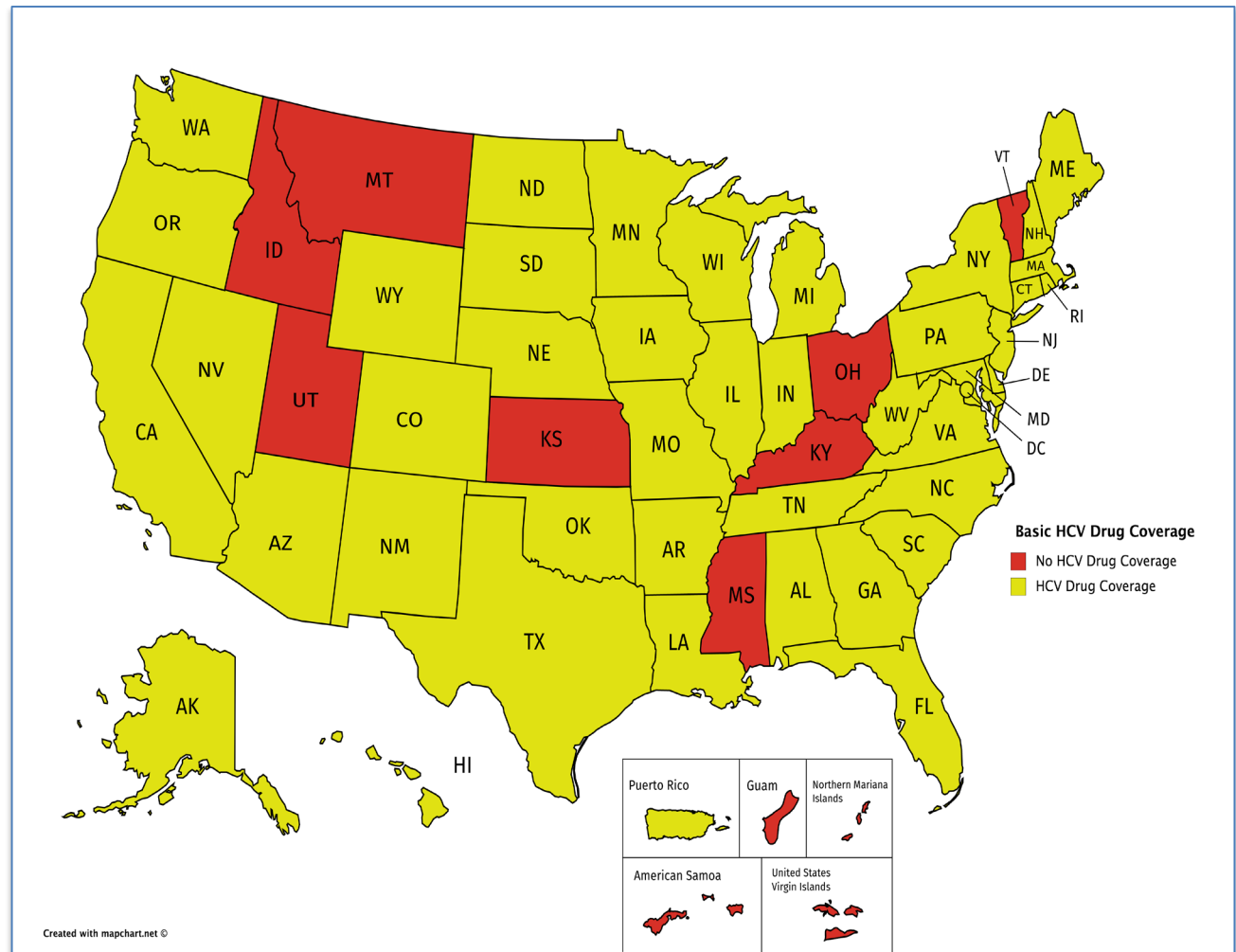
There are currently **46** AIDS Drug Assistance Programs (ADAPs) that cover some form of HCV drug therapies as part of their approved drug formularies. To learn more about ADAPs or their approved drug formularies, please visit <http://adap.directory>.

**Figure 2.**

Basic Coverage Map Key:

Lime Green: Basic Coverage

Red: No Coverage



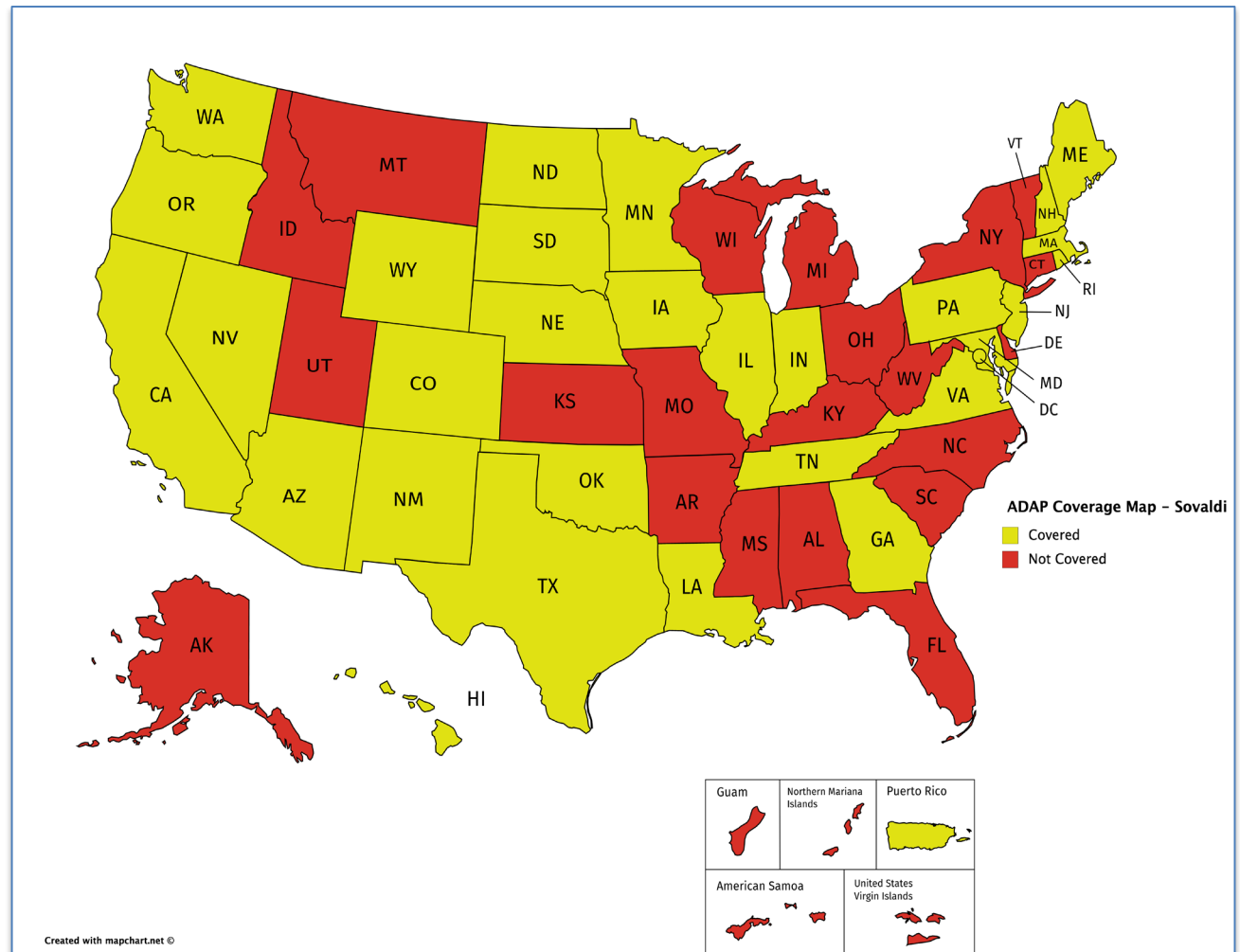
# AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Sovaldi Coverage Map  
December 2019

**Figure 3.**

Sovaldi Coverage Map Key:

- Lime Green: Coverage
- Red: No Coverage



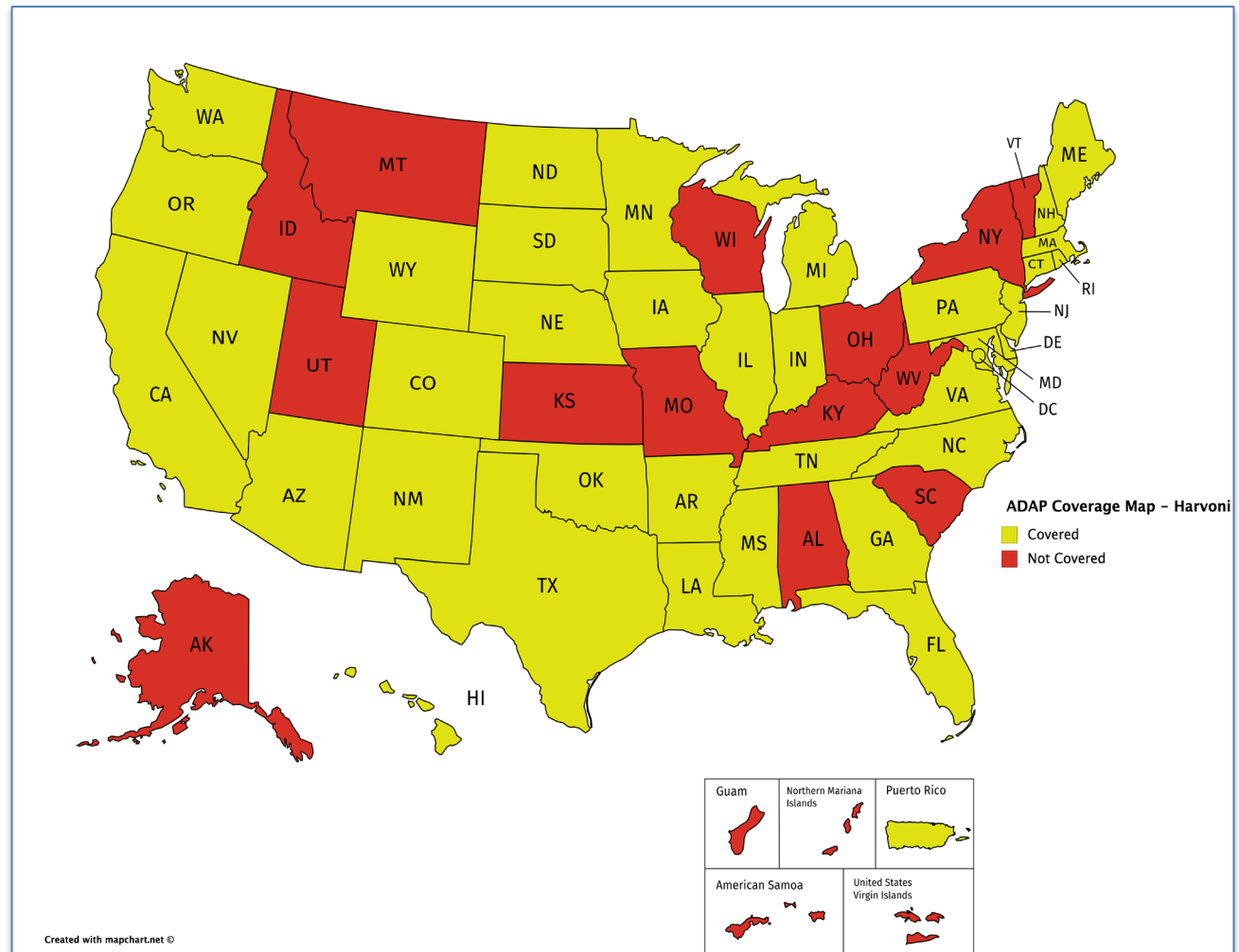
# AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Harvoni Coverage Map  
December 2019

**Figure 4.**

Harvoni Coverage Map Key:

- Lime Green: Coverage
- Red: No Coverage





# AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

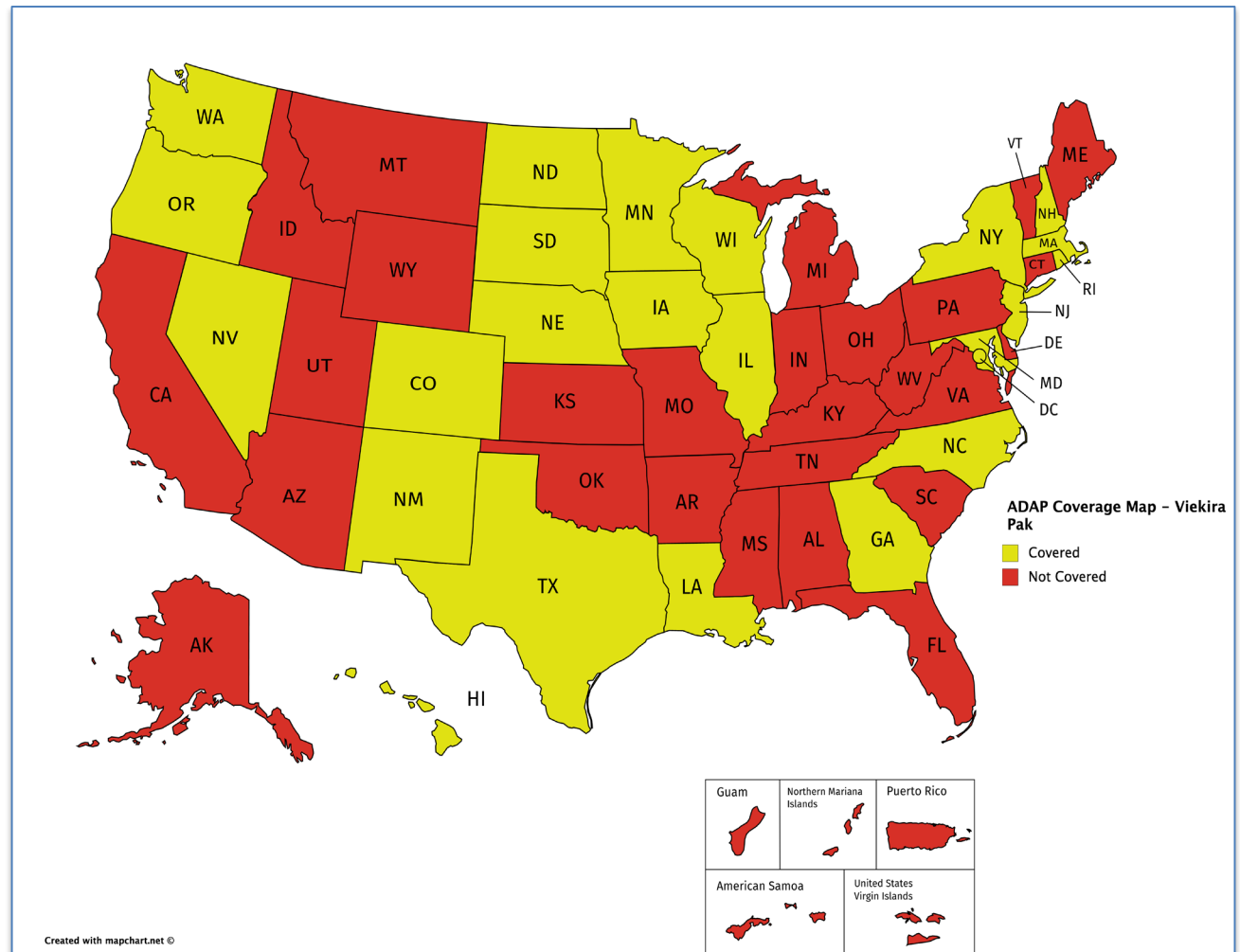
Viekira Pak Coverage Map  
December 2019

**Figure 5.**

Viekira Pak Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



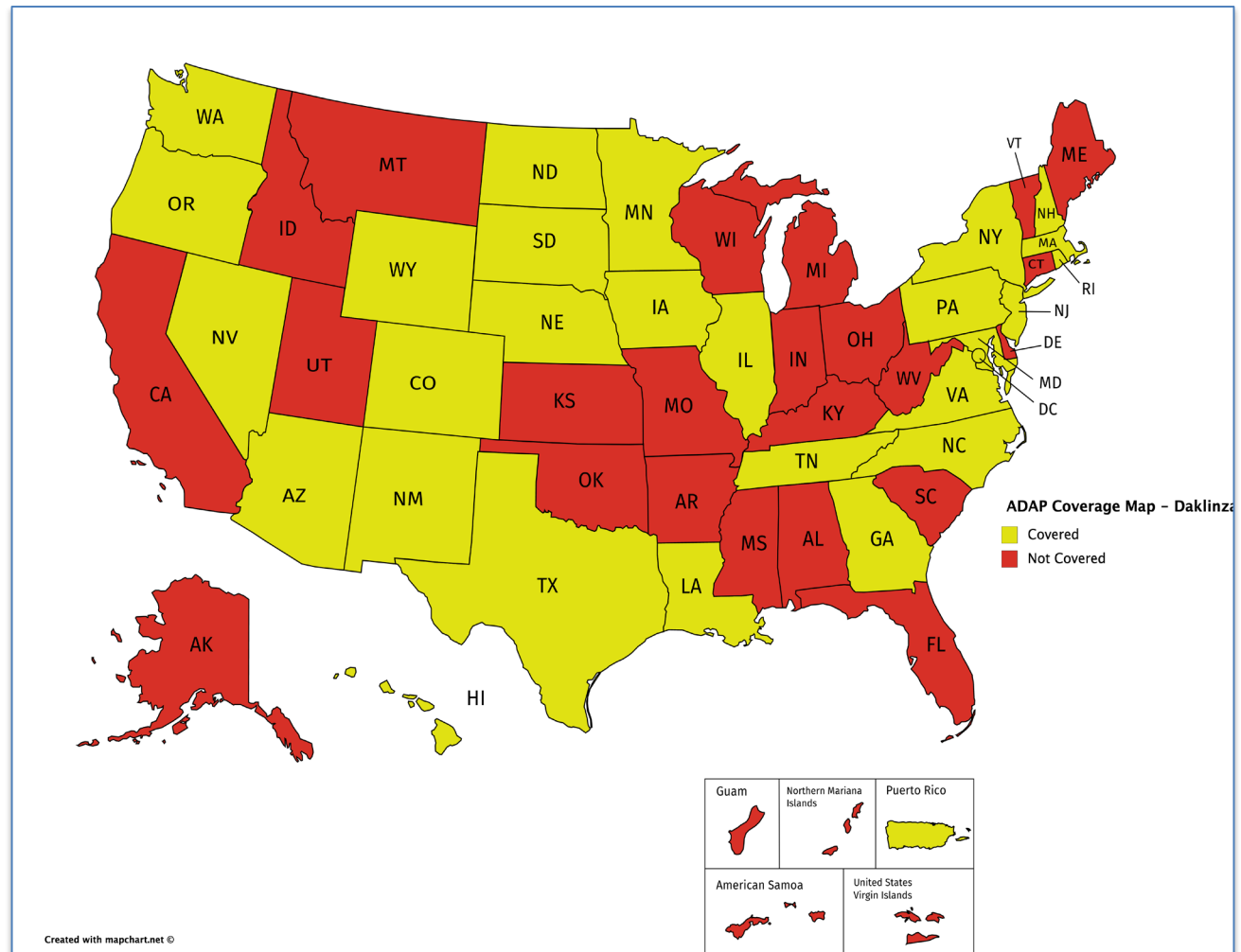
# AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Daklinza Coverage Map  
December 2019

**Figure 6.**

Daklinza Coverage Map Key:

- Lime Green: Coverage
- Red: No Coverage



# AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

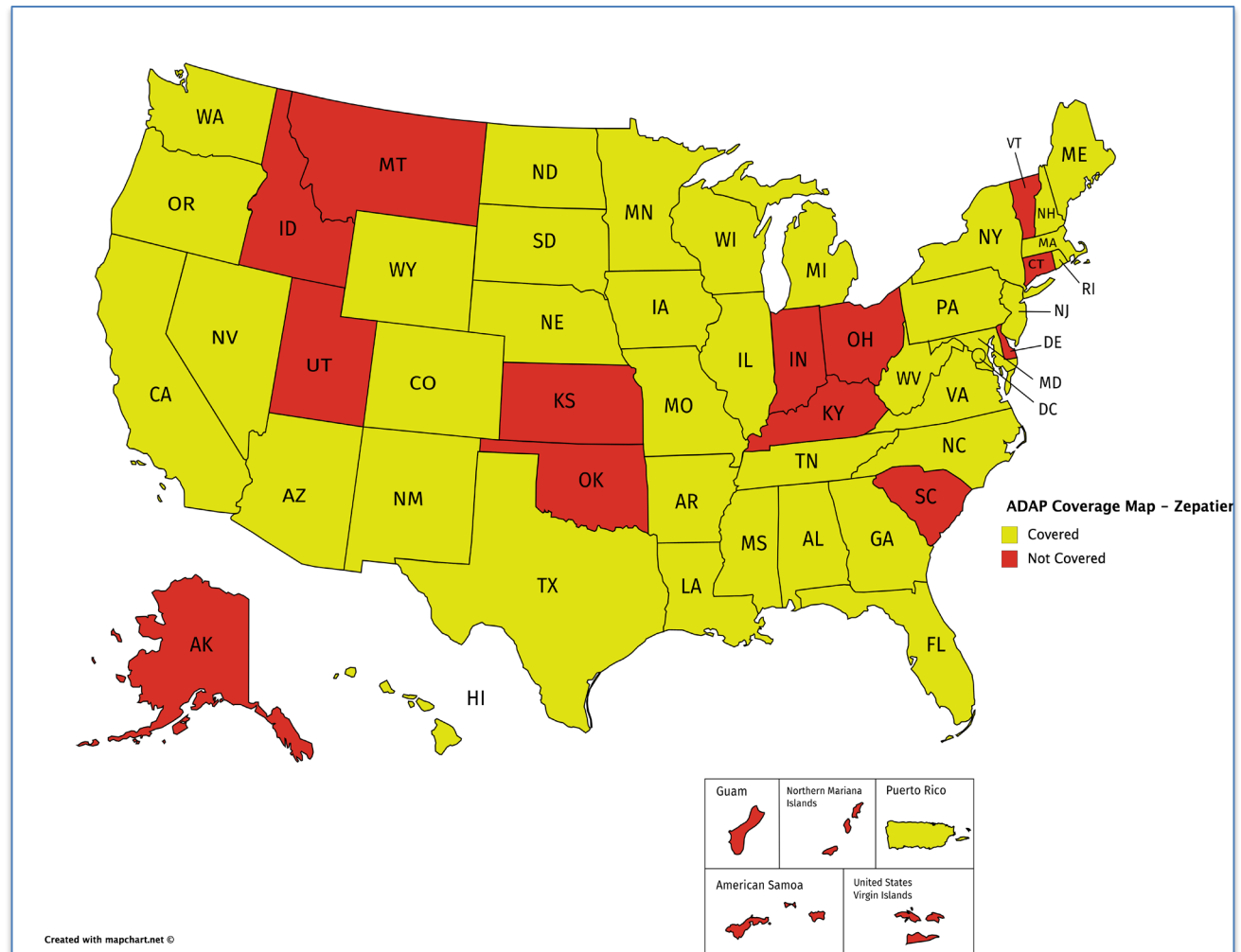
Zepatier Coverage Map  
December 2019

**Figure 7.**

Zepatier Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



# AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

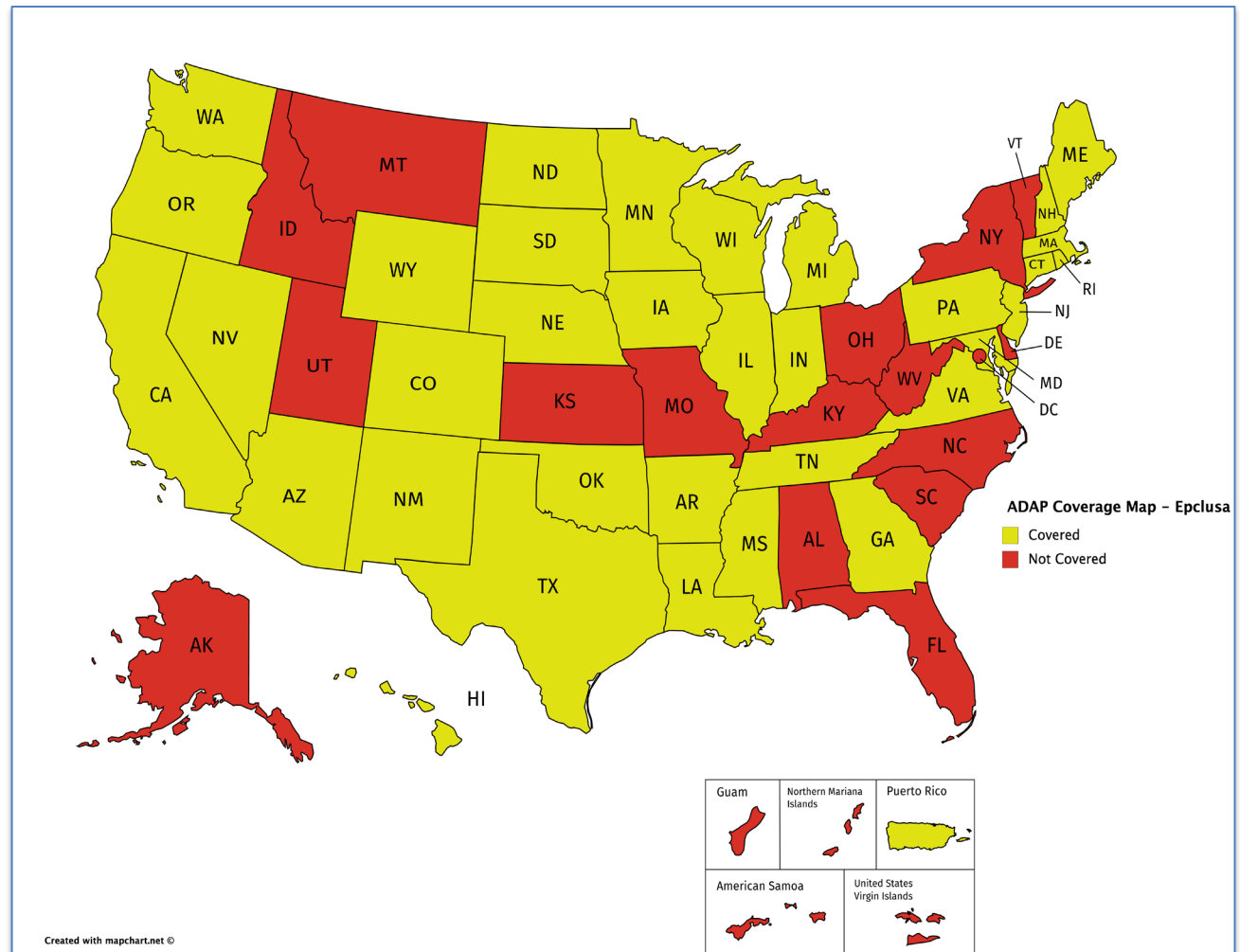
Epclusa Coverage Map  
December 2019

**Figure 8.**

Epclusa Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



# AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

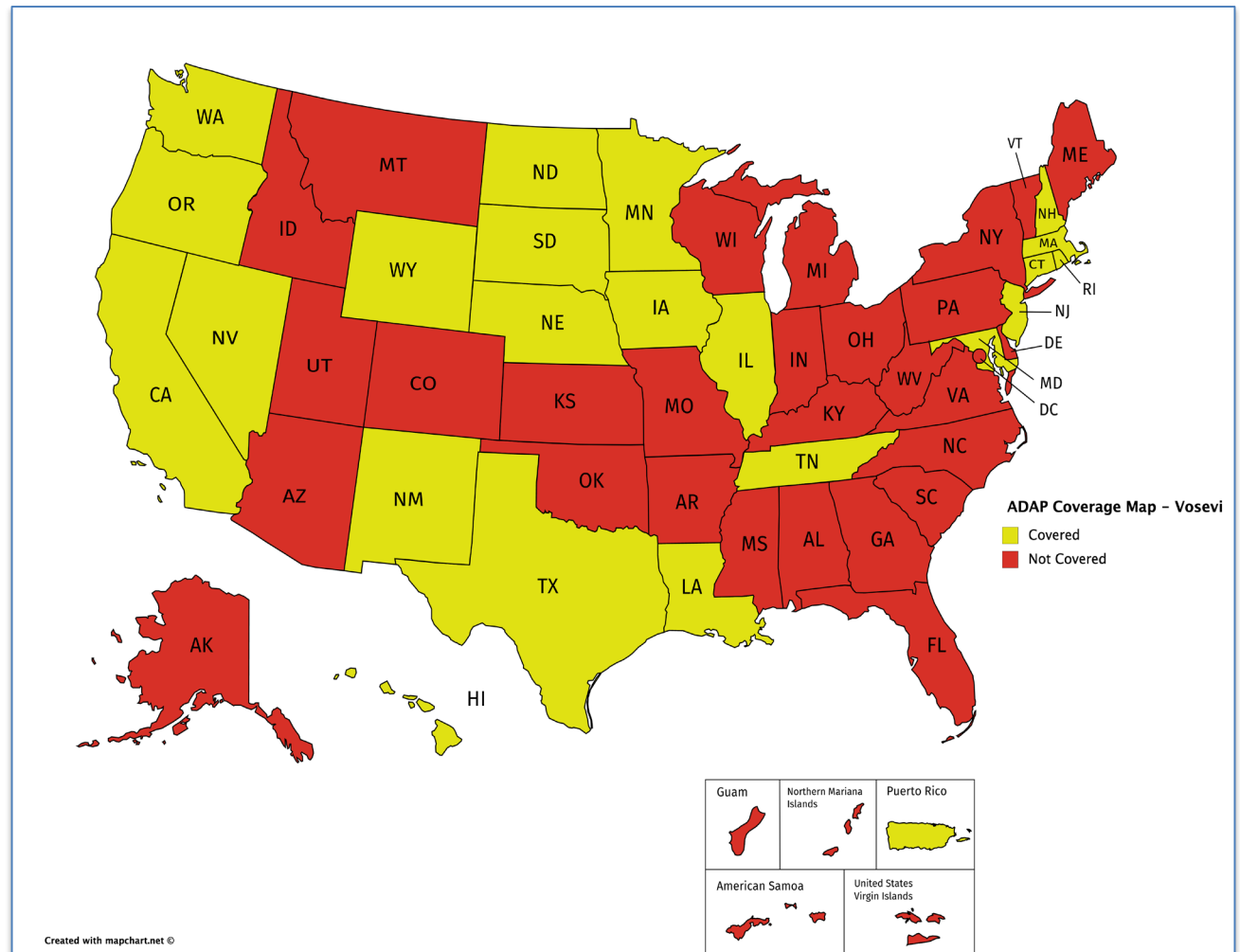
Vosevi Coverage Map  
December 2019

**Figure 9.**

Vosevi Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



# AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

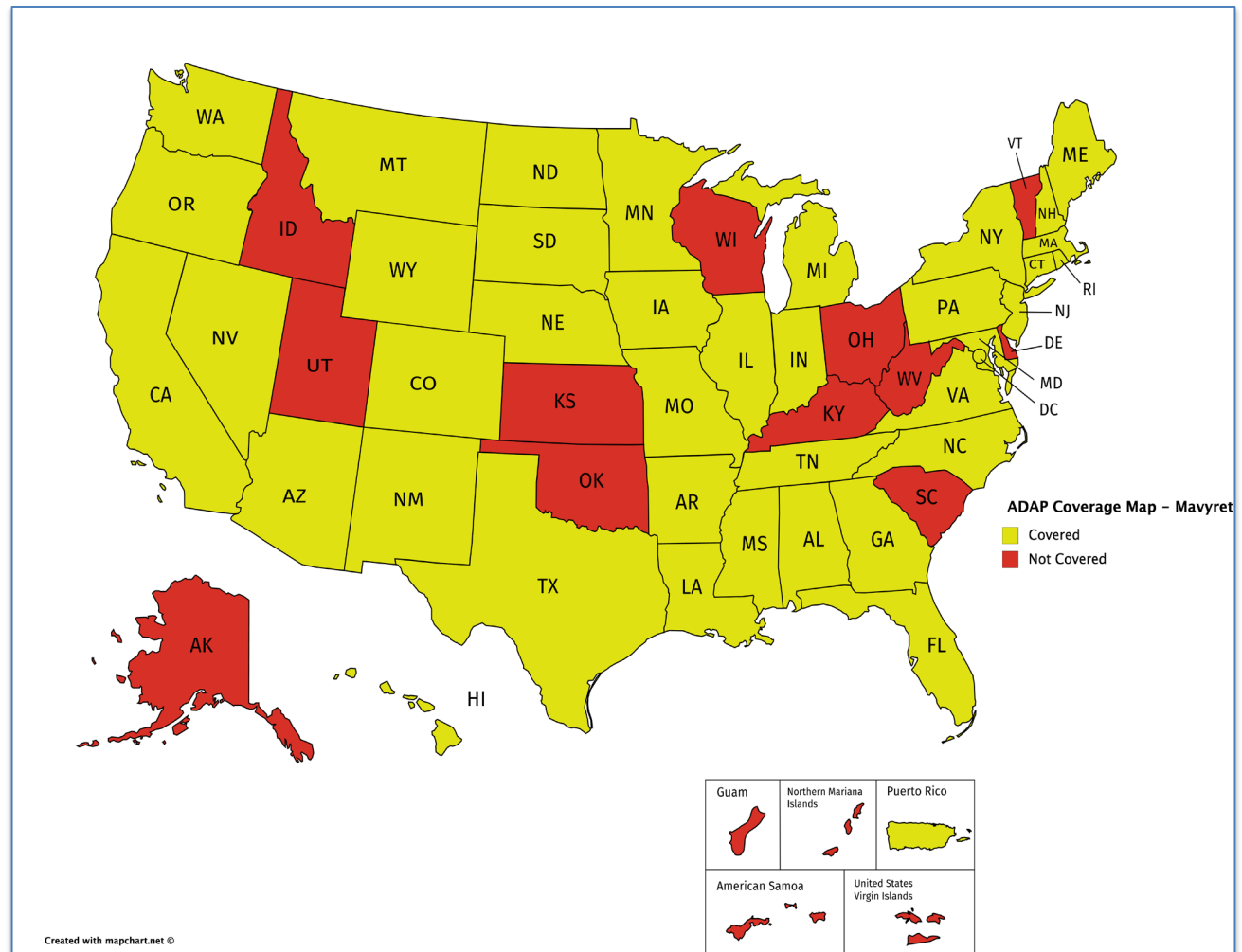
Mavyret Coverage Map  
December 2019

**Figure 10.**

Mavyret Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



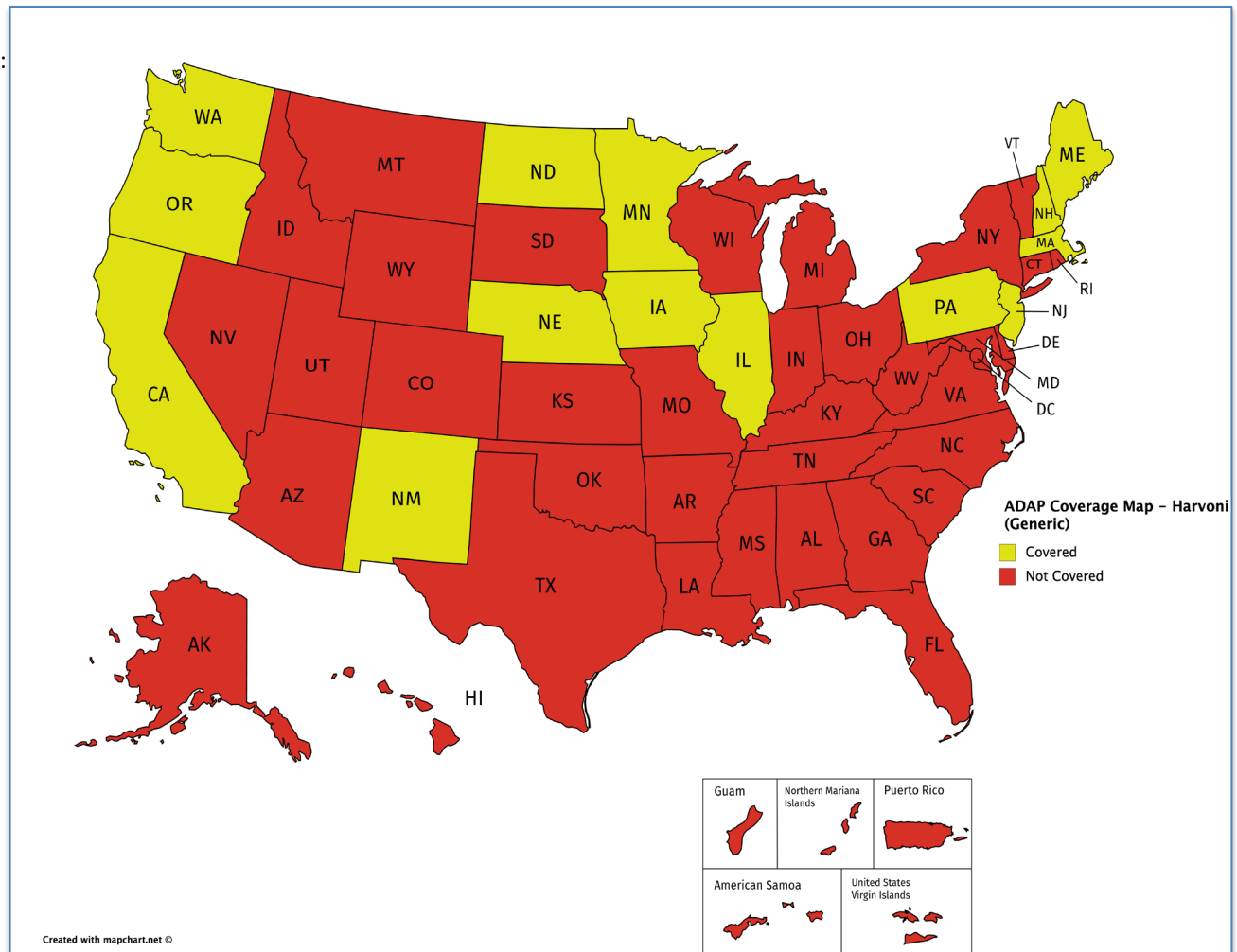
# AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Harvoni *Generic* Coverage Map  
December 2019

**Figure 11.**

Harvoni *Generic* Coverage Map Key:

- Lime Green: Coverage
- Red: No Coverage



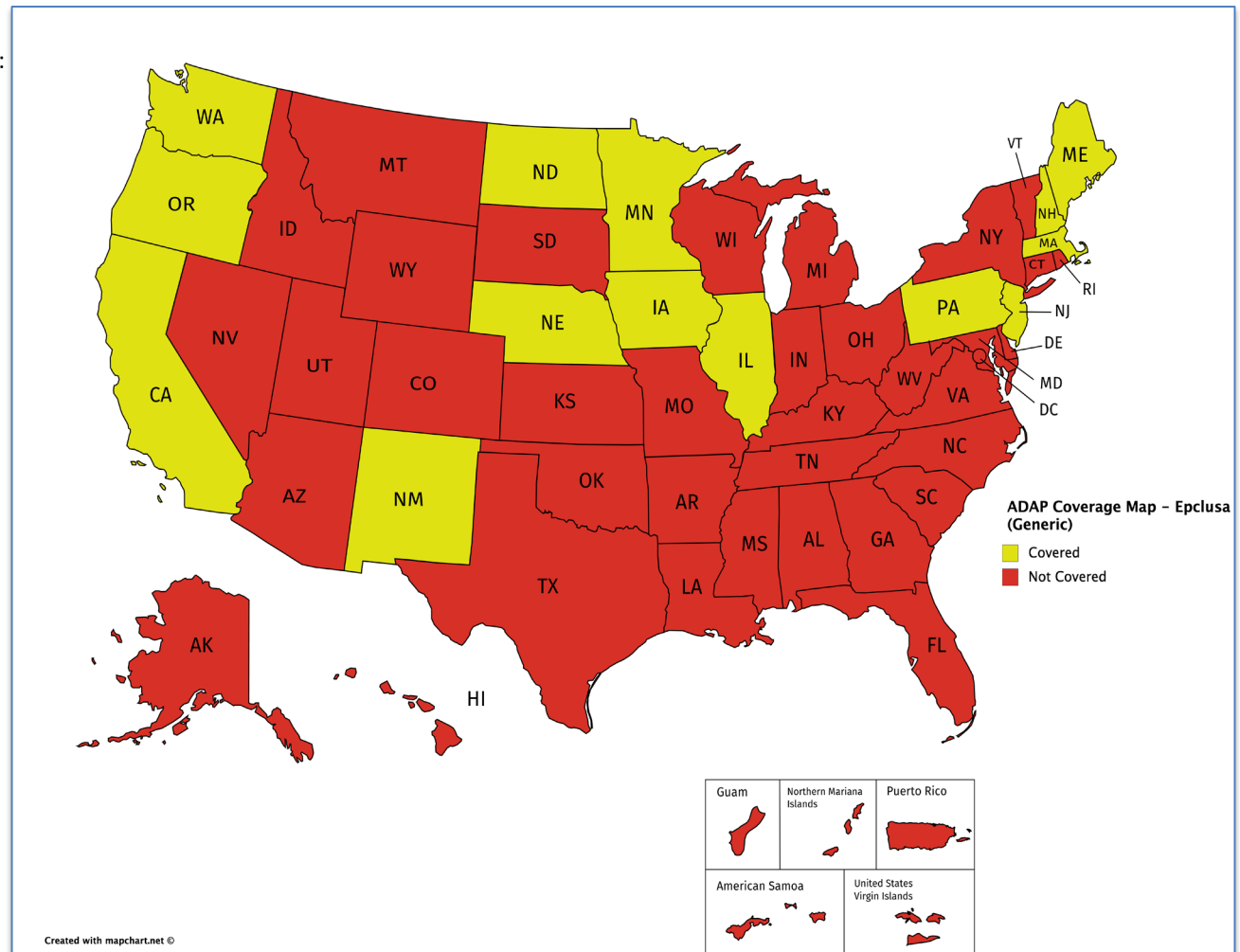
# AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Eplusa *Generic* Coverage Map  
December 2019

**Figure 12.**

Eplusa *Generic* 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 9 (ID, KS, KY, 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 15, 2019). The data presented are current as of November 15, 2019.

## December 2019 Updates:

- Connecticut has expanded their ADAP Formulary to include the following HCV DAA Drugs: Harvoni, Epclusa, Vosevi, Mavyret
- States that have added Harvoni (Generic) to their ADAP Formularies: **CA, IL, IA, ME, MA, MN, NE, NH, NJ, NM, ND, OR, PA, WA**
- States that have added Epclusa (Generic) to their ADAP Formularies: **CA, IL, IA, ME, MA, MN, NE, NH, NJ, NM, ND, OR, PA, WA**

## December 2019 Notes:

- States with Open Formularies: IL, IA, MA, MN, NE, NH, NJ, NM, ND, OH, OR, WA, WY
  - 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
  - N.B. – Although North Dakota has adopted an open formulary, they provide only co-pay and deductible assistance for HCV medications
  - N.B. – Wyoming’s ADAP Open Formulary document, the following disclaimer related to HCV is made: *Hepatitis C treatment medications (i.e. Harvoni, Viekira XR, Sovaldi, Ribavirin, Zepatier, Technivie, Daklinza, Epclusa) must be prior authorized. To be eligible, clients must have applied for prior authorization from their insurance plan and the WY ADAP Hepatitis C Treatment checklist must be completed and signed by the provider and client*
- 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	Harvoni	Viekira Pak	Daklinza	Zepatier	Eplclusa	Vosevi	Mavyret	Harvoni <i>Generic</i>	Eplclusa <i>Generic</i>	X
Alabama	Y	N	Y*	N	N	Y*	Y*	N	Y*	Y*	Y*	X
Alaska	Y	Y	Y	Y	Y	Y*	Y*	Y	Y*	Y	Y	X
Arizona	Y	N	N	N	N	N	N	N	Y*		Y*	X
Arkansas	Y	Y	Y	Y	Y	Y*	Y*	Y	Y*			X
California	Y	Y*	Y*	Y*	N	Y*	Y*	N	Y*	Y*	Y*	X
Colorado	Y	Y	Y*	Y	Y	Y	Y*	Y	Y*	Y	Y	X
Connecticut	Y	N	N	N	N	N	Y*	Y*	Y*	N	N	X
Delaware	Y	Y	N	Y	Y	Y*	N	Y	Y*	Y	Y*	X
Florida	Y	N	N	N	N	N	N	Y*	Y*			X
Georgia	Y	Y	Y	N	Y	Y*	Y*	Y*	Y*			X
Hawaii	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	X
Idaho	Y	Y	Y	Y	Y	Y	Y*	Y*	Y*			X
Illinois	Y	Y	Y	Y	Y	Y	Y*	Y	Y*	Y	Y	X
Indiana	Y	Y	Y	Y	Y	Y*	Y*	Y	Y*	Y	Y	X
Iowa	Y	Y	Y	N	Y	Y	Y*	Y	Y*	Y	Y*	X
Kansas	Y	Y	Y	Y	Y	Y	Y	Y	Y*			X
Kentucky	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X
Louisiana	Y	Y	Y	Y	Y	Y	Y*	Y*	Y*	Y	Y*	X
Maine	Y	Y	Y	Y	Y	Y*	Y*	Y	Y*			X

# Medicaid Programs & HCV Treatments

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

State	Basic	Sovaldi	Harvoni	Viekira Pak	Daklinza	Zepatier	Eplclusa	Vosevi	Mavyret	Harvoni <i>Generic</i>	Eplclusa <i>Generic</i>	X
Maryland	Y	Y	N	Y	Y	Y*	N	Y*	Y*	Y*	Y*	X
Massachusetts	Y	Y	Y	Y	Y	Y	Y	Y	Y			X
Michigan	Y	Y	Y	Y	Y	Y*	Y*	Y*	Y*	Y	Y	X
Minnesota	Y	Y	Y	Y	Y	Y	Y	Y*	Y*	Y	Y	X
Mississippi	Y	Y	Y	Y	Y	Y*	Y*	Y	Y*		Y*	X
Missouri	Y	Y	Y	Y	Y	Y*	Y*	Y*	Y*	Y	Y	X
Montana	Y	Y	Y	N	Y	Y	Y	Y	Y*	Y	Y	X
Nebraska	Y	Y	N	Y	Y	Y	N	Y*	Y*	Y	Y	X
Nevada	Y	Y*	Y*	Y	Y	Y*	Y*	Y	Y*	Y*	Y*	X
New Hampshire	Y	Y	Y*	N	N	Y	Y*	Y*	Y*	Y*	Y*	X
New Jersey	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X
New Mexico	Y	N	N	N	N	N	N	N	Y	N	Y	X
New York	Y	Y	Y	Y	Y	Y	Y	Y*	Y*	Y	Y*	X
North Carolina	Y	Y	Y	Y	Y	Y	Y	Y*	Y*	Y	Y*	X
North Dakota	Y	Y	Y	Y	N	Y*	Y*	Y	Y*	Y	Y	X
Ohio	Y	Y	Y	N	Y	Y	Y	Y	Y	N	Y	X
Oklahoma	Y	Y*	Y*	Y	Y*	Y*	Y*	Y*	Y*	Y	Y	X
Oregon	Y	N	N	N	N	Y*	Y*	Y*	Y*	N	Y*	X
Pennsylvania	Y	Y	Y*	Y	Y	Y*	Y*	Y	Y*	Y	Y	X

# Medicaid Programs & HCV Treatments

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

State	Basic	Sovaldi	Harvoni	Viekira Pak	Daklinza	Zepatier	Eplclusa	Vosevi	Mavyret	Harvoni <i>Generic</i>	Eplclusa <i>Generic</i>	X
Rhode Island	Y	Y	Y	Y	Y	Y	Y	Y*	Y*	Y	Y	X
South Carolina	N	N	N	N	N	N	Y*	Y*	Y*			X
South Dakota	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X
Tennessee	Y	Y	Y*	Y	Y	Y	Y*	Y	Y*	Y	Y	X
Texas	Y	Y	Y	Y	Y	Y	Y*	Y*	Y*	Y	Y	X
Utah	Y	Y	Y*	Y	Y	Y*	Y*	Y	Y*	Y	Y	X
Vermont	Y	Y	Y	Y	Y	Y	Y*	Y	Y*	Y	Y	X
Virginia	Y	Y	Y	Y	N	Y	Y	Y	Y*	Y	Y*	X
Washington	Y	Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y	X
West Virginia	Y	Y	Y*	Y	Y	Y*	Y*	Y	Y*	Y	Y	X
Wisconsin	Y	Y	Y*	N	Y	Y*	Y*	Y	Y*	Y	Y	X
Wyoming	Y	Y	Y*	Y	Y	Y	Y*	Y	Y*			X
Washington, DC	Y	Y	Y	Y	Y	Y	Y	Y*	Y*			X
												X
Fed. St. Micronesia												X
Guam												X
Palau												X
Puerto Rico												X
U.S. Virgin Islands												X

# Medicaid Programs & HCV Treatments

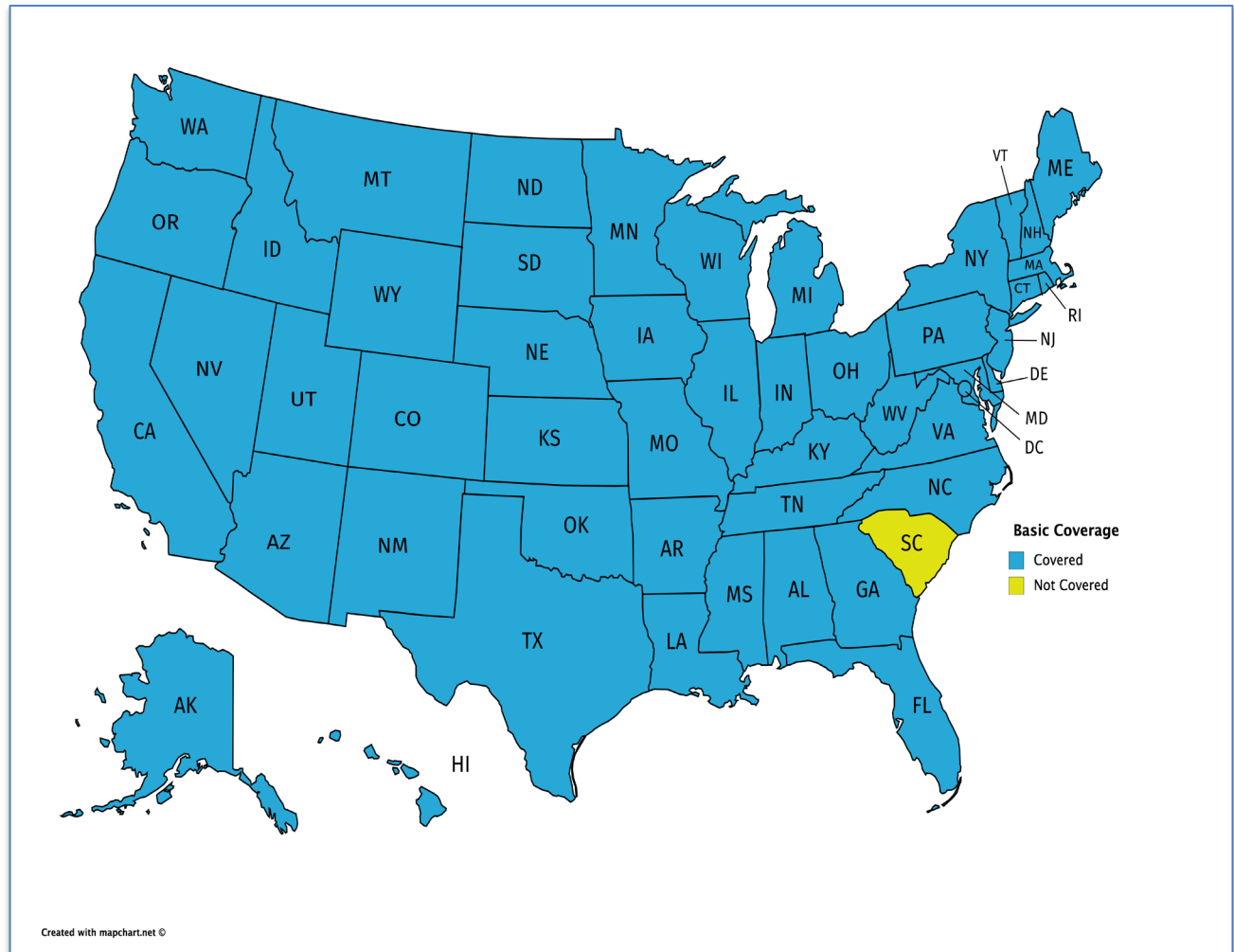
There are currently 51 Medicaid programs that cover some form of HCV-related drug therapies as part of their Preferred Drug Lists. To learn more about Medicaid or their Preferred Drug Lists, please visit <http://medicaiddirectors.org>.

**Figure 14.**

Basic Coverage Map Key:

Light Blue: Covered

Yellow: Not Covered



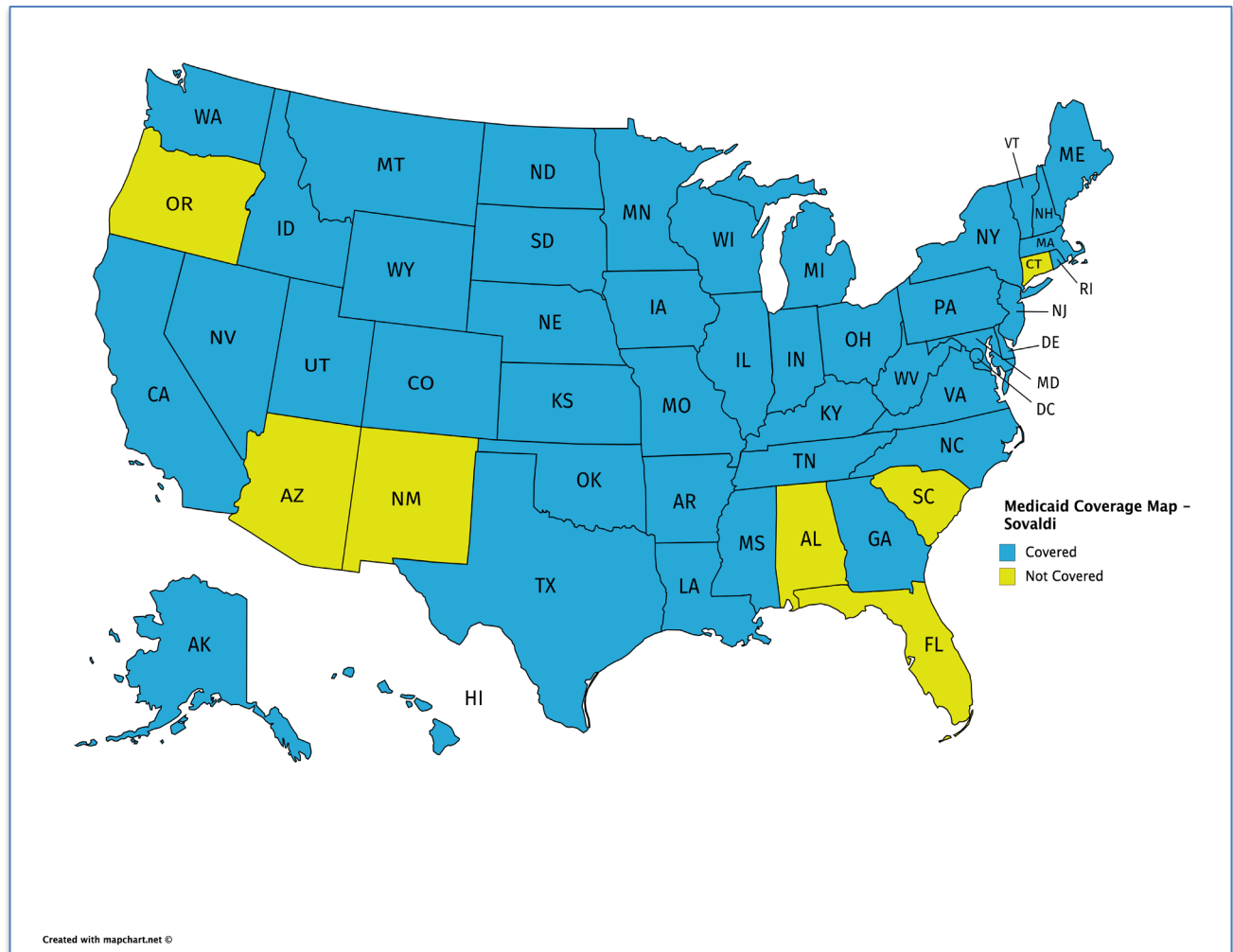
# Medicaid Programs & HCV Treatments

Sovaldi Coverage Map  
December 2019

**Figure 15.**

Sovaldi Coverage Map Key:

- Light Blue: Covered
- Yellow: Not Covered



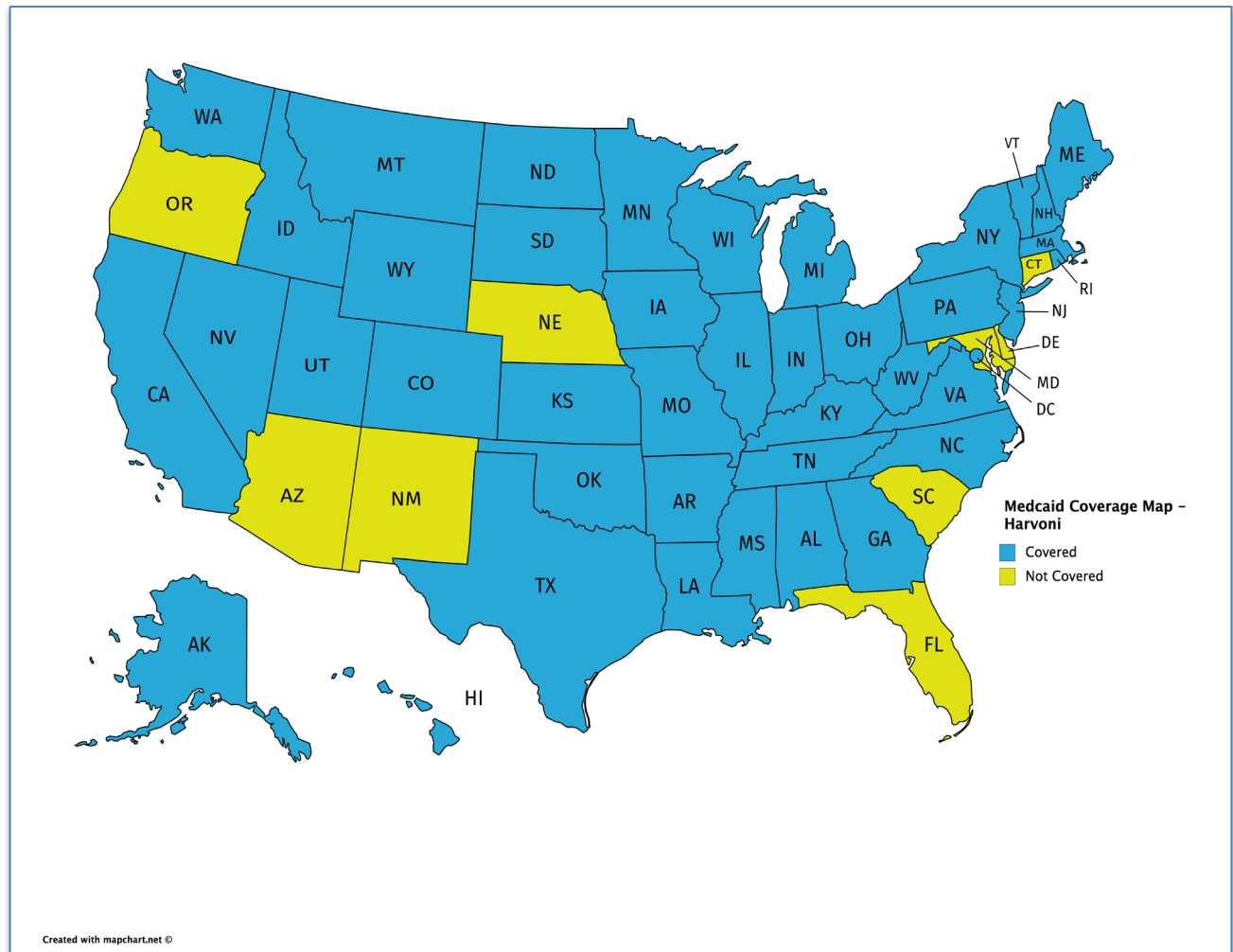
# Medicaid Programs & HCV Treatments

Harvoni Coverage Map  
December 2019

**Figure 16.**

Harvoni Coverage Map Key:

- Light Blue: Covered
- Yellow: Not Covered





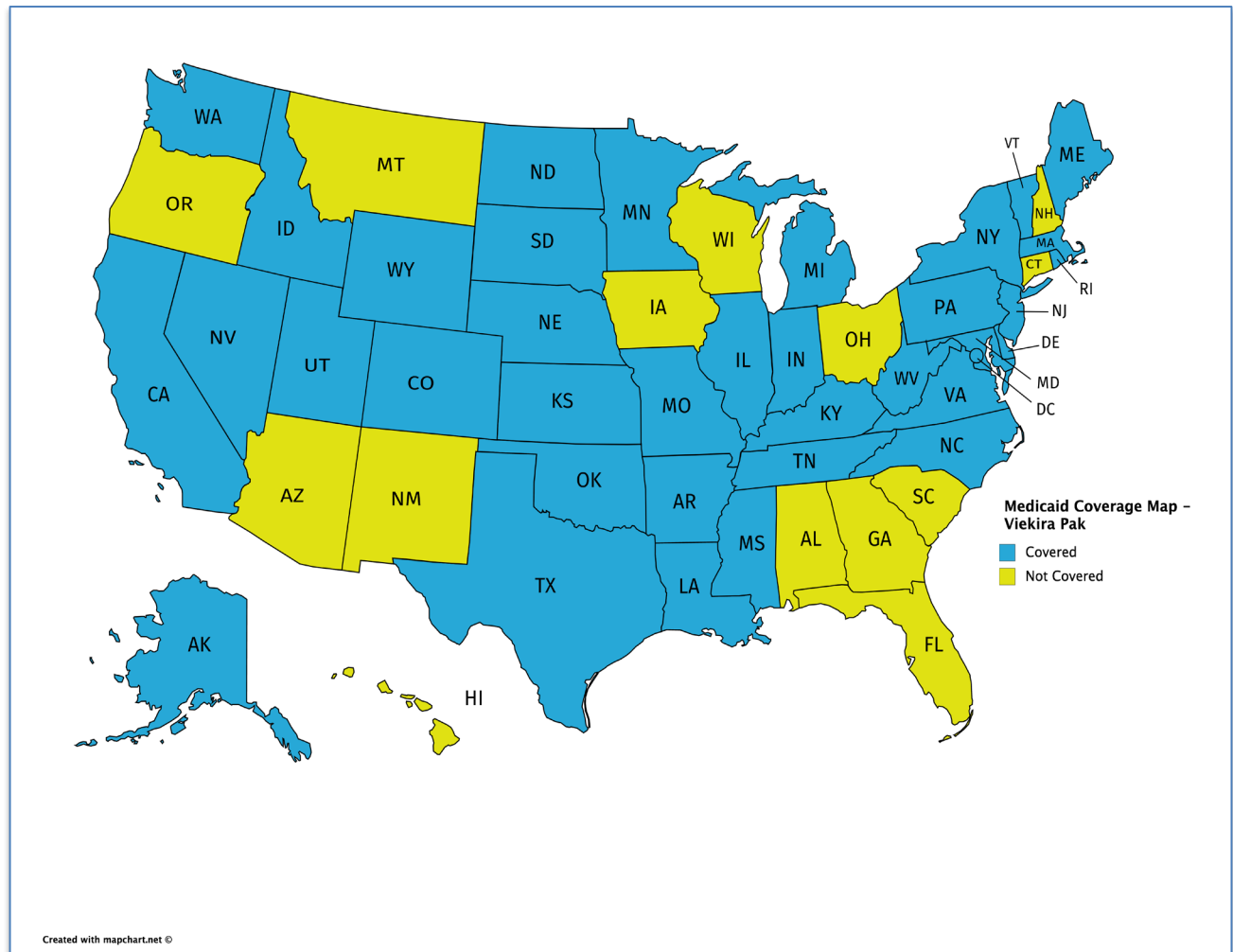
# Medicaid Programs & HCV Treatments

Viekira Pak Coverage Map  
December 2019

**Figure 17.**

Viekira Pak Coverage Map Key:

- Light Blue: Covered
- Yellow: Not Covered



# Medicaid Programs & HCV Treatments

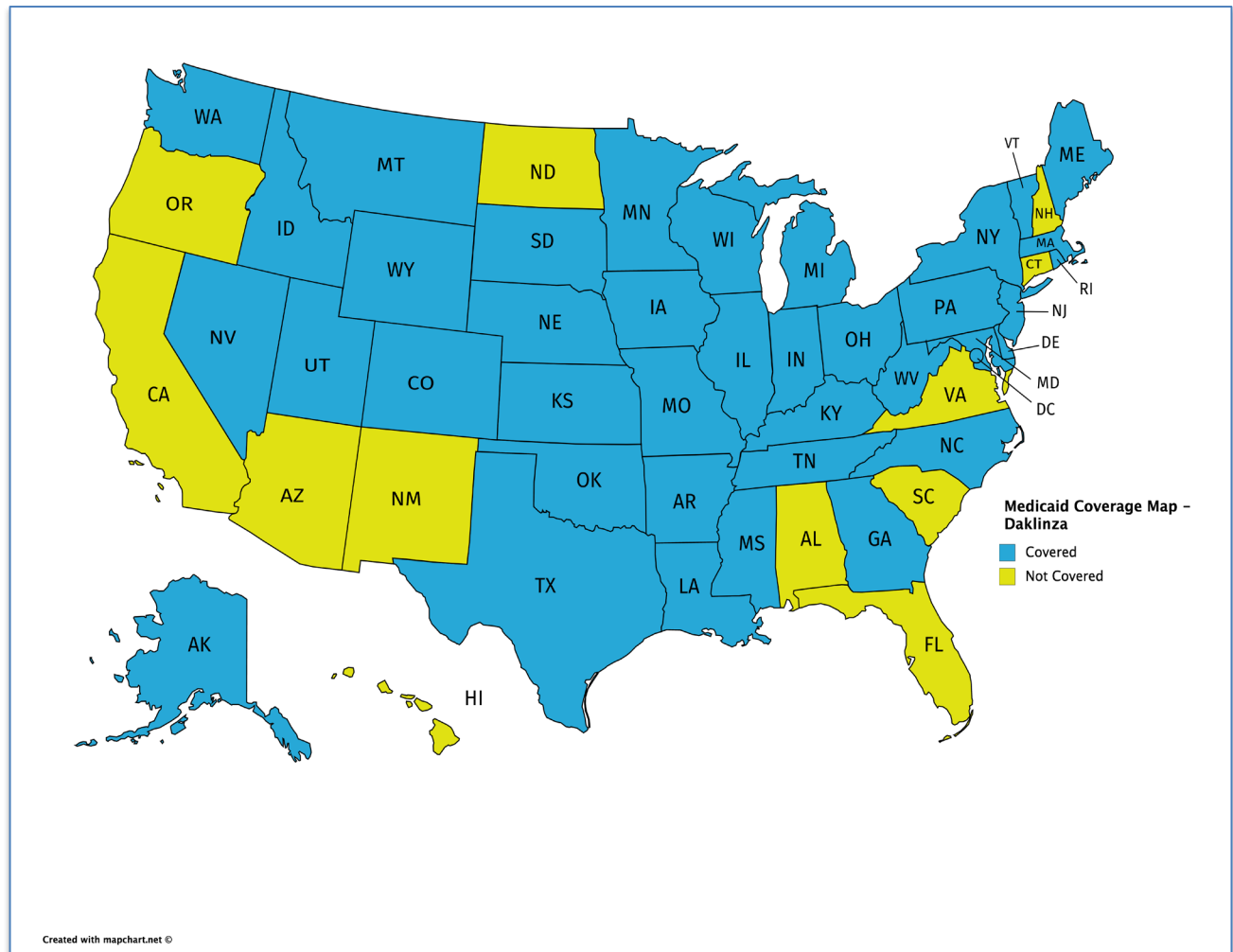
Daklinza Coverage Map  
December 2019

**Figure 18.**

Daklinza Coverage Map Key:

Light Blue: Covered

Yellow: Not Covered



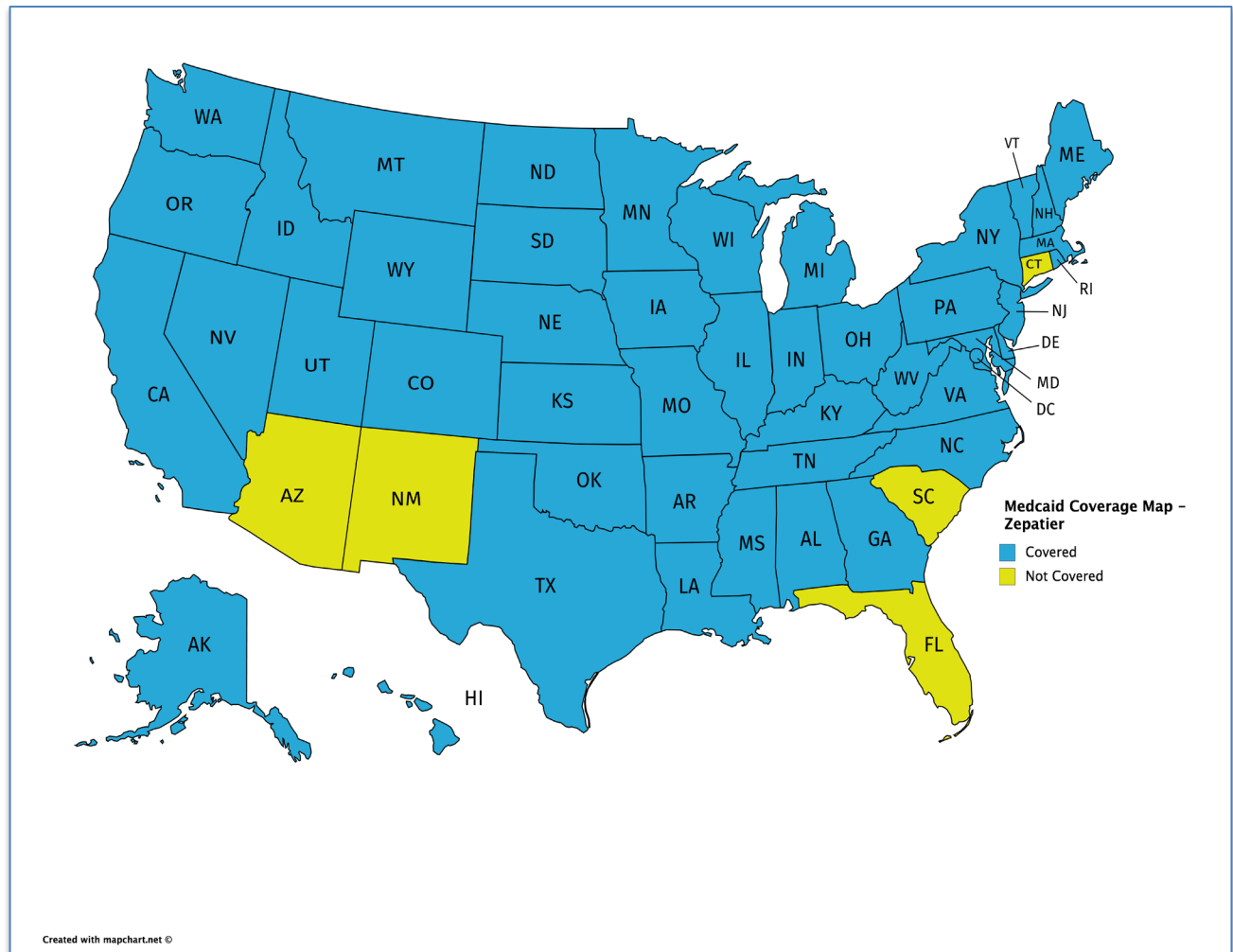
# Medicaid Programs & HCV Treatments

Zepatier Coverage Map  
December 2019

**Figure 19.**

Zepatier Coverage Map Key:

- Light Blue: Covered
- Yellow: Not Covered



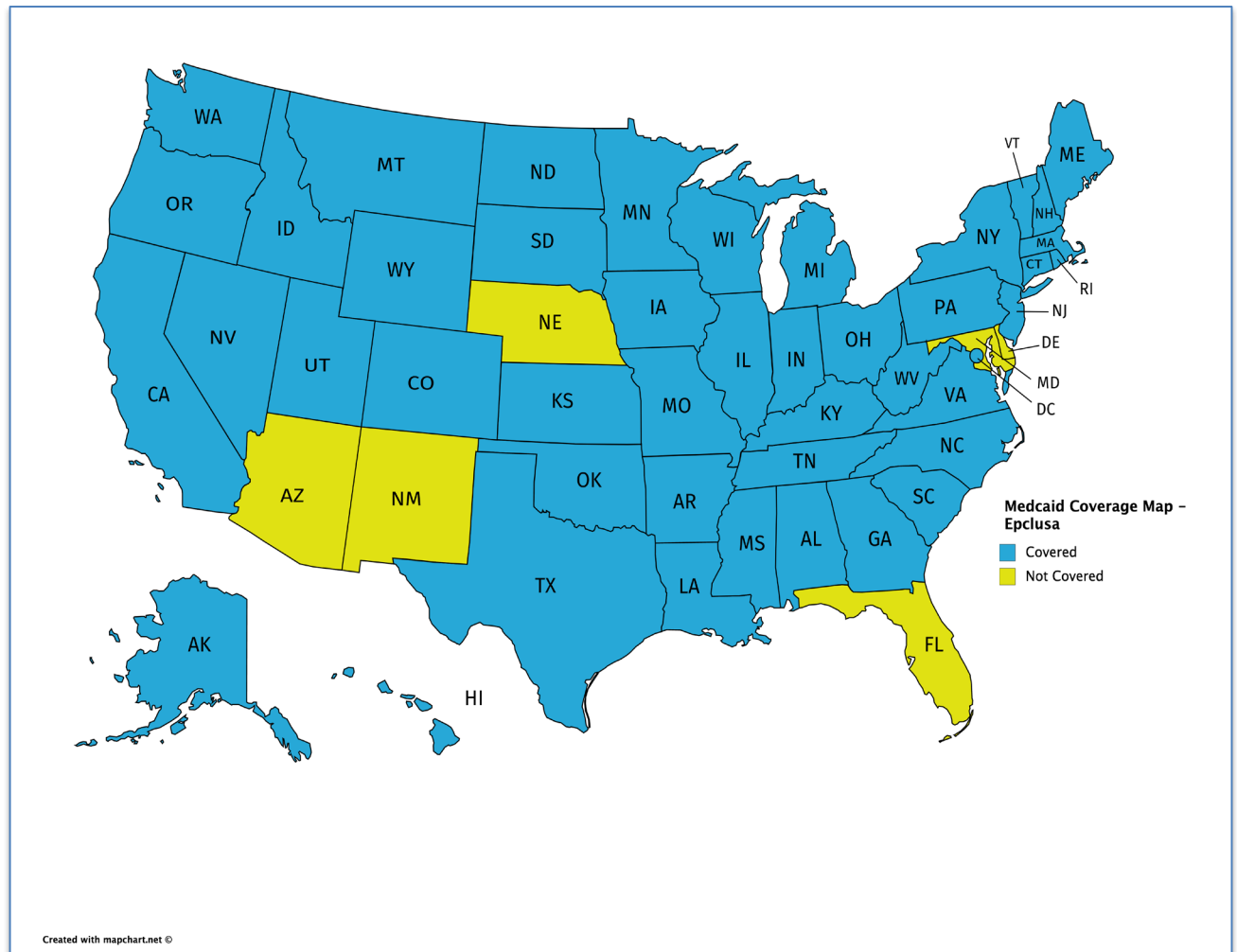
# Medicaid Programs & HCV Treatments

Epclusa Coverage Map  
December 2019

**Figure 20.**

Epclusa Coverage Map Key:

- Light Blue: Covered
- Yellow: Not Covered



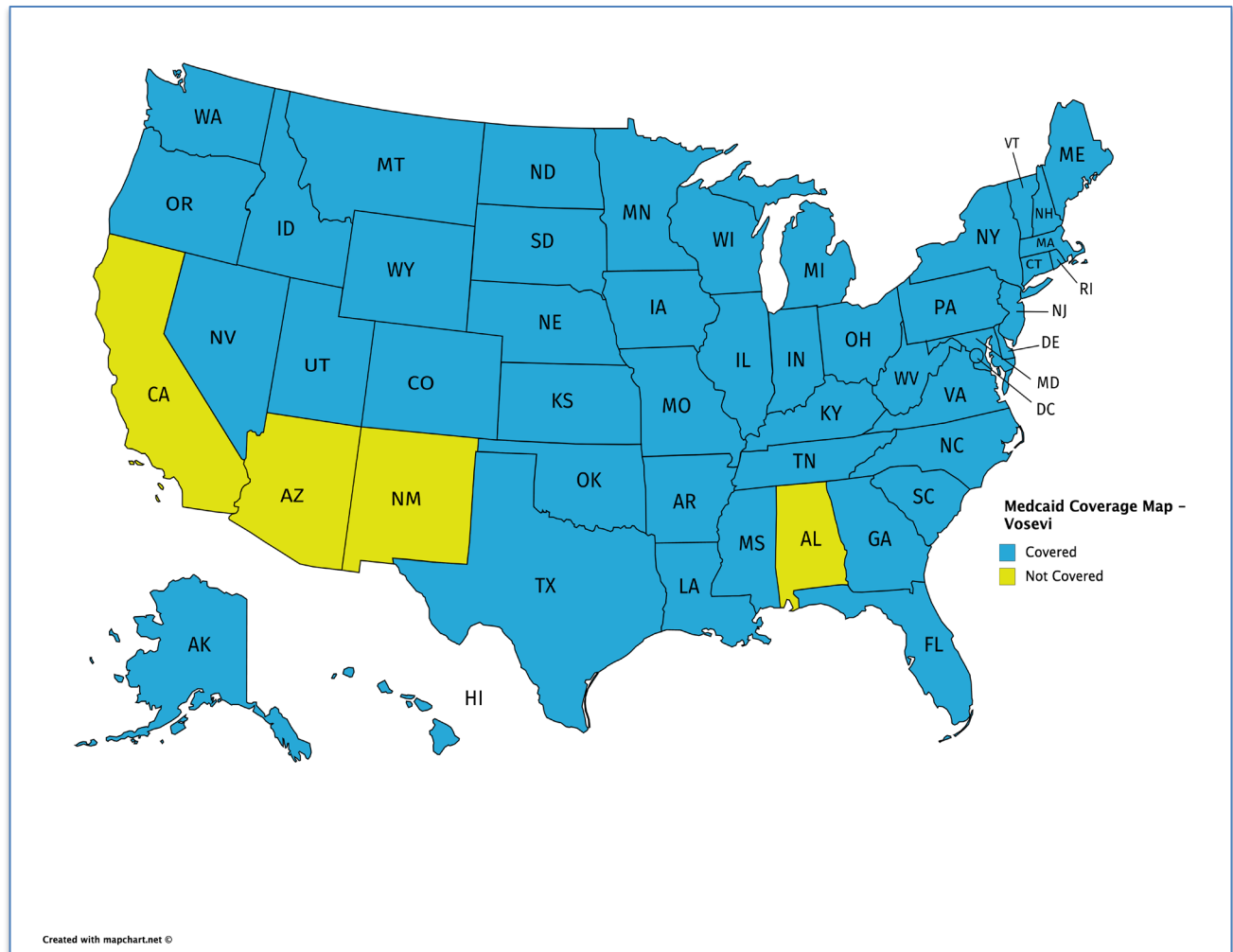
# Medicaid Programs & HCV Treatments

Vosevi Coverage Map  
December 2019

**Figure 21.**

Vosevi Coverage Map Key:

- Light Blue: Covered
- Yellow: Not Covered



# Medicaid Programs & HCV Treatments

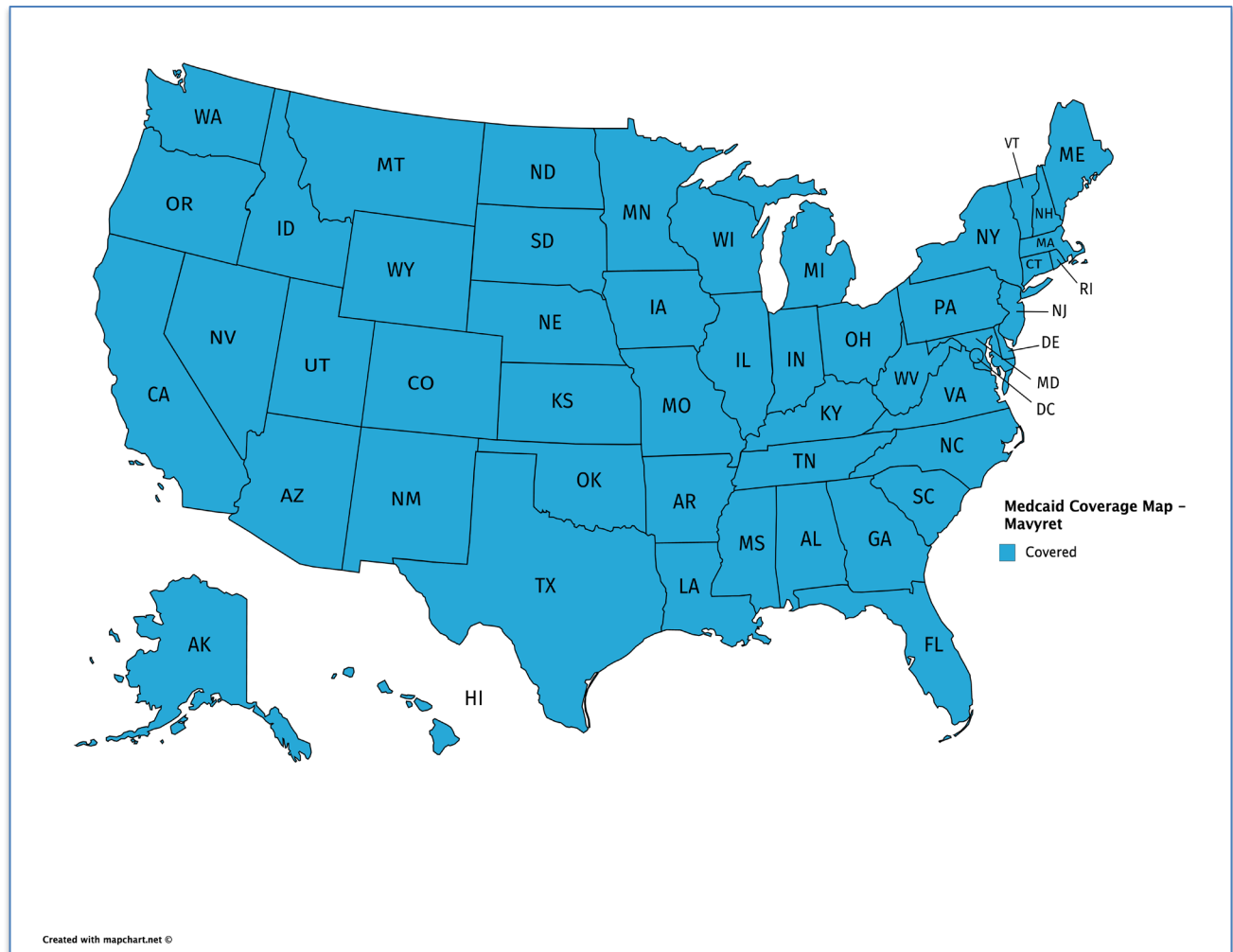
Mavyret Coverage Map  
December 2019

**Figure 22.**

Mavyret Coverage Map Key:

Light Blue: Covered

Yellow: Not Covered



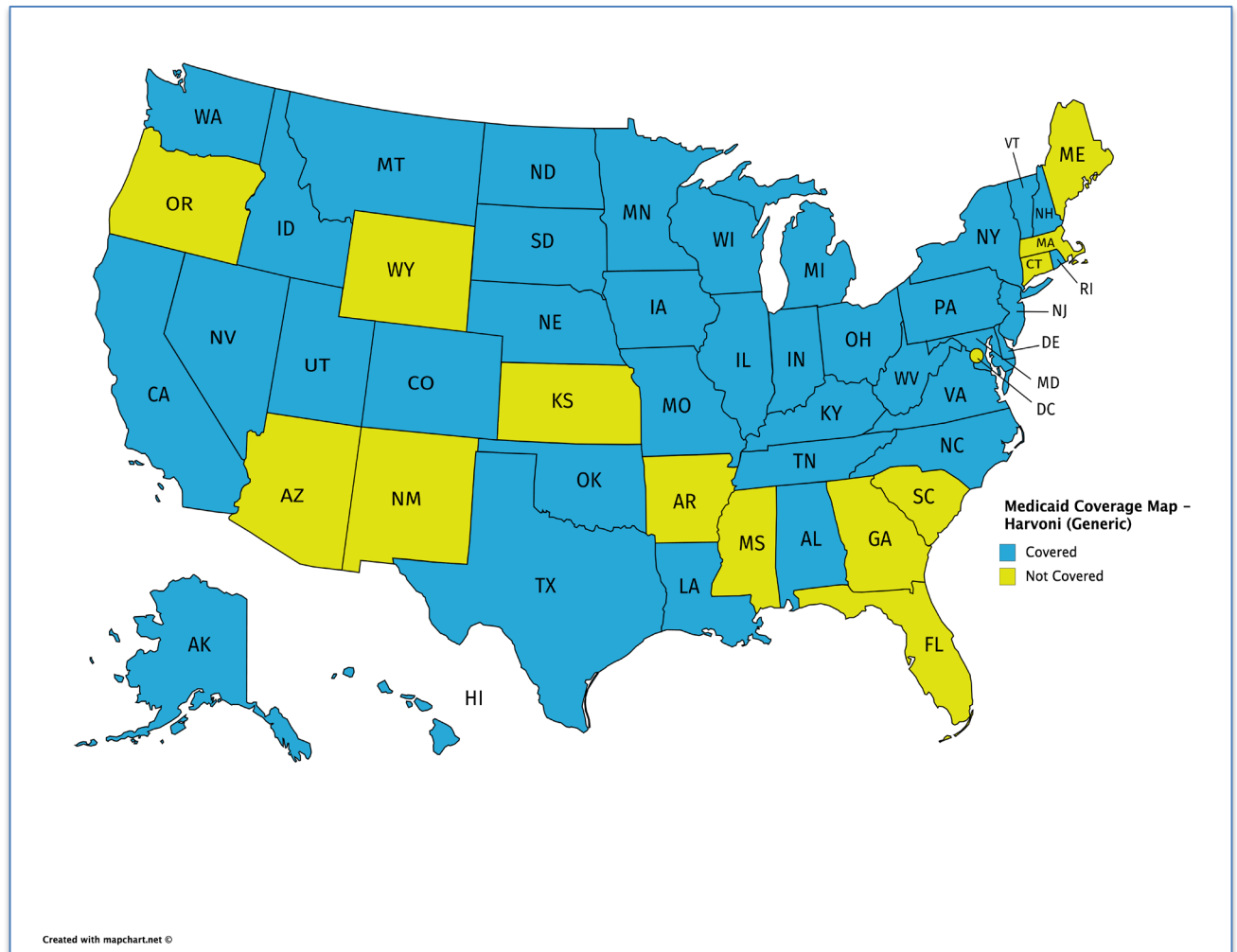
# Medicaid Programs & HCV Treatments

Harvoni *Generic* Coverage Map  
December 2019

**Figure 23.**

Harvoni *Generic* Map Key:

- Light Blue: Covered
- Yellow: Not Covered



# Medicaid Programs & HCV Treatments

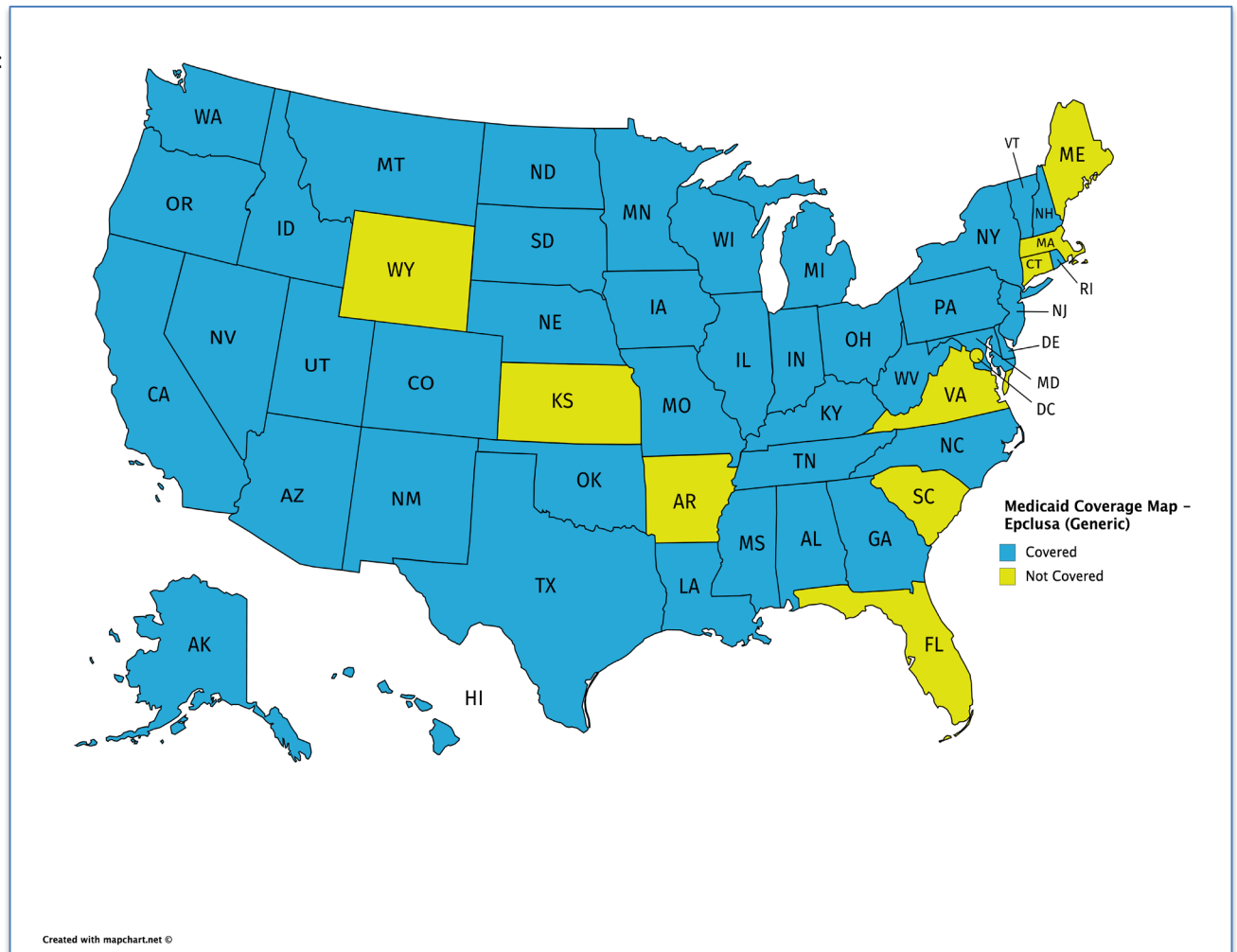
Eplusa *Generic* Coverage Map  
December 2019

**Figure 24.**

Eplusa *Generic* Coverage 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).

## December 2019 Updates:

- States that have included Harvoni (Generic) in their PDLs: AL, AK, CA, CO, DE, HI, ID, IL, IN, IA, KY, LA, MD, MI, MN, MO, MT, NE, NV, NH, NJ, NY, NC, ND, OH, OK, PA, RI, SD, TN, TX, UT, VT, VA, WA, WV, WI
- States that have included Eplclusa (Generic) in their PDLs: AL, AK, CA, CO, CT, DE, HI, ID, IL, IN, IA, KY, LA, MD, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SD, TN, TX, UT, VT, VA, WA, WV, WI

## December 2019 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.) Presbyterian Centennial Care
  - 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 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 coinfecting: 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 Sovaldi, Harvoni, Harvoni (Generic), Epclusa, Epclusa (Generic), and Vosevi
  - Co-Pay Coupons cover out-of-pocket costs up to 25% of the catalog price of a 12-week regimen (3 bottles/packages) of Sovaldi, Harvoni, Harvoni (Generic), Epclusa, Epclusa (Generic), or Vosevi
  - 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/>

## AbbVie Mavyret Co-Pay Savings Card:

- Financial Assistance
  - Patient may be eligible to 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.mavyret.com/copay-savings-card>

# 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: **Closed**
- 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.

# 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. (N.b. – states listed as “Y” indicate only that a Syringe Services Program (SSP) exists within the state, regardless of the legality of SSPs under state law).

- **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	Y	Y	Y	Y	N	Y	N
Arkansas – AR	Y	Y	Y	Y	N	Y	N	Y	Y
California – CA	Y	Y	Y	Y	Y	Y	N	Y	N
Colorado – CO	Y	Y	Y	Pending	Y	Y	N	Y	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	Y	Y
Idaho – ID	Y	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	Y	Y
Iowa – IA	Y	Y	Y	Y	Y	Y	N	Y	Y
Kansas – KS	Y	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	N	Y	Y	Y
Michigan – MI	Y	Y	Y	Y	Y	N	Y	Y	Y
Minnesota – MN	Y	Y	Y	Y	N	Y	Y	Pending	Y
Mississippi – MS	Y	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	Y	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	Y	Y	Y	Y	Y	N	Y
Oregon – OR	Y	Y	Y	Y	N	N	Y	Y	Y
Pennsylvania – PA	Y	Y	Y	Y	Y	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	Y	Y
Washington – WA	Y	Y	Y	Y	N	Y	N	Y	Y
West Virginia – WV	Y	Y	Y	Y	Y	Y	Y	Y	Y
Wisconsin – WI	Y	Y	Y	Y	Y	N	Y	Y	Y
Wyoming – WY	N	Y	Y	Y	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

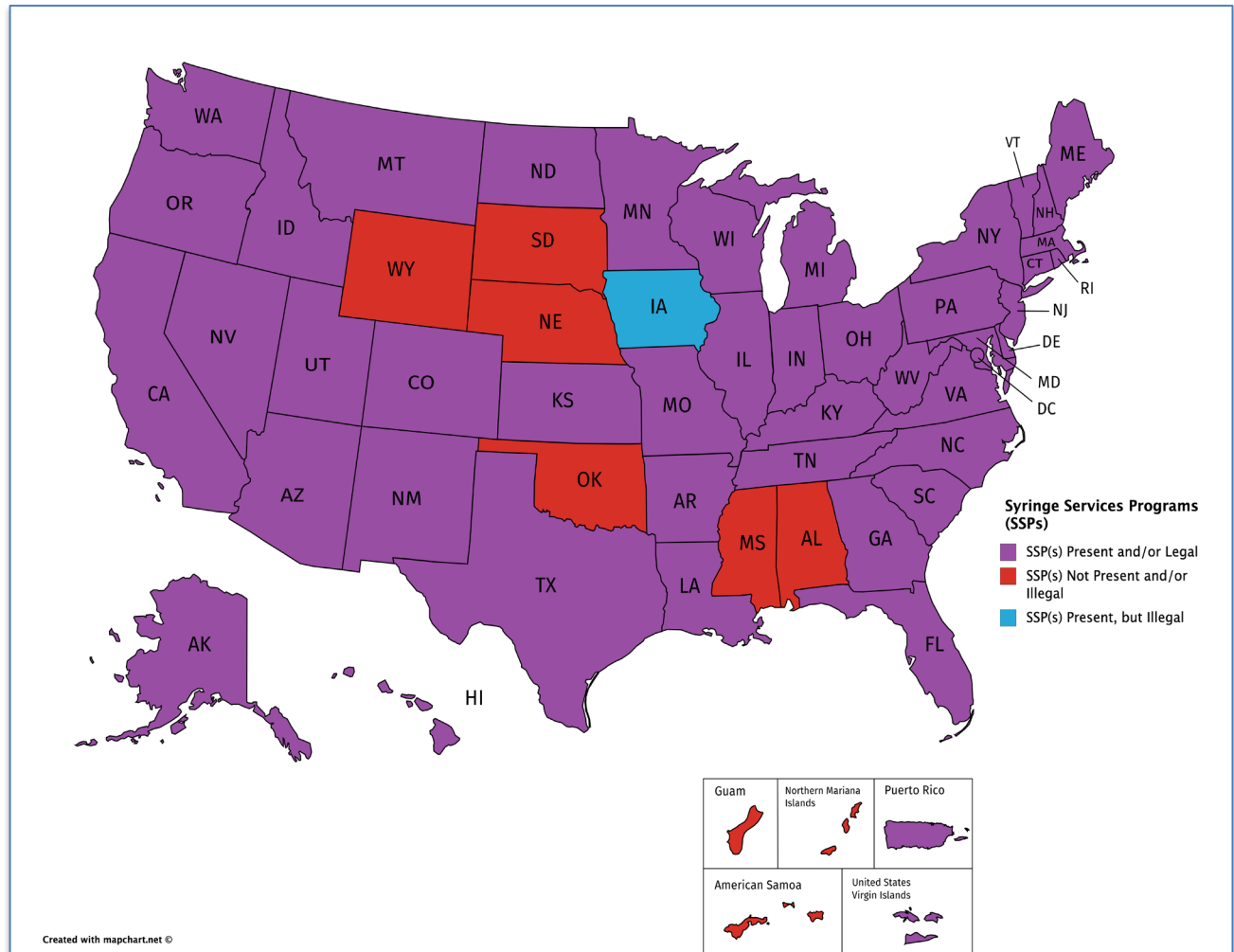
Syringe Exchange Coverage Map  
December 2019

**Figure 28.**

Syringe Exchange Map Key:

Purple: Syringe Exchange(s)

Red: No Syringe Exchange(s)



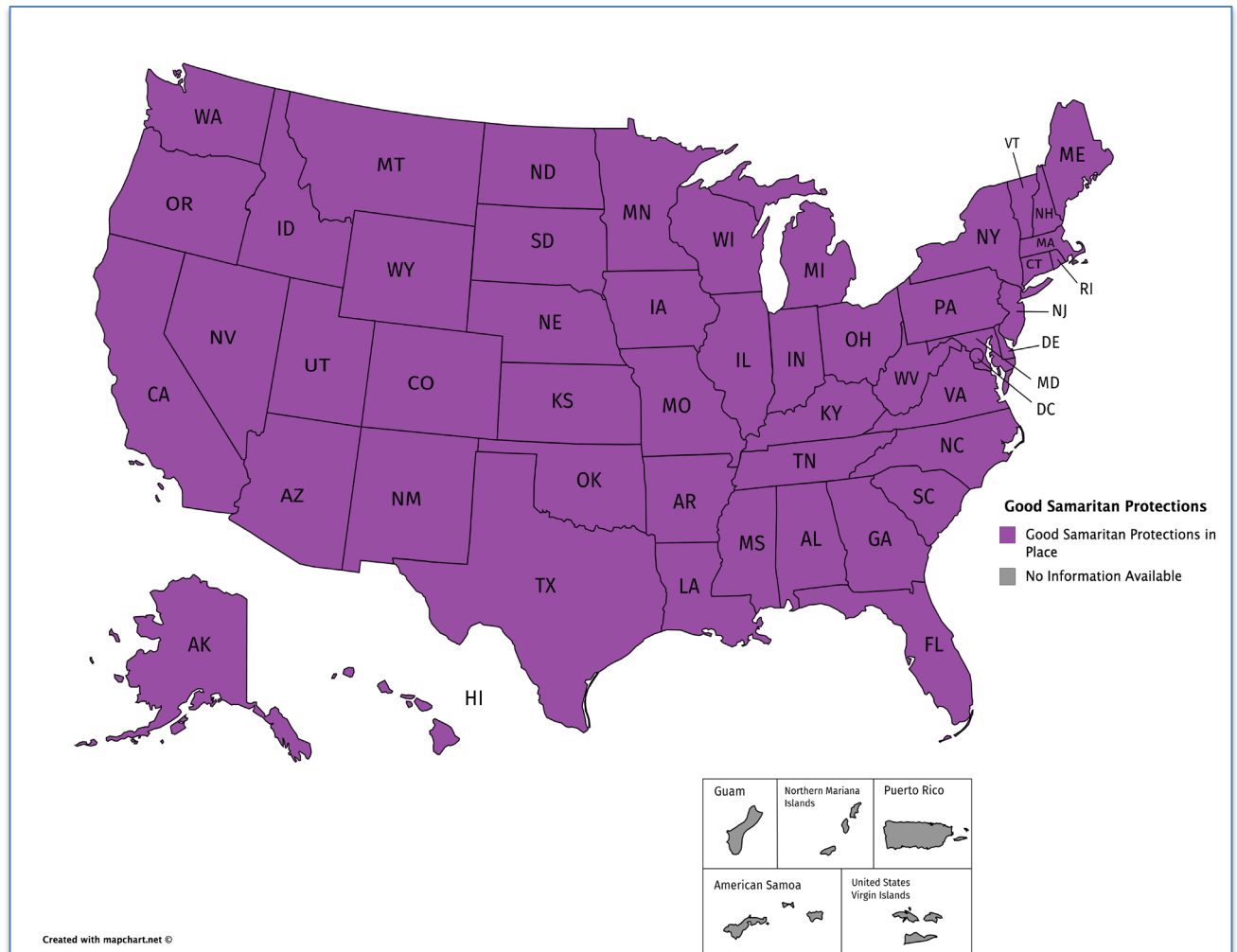


# Harm Reduction Programs

Good Samaritan Laws Coverage Map  
December 2019

**Figure 30.**

Good Samaritan Laws Map Key:  
Purple: Good Samaritan Laws  
Red: No Good Samaritan Laws



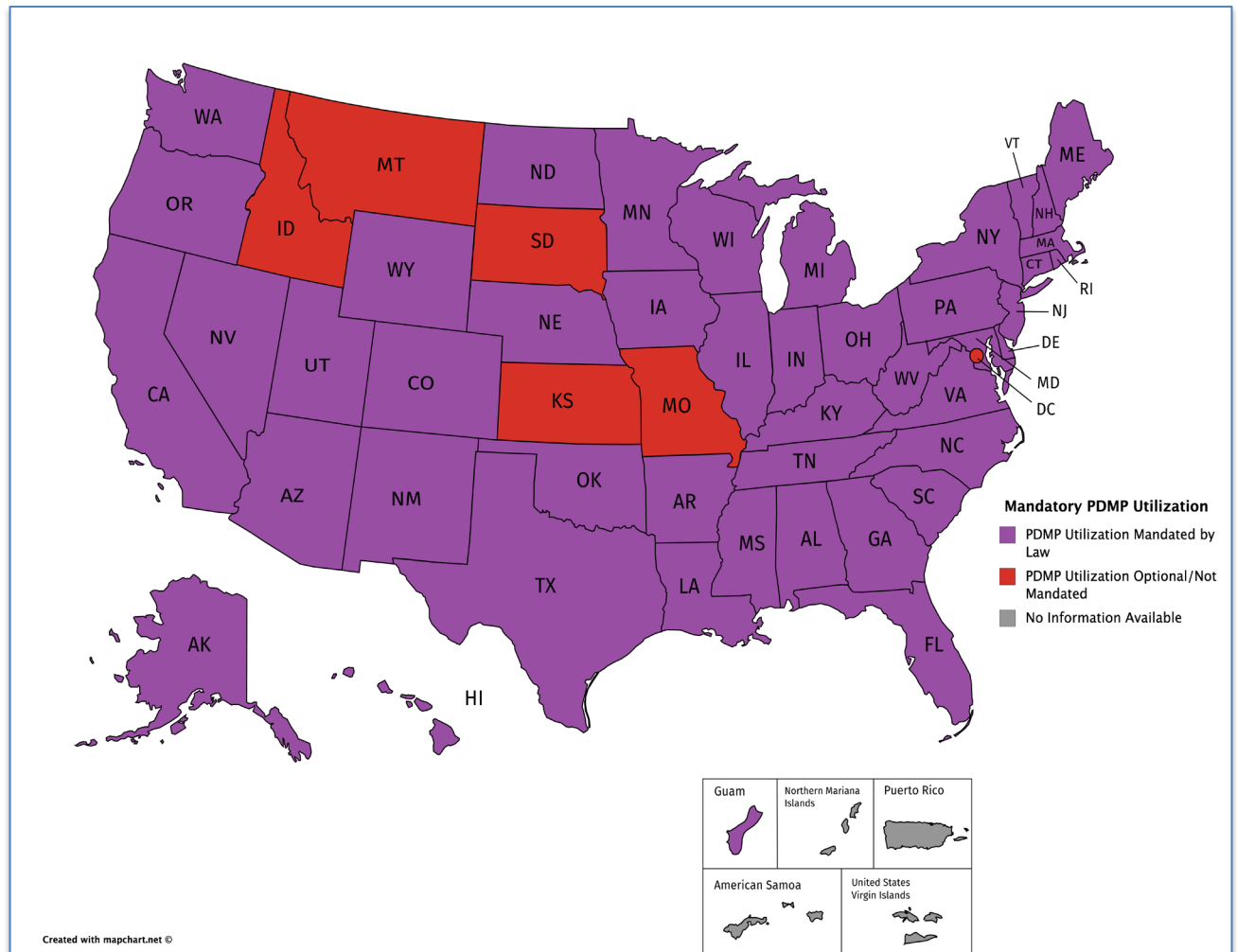
# Harm Reduction Programs

Prescription Drug Monitoring Programs (PDMPs) Coverage Map  
December 2019

**Figure 31.**

PDMPs Map Key:

- Purple: Mandatory PDMPs
- Red: No Mandatory PDMPs

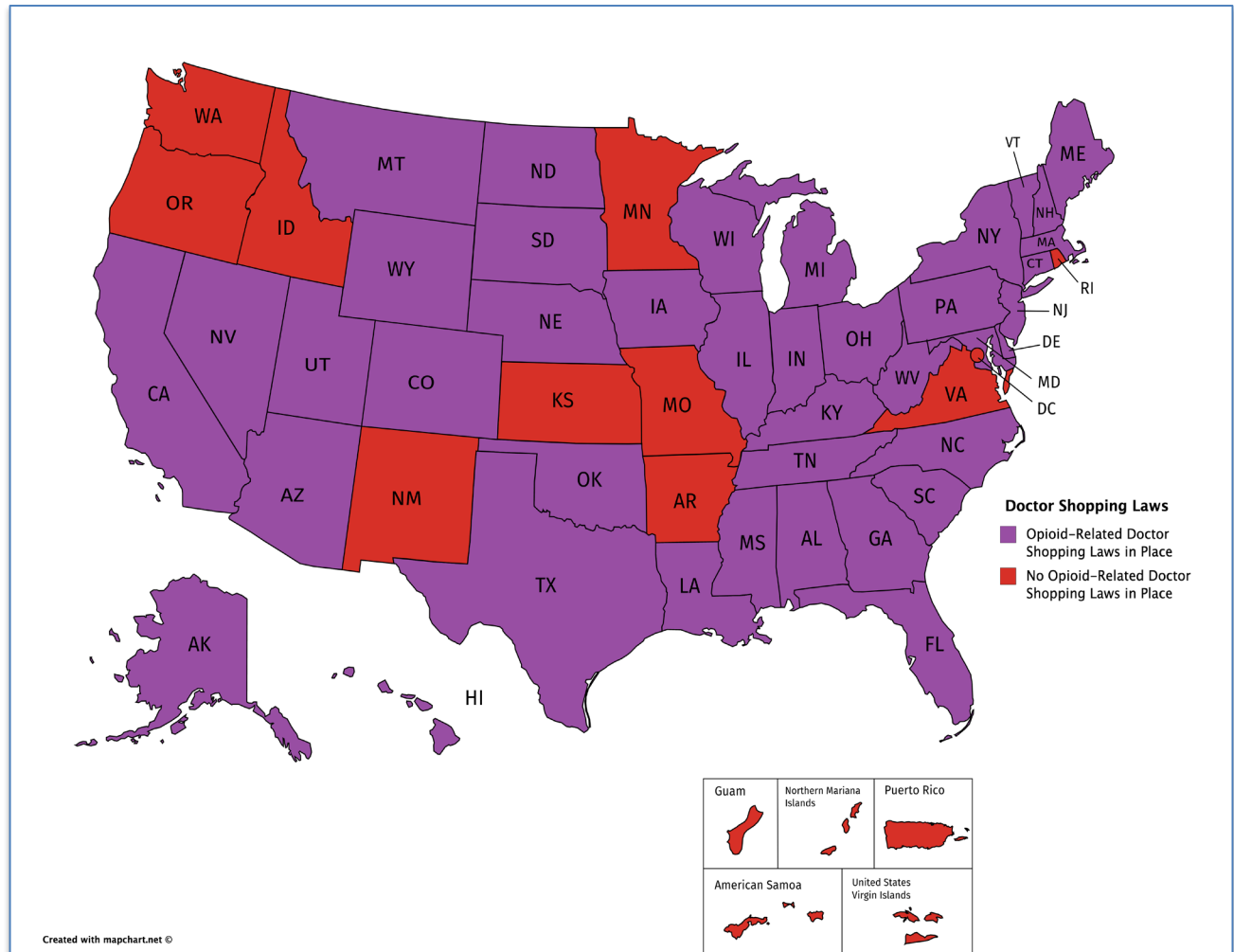


# Harm Reduction Programs

Doctor Shopping Laws Coverage Map  
December 2019

**Figure 32.**

Doctor Shopping Laws Map Key:  
Purple: Doctor Shopping Laws  
Red: No Doctor Shopping Laws

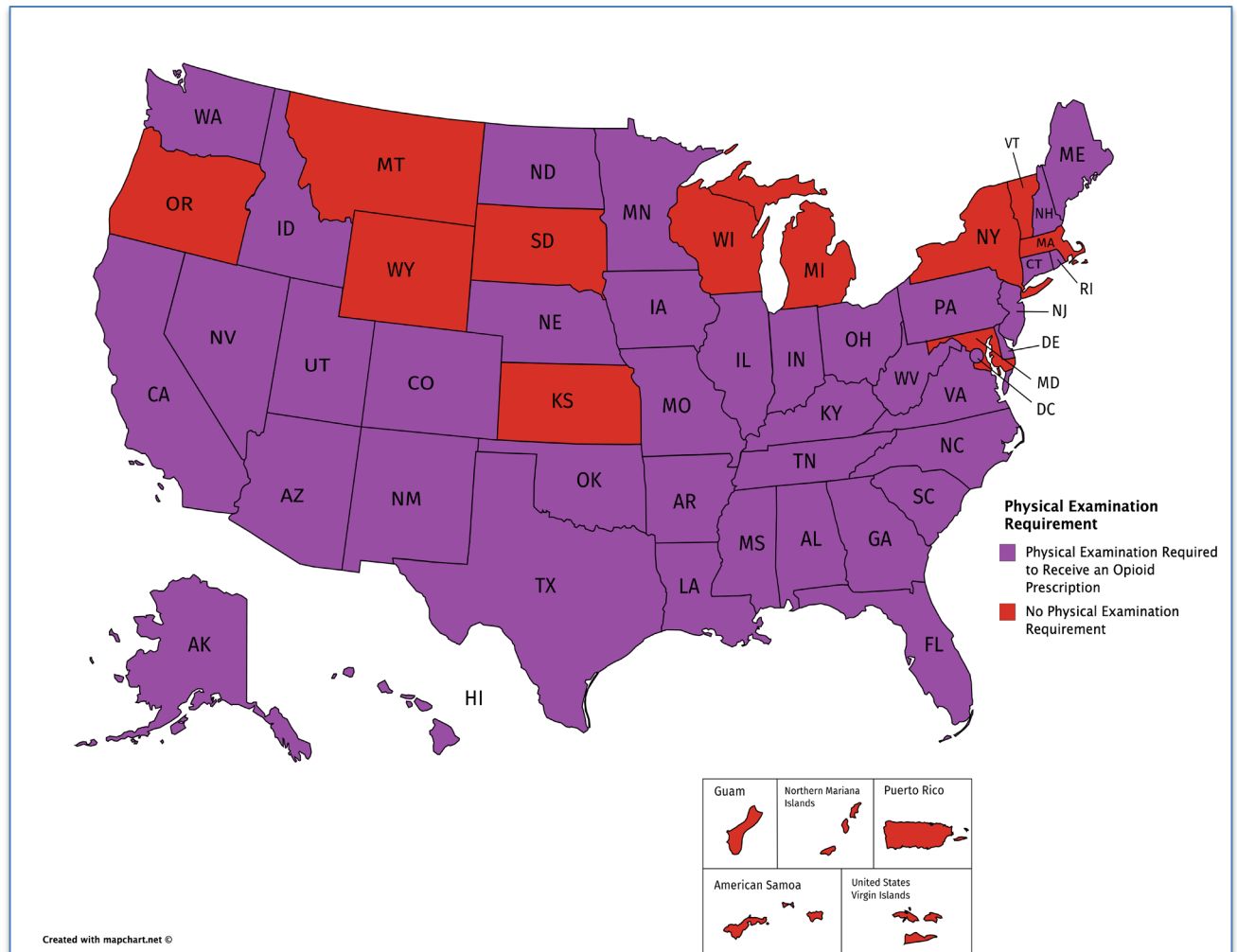


# Harm Reduction Programs

Physical Exam Required Coverage Map  
December 2019

**Figure 33.**

Physical Exam Required Map Key:  
Purple: Physical Exam Required  
Red: No Physical Exam Required



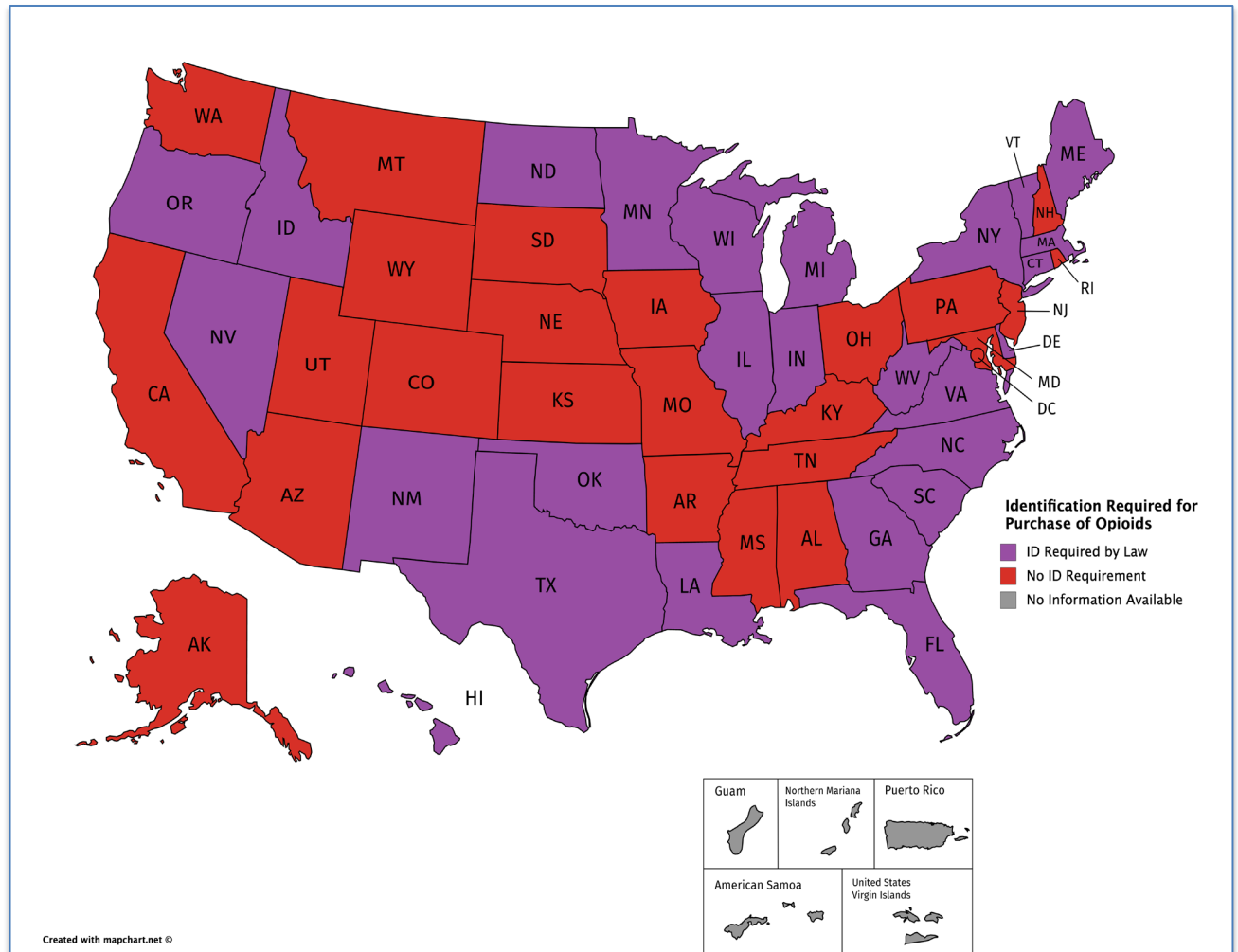
# Harm Reduction Programs

I.D. Required Coverage Map  
December 2019

**Figure 34.**

I.D. Requirement Map Key:

- Purple: I.D. Required
- Red: No I.D. Required



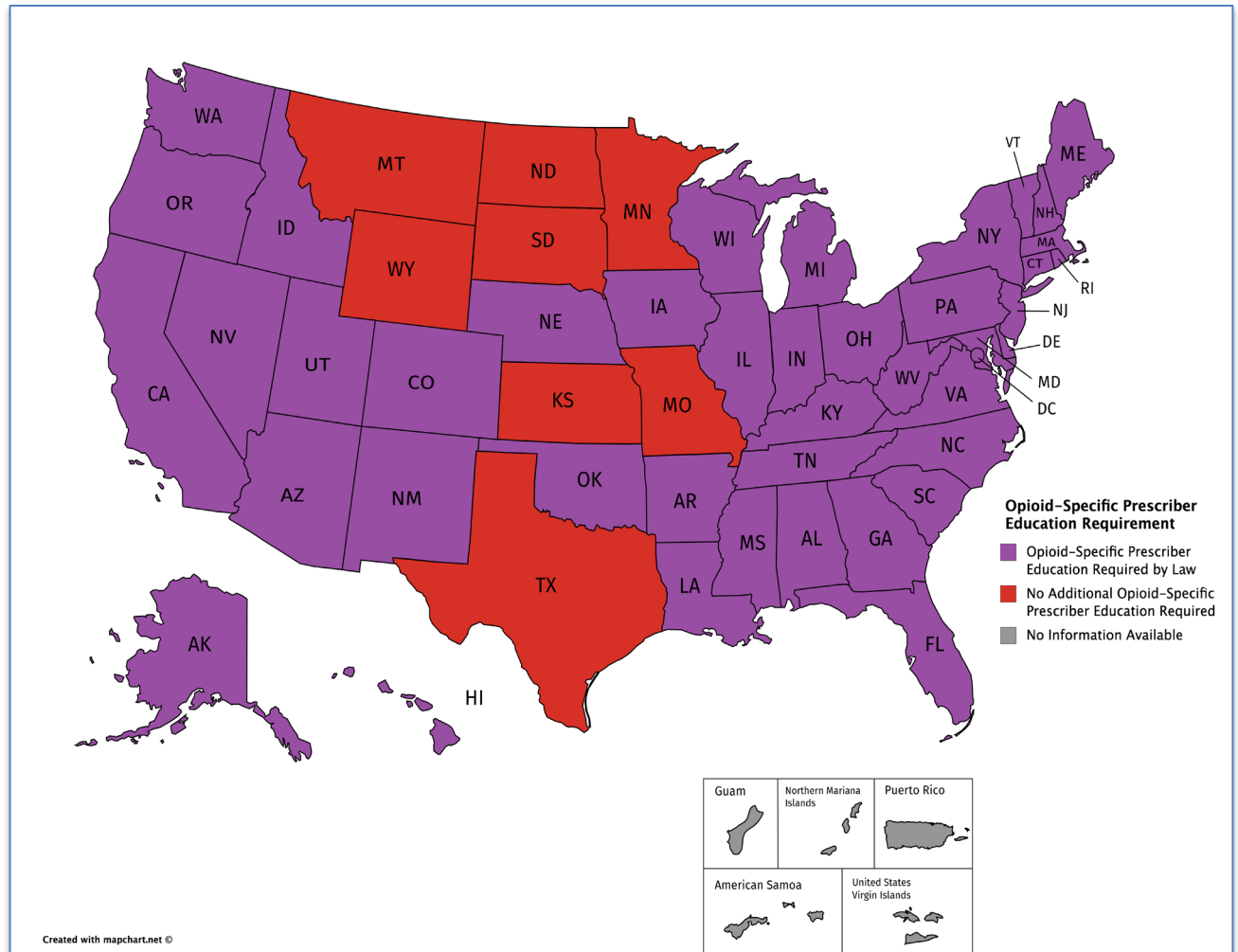


# Harm Reduction Programs

Prescriber Education Required Coverage Map  
December 2019

**Figure 35.**

Prescriber Ed Required Map Key:  
Purple: Prescriber Ed Required  
Red: No Prescriber Ed Required



# Harm Reduction Programs

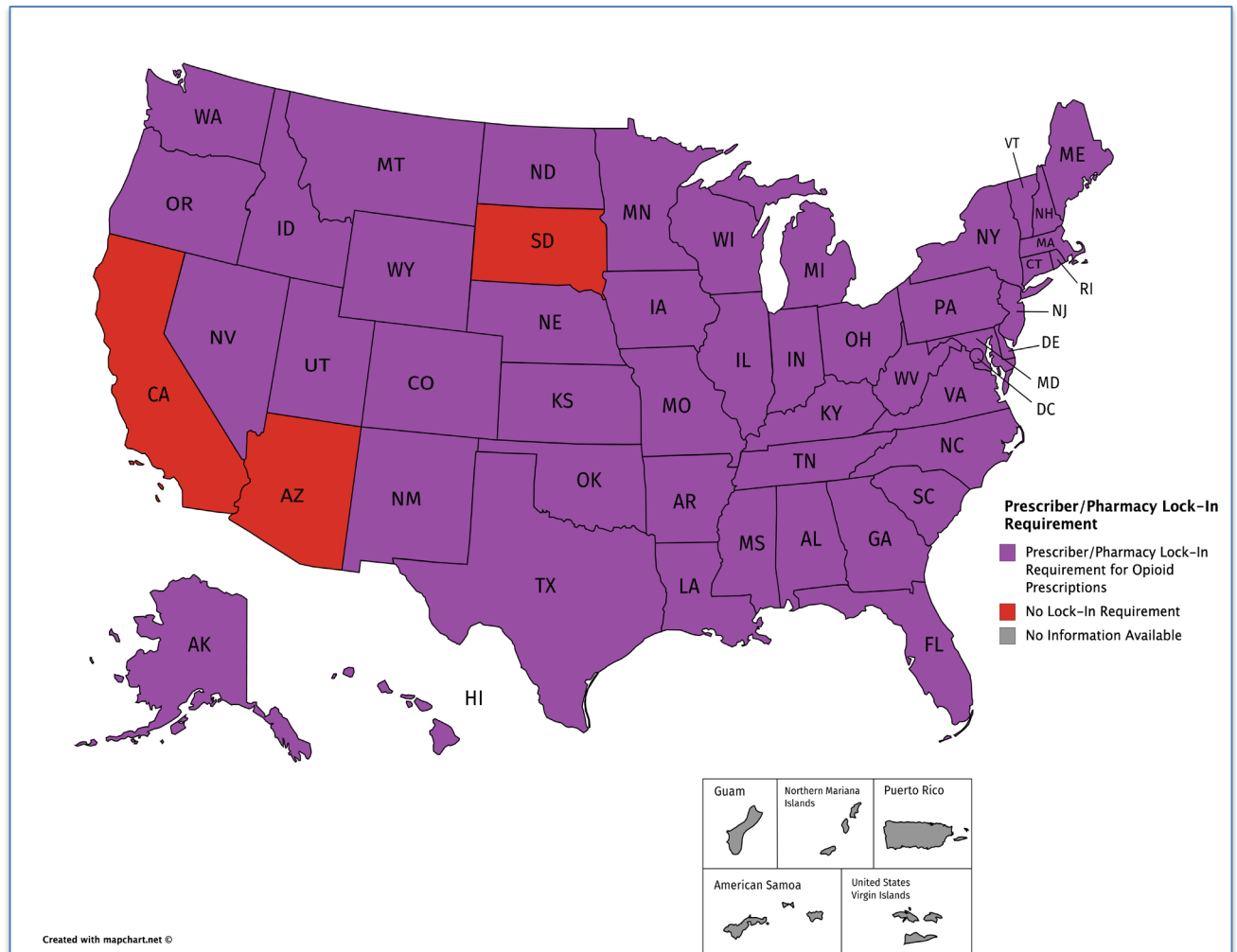
Lock-In Program Coverage Map  
December 2019

**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.

## December 2019 Updates:

- No updates

## December 2019 Notes:

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

# Regional Trends

# National Trends:

.

# Regional Trends

**National Trends:** *Editor's Note – This summary is the same as November 2019, since it is the year-end recap*

## HIV (2017 Preliminary National Rate – 11.8):

Since 2012, the overall number of new HIV infections continues to decline on an annual basis. In all age groups, except for people aged 25-29, the number of new HIV infections either declined, or remained stable; for people aged 25-29, new infections have been steadily increasing since 2013, particularly within Hispanic/Latinx populations. New HIV infections via Injection Drug Use (IDU) has declined, nationally, but in certain states, HIV via IDU has increased exponentially. A prime example of this is the state of West Virginia, which is currently experiencing its fourth HIV outbreak in three calendar years. From 2013-2017, West Virginia saw an annual average of 77 total new HIV infections. In 2018, that number increased to 87; in 2019, as of October 18, 2019, the state has seen 112 new HIV infections, of which 72 – 64.3% – of which have been linked to IDU as the primary risk factor for infection. The outbreak in Cabell County, WV – which borders both Kentucky and Ohio – will also impact new HIV infections in both Kentucky and Ohio, as many of the 82 cases identified in the Cabell County Cluster of HIV infections are non-residents of either the county or the state. Despite being diagnosed in West Virginia, it is likely that these patients whose infections were the likely result of IDU may have already engaged in IDU practices back in their counties and states of residence and may have spread HIV within their user networks. It can safely be assumed that, as more testing efforts get underway, that we will continue to see HIV infections via IDU increase in 2018 reporting and beyond until these patients have better access to preventive services.

## HBV (2017 National Rate – 1.1):

While the overall rate of new Hepatitis B (HBV) infections remained relatively stable from 2016 to 2017, certain states saw increases in new HBV infections, many of which appear to be related to IDU. Maine saw the most dramatic year-over-year increase of new HBV infections from 2016 to 2017, increasing their rate from 4.0 to 5.8, replacing Kentucky as having the second-highest rate of new HBV infections (after West Virginia). This increase is likely a result of IDU as, along with the rest of New England, the state continues to grapple with prescription and illicit opioid drug addiction. West Virginia, which has had the highest rate of new HBV infections in the country since at least 2010, saw its second consecutive decrease in new HBV infection since 2015, from 14.7 to 14.6 to 11.7. The rate of new infections is, however, still more than double that of the second-highest rate in Maine. As with Hepatitis C (HCV), IDU continues to be the leading driver for new HBV infections, particularly in rural and suburban areas of the country.

# Regional Trends Con't.

**National Trends:** *Editor's Note – This summary is the same as November 2019, since it is the year-end recap*

## HCV (2017 National Rate – 1.0):

The overall rate of new HCV infections remained relatively stable from 2016 to 2017 while continuing the trend of new HCV infections being largely driven by IDU, particularly in rural and suburban parts of the U.S. In 2017, West Virginia replaced Massachusetts as having the highest rate of new HCV infections (WV – 5.6, up from 5.1 in 2016; MA – 4.8, down from 6.2 in 2016), as new HCV infections continue to mount in West Virginia as a result of the opioid crisis-related IDU. Delaware saw a drastic decrease in new HCV infections, from 2.6 in 2016 to 0.4 in 2017. This decrease should not be considered a trend, however, as Delaware's rate of new HCV infections was 0.4 in 2015, which could indicate that fewer people were testing from year to year. Indiana's rate of new infections jumped from 2.2 in 2016 to 2.9 in 2017 which is likely the result of IDU transmission. It should also be noted that methamphetamine is making a comeback, particularly in IN, OH, PA, WV, and KY – areas where addiction to opioid drugs has led to increased scrutiny and attention paid to illicitly obtained prescription opioid and the heroin markets. This is leading to an increased number of new HIV, HBV, and HCV infections as a result of IDU of methamphetamine, rather than opioid drugs.

## Overdose Deaths (2017 National Rate – 21.7):

The rate of drug overdose deaths increased from 19.8 in 2016 to 21.7 in 2017. Of those overdose deaths, 67.8% involved opioid drugs, particularly synthetic opioids such as fentanyl. From 2016 to 2017, synthetic opioid-involved overdose deaths saw an increase of 45.2%. Synthetic opioids (other than methadone), specifically fentanyl, have increasingly been finding their way into counterfeit prescription and illicit drug (primarily methamphetamine and heroin) supplies. Fentanyl has been coming into the U.S. either directly from China in its completed formulation, or indirectly from China via Mexico, where cartels and drug warehouses receive the components from China needed to manufacture fentanyl. Twenty-three states (AL, AR, CA, CO, DE, FL, GA, IL, IN, KY, LA, MD, ME, MI, NC, NJ, NY, OH, PA, SC, TN, WI, WV) saw statistically significant increases in the overdose death rates from 2016 to 2017, with New Jersey seeing a 29.3% increase, Indiana seeing a 22.5% increase, and North Carolina seeing a 22.3% increase. West Virginia continues to have the highest rate of overall drug overdose deaths, seeing an increase from 52.0 in 2016 to 57.8 in 2017. The next highest rate of overdose deaths is 46.3 in Ohio. As the rate of overall overdose deaths continues to climb, we expect to see similar climbing trends in new HIV, HBV, and HCV infections related to IDU.

# Latest News

# Latest News

- **Free hepatitis C screenings at 10 Louisiana Walmart stores**

As Louisiana broadens its efforts to combat hepatitis C in hopes of largely eliminating the deadly viral infection, the health department announced Tuesday that 10 Walmart locations around the state will offer free screenings for the infectious, liver-damaging disease.

Walmart will offer the no-cost hepatitis C screenings every Wednesday from 2 p.m. to 6 p.m. until Feb. 1 at the pharmacies in stores located in Vivian, Ville Platte, New Iberia, Raceland, Oak Grove, Amite, Monroe, Denham Springs, Opelousas and Morgan City (Deslatte, 2019).

- **HCV clearance improves aggressive lymphoma outcomes for African Americans**

African Americans with lymphoma and hepatitis C virus should be treated for both disease states to improve response to lymphoma treatment, with most improved results seen in patients with aggressive lymphoma, according to a poster presenter at the ASH Annual Meeting and Exposition.

"Patients with hepatitis C-associated lymphoma and virologic clearance of hepatitis C responded significantly better to lymphoma treatment, which means that patients whose hepatitis C was treated successfully had significantly higher overall response rates and complete response rates to lymphoma chemotherapy that translated to higher overall survival in those patients," Sanjal H. Desai, MD, of Medstar Health, told HemOnc Today (Desai, 2019).

- **Improvements needed for hepatitis C testing in youth**

A new study led by Boston Medical Center uncovered a need to improve testing rates for Hepatitis C Virus (HCV) in young people, specifically those with documented substance use history. In the national data sample, under 30 percent of young patients who reported using opioids, methamphetamine, and/or cocaine were tested for HCV. Given the increased incidence of HCV in the US, especially among young people, fueled by the opioid epidemic, the study highlights the importance of ensuring that clinicians better screen and test younger patients for HCV when they present with risk factors, as well as connect those found to have current infection to treatment (Boston Medical Center, 2019).



# Contact

Marcus J. Hopkins

Project Director, HIV/HCV Co-Infection Watch

[mhopkins@tiicann.org](mailto: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 (2019, December 01). Formulary Guide – December, 2019. Louisville, KY: Aetna Better Health® of Kentucky. Retrieved from: [https://www.aetnabetterhealth.com/kentucky/assets/pdf/Pharmacy/monthly-formulary/ABHKY\\_7747\\_Single\\_Tier\\_with\\_Ref\\_Drug\\_5779.pdf](https://www.aetnabetterhealth.com/kentucky/assets/pdf/Pharmacy/monthly-formulary/ABHKY_7747_Single_Tier_with_Ref_Drug_5779.pdf)

Aetna Better Health® of New Jersey. (2019, December 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\\_5780.pdf](https://www.aetnabetterhealth.com/newjersey/assets/pdf/pharmacy/ABHNJ_5322_Single_Tier_with_Ref_Drug_5780.pdf)

Alabama Department of Public Health. (2019, September 04). ALABAMA DEPARTMENT OF PUBLIC HEALTH RYAN WHITE HIV/AIDS PROGRAM (RWHAP) PART B AIDS DRUG ASSISTANCE PROGRAM (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.ramsellcorp.com/PDF/AL\\_Drug\\_Class\\_Formulary.pdf](http://www.ramsellcorp.com/PDF/AL_Drug_Class_Formulary.pdf)

Alabama Medicaid Agency. (2020, January 01). Alabama Medicaid Pharmacy Hepatitis C Antiviral Agents PA Request Form. Montgomery, AL: Alabama Medicaid Agency: Alabama Medicaid Pharmacy. Retrieved from: [https://medicaid.alabama.gov/documents/4.0\\_Programs/4.3\\_Pharmacy-DME/4.3.7\\_PREFERRED\\_Drug\\_List/4.3.7\\_PDL\\_Therapeutic\\_1-1-20.pdf](https://medicaid.alabama.gov/documents/4.0_Programs/4.3_Pharmacy-DME/4.3.7_PREFERRED_Drug_List/4.3.7_PDL_Therapeutic_1-1-20.pdf)

Alabama Medicaid Agency. (2019b, October 01). ALABAMA MEDICAID AGENCY PREFERRED DRUG LIST BY THERAPEUTIC CATEGORY. Montgomery, AL: Alabama Medicaid Agency. Retrieved from: [https://medicaid.alabama.gov/documents/4.0\\_Programs/4.3\\_Pharmacy-DME/4.3.7\\_PREFERRED\\_Drug\\_List/4.3.7\\_PDL\\_Therapeutic\\_10-1-19.pdf](https://medicaid.alabama.gov/documents/4.0_Programs/4.3_Pharmacy-DME/4.3.7_PREFERRED_Drug_List/4.3.7_PDL_Therapeutic_10-1-19.pdf)

Alaska Department of Health and Social Services. (2019, November 01). 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/pdl/Documents/PDL\\_REV\\_20190920.pdf](http://dhss.alaska.gov/dhcs/Documents/pdl/Documents/PDL_REV_20190920.pdf)

Alaska Department of Health and Social Services. (2019, April 19). ALASKA MEDICAID Prior Authorization Clinical Criteria for Use. 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/Criteria/20194.CCFU\\_ID\\_HepC\\_GT-all\\_APPROVED-20190419\\_EFFECTIVE-20190610.pdf](http://dhss.alaska.gov/dhcs/Documents/pharmacy/Criteria/20194.CCFU_ID_HepC_GT-all_APPROVED-20190419_EFFECTIVE-20190610.pdf)  
AlohaCare. (2019, October 15). 2019 ALOHACARE ADVANTAGE PLUS FORMULARY (HMO SNP) (List of Covered Drugs). Honolulu, HI: AlohaCare. Retrieved from: <https://alohacare.adaptiverx.com/web/pdf?key=8F02B26A288102C27BAC82D14C006C6FC54D480F80409B687066A77A4251B9A2>

Amerigroup. (2019, November 01). New Jersey Medicaid Formulary. Iselin, NJ: Amerigroup New Jersey Inc.: New Jersey Medicaid Formulary: Hepatitis C Agent - Combinations: Hepatitis C Agents. Retrieved from: [https://client.formularynavigator.com/Search.aspx?siteCode=1501420370&targetScreen=3&drugBrandListBaseTC=\\*hepatitis+c+agent+-+combinations\\*\\*\\*%257c\\*hepatitis+c+agent+-+combinations\\*\\*\\*](https://client.formularynavigator.com/Search.aspx?siteCode=1501420370&targetScreen=3&drugBrandListBaseTC=*hepatitis+c+agent+-+combinations***%257c*hepatitis+c+agent+-+combinations***)

Anthem BlueCross BlueShield Medicaid – Kentucky Member. (2019, November 01). Preferred Drug List – English. Retrieved from: [https://fm.formularynavigator.com/FBO/4/Kentucky\\_PDL\\_English.pdf](https://fm.formularynavigator.com/FBO/4/Kentucky_PDL_English.pdf)

# References

- Arizona Department of Health Services. (2019, July 25). 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 11). HEPATITIS C VIRUS (HCV) PRIOR AUTHORIZATION REQUIREMENTS FOR DIRECT ACTING ANTIVIRAL MEDICATION TREATMENT. Phoenix, AZ: Arizona Health Care Cost Containment System: AHCCCS Medical Policy Manual: Section 320 – Services with Special Circumstances. Retrieved from: <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320-N.pdf>
- Arizona Health Care Cost Containment System (AHCCCS). (2019, September 17). AHCCCS Acute Long Term Care Drug List Effective October 01, 2019. Phoenix, AZ: Arizona Health Care Cost Containment System. Retrieved from: [https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCS\\_DRUG\\_LIST.pdf](https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCS_DRUG_LIST.pdf)
- 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](http://www.healthy.arkansas.gov/images/uploads/pdf/RWHAP_ADAP_Formulary_09_2017.pdf)
- Arkansas Department of Human Services. (2018, April 01). Arkansas Medicaid Prescription Drug Program Hepatitis C Virus (HCV) Medication Therapy PA Request Form Effective APRIL 1, 2018. Little Rock, AR: Arkansas Department of Human Services: Arkansas Medicaid: Prescription Drug Prior Authorization (PA) Forms. Retrieved from: <https://arkansas.magellanrx.com/provider/docs/rxinfo/HepCTreatmntForm.pdf>
- Arkansas Department of Human Services. (2019, October 01). 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>
- BlueCross BlueShield of New Mexico. (2018, October 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](http://www.bcbsnm.com/pdf/rx/cc_drug_list_nm.pdf)
- Boston Medical Center. (2019, December 10). Improvements needed for hepatitis C testing in youth. Isle of Man: Science X: Medical Xpress. Retrieved from: <https://medicalxpress.com/news/2019-12-hepatitis-youth.html>
- California Department of Health Care Services. (2019, May). Drugs: Contract Drugs List Part 4 – Therapeutic Classifications. 11-13. Sacramento, CA: California Department of Health Care Services: Medi-Cal: Contract Drugs List. Retrieved from: [http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/drugscdlp4\\_p00.doc](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/drugscdlp4_p00.doc)
- California Department of Public Health. (2019, November 29). 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 from: [https://cdph.magellanrx.com/provider/external/commercial/cdph/doc/en-us/CDPH\\_Formulary.pdf](https://cdph.magellanrx.com/provider/external/commercial/cdph/doc/en-us/CDPH_Formulary.pdf)

# References

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>

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. (2019, July 11). Hepatitis C Treatment Prior Authorization Request Form. Denver, CO: Colorado Department of Health Care Policy & Financing: For Our Providers: Provider Services: Pharmacy Resources. Retrieved from: [https://www.colorado.gov/pacific/sites/default/files/Hep\\_C\\_PAR\\_Forn\\_2019\\_Aug\\_Final\\_07\\_19.pdf](https://www.colorado.gov/pacific/sites/default/files/Hep_C_PAR_Forn_2019_Aug_Final_07_19.pdf)

Colorado Department of Health Care Policy & Financing. (2020, January 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/1-1-20\\_PDL\\_v2.pdf](https://www.colorado.gov/pacific/sites/default/files/1-1-20_PDL_v2.pdf)

Colorado Department of Public Health & Environment. (2019, September 10). Colorado AIDS Drug Assistance Program - Description of Medication Formularies. Denver, CO: Colorado Department of Public Health & Environment: Colorado AIDS Drug Assistance Program. Retrieved from: <https://drive.google.com/file/d/1kFoQZfYDgkBsajBubiF7xIROm8zL6fZu/view>

Colorado Department of Regulatory Agencies. (2019, March 14). Guidelines for the Safe Prescribing and Dispensing of Opioids. Denver, CO: Department of Regulatory Agencies: Division of Professions and Occupations. Retrieved from: <https://drive.google.com/file/d/19xrPqsCbaHHA9nTD1FI3NeCn5kwK60zR/view>

Connecticut Department of Public Health. (2019, December 05). STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH Connecticut AIDS Drug Assistance Program (ADAP). Hartford, CT: Connecticut Department of Social Services. Retrieved from: [https://ctdph.magellanrx.com/member/external/commercial/ctdph/doc/en-us/CTDPH\\_Formulary\\_Drug\\_Class.pdf](https://ctdph.magellanrx.com/member/external/commercial/ctdph/doc/en-us/CTDPH_Formulary_Drug_Class.pdf)

Connecticut Department of Social Services. (2018, January). CT Medical Assistance Program Hepatitis C Prior Authorization (PA) Request Form. Hartford, CT: Connecticut Department of Social Services: Pharmacy Information: Pharmacy Program Publications. Retrieved from: [https://www.ctdssmap.com/CTPortal/Pharmacy Information/tabId/65/~Information/Get Download File/tabId/44/Default.aspx?Filename=Hep C PA Request Form.pdf&URI=Forms/Hep C PA Request Form.pdf](https://www.ctdssmap.com/CTPortal/Pharmacy%20Information/tabId/65/~Information/Get%20Download%20File/tabId/44/Default.aspx?Filename=Hep_C_PA_Request_Form.pdf&URI=Forms/Hep_C_PA_Request_Form.pdf)

# References

Connecticut Department of Social Services. (2019, November 20). 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](https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/CT_PDL_medicaid.pdf)

Delaware Health and Social Services. (2019a, November 06). DELAWARE AIDS DRUG ASSISTANCE PROGRAM (ADAP) – FORMULARY BY CLASS – Effective 11/06/2019. Dover, DE: Delaware Health and Social Services: Division of Public Health. Retrieved from: [http://www.ramsellcorp.com/PDF/DE\\_DrugClass.pdf](http://www.ramsellcorp.com/PDF/DE_DrugClass.pdf)

Delaware Health and Social Services. (2019b, May 31). 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=940&language=en-US&PortalId=0&TabId=94](https://medicaidpublications.dhss.delaware.gov/dotnetnuke/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=940&language=en-US&PortalId=0&TabId=94)

Desai, S. (2019, December 09). HCV clearance improves aggressive lymphoma outcomes for African Americans. Thorofare, NJ: Healio: Hematology/Oncology: Lymphoma: HemOnc Today. Retrieved from: <https://www.healio.com/hematology-oncology/lymphoma/news/online/%7B81c261d5-1c05-4127-9dc0-c48cf391977e%7D/hcv-clearance-improves-aggressive-lymphoma-outcomes-for-african-americans>

Deslatte, M. (2019, December 10). Free hepatitis C screenings at 10 Louisiana Walmart stores. Baton Rouge, LA: Chicago Tribune: Lifestyles: Health: Associated Press. Retrieved from: <https://www.chicagotribune.com/lifestyles/health/sns-bc-la--louisiana-hepatitis-c-20191210-story.html>

Dietz, J., Spengler, U., Müllhaupt, B., Schulz zur Wiesch, J., Piecha, F., Mauss, S., Seegers, B., Hinrichsen, H., et al. (2019, November 06). Efficacy of Retreatment After Failed Direct-acting Antiviral Therapy in Patients With HCV Genotype 1–3 Infections. *Clinical Gastroenterology and Hepatology*. Retrieved from: [https://www.cghjournal.org/article/S1542-3565\(19\)31260-1/fulltext](https://www.cghjournal.org/article/S1542-3565(19)31260-1/fulltext)

District of Columbia. (2019a, May 16). Drugs Available through DC ADAP (Formulary). Washington, DC: District of Columbia Department of Health: DC ADAP. Retrieved from: [https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service\\_content/attachments/ADAP\\_Formulary- May 2019 %28002%29.pdf](https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/ADAP_Formulary- May 2019 %28002%29.pdf)

District of Columbia. (2019b, September 19). 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](https://dc.fhsc.com/downloads/providers/DCRx_PDL_listing.pdf)

Downey, S. (2019, December 06). Maine aims to expand \$1.5 million syringe-exchange initiative. Pocatello, ID: The Center Square. Retrieved from: [https://www.kpvi.com/news/national\\_news/maine-aims-to-expand-million-syringe-exchange-initiative/article\\_33a4c57d-b05d-5f81-8643-925845052522.html](https://www.kpvi.com/news/national_news/maine-aims-to-expand-million-syringe-exchange-initiative/article_33a4c57d-b05d-5f81-8643-925845052522.html)

Florida ADAP. (2019, December). Florida Ryan White Part B – AIDS Drug Assistance Program (ADAP) Formulary – Effective December 2019. Tallahassee, FL: Florida Health: HIV/AIDS Section: Florida ADAP. Retrieved from: [http://www.floridahealth.gov/diseases-and-conditions/aids/adap/\\_documents/Dec\\_3\\_2019\\_formulary.pdf](http://www.floridahealth.gov/diseases-and-conditions/aids/adap/_documents/Dec_3_2019_formulary.pdf)

# References

Florida Agency for Health Care Administration. (2019, November 15). Florida Medicaid Preferred Drug List (09-04-2019). 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](http://www.fdhc.state.fl.us/medicaid/Prescribed_Drug/pharm_thera/pdf/PDL.pdf)

Georgia Department of Community Health. (2019, December 01). Georgia Medicaid/PeachCare Preferred Drug List – Effective December 01, 2019. Atlanta, GA: Georgia Department of Community Health. Retrieved from: <https://dch.georgia.gov/media/51066/download>

Georgia Department of Public Health. (2019, May 01). 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: [https://dph.georgia.gov/sites/dph.georgia.gov/files/GA\\_ADAP\\_Formulary.docx](https://dph.georgia.gov/sites/dph.georgia.gov/files/GA_ADAP_Formulary.docx)

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_Formulary-January_2018.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/>

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%2FHDAP-Formulary-2016-Mar.pdf>

HMSA. (2019, December 01). HMSA QUEST Integration Managed Medicaid Formulary. Honolulu, HI: HMSA. Retrieved from: [https://hmsa.com/portal/provider/HMSA\\_QUEST\\_Drug\\_Formulary\\_CVS.pdf](https://hmsa.com/portal/provider/HMSA_QUEST_Drug_Formulary_CVS.pdf)

Horizon NJ Health. (2019, November). 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](https://www.horizonnjhealth.com/securecms-documents/368/formulary_english.pdf)

Humana – CareSource. (2019, October 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. (2019a, 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>



# References

Idaho Department of Health and Welfare. (2019b, October 28). Idaho ADAP Formulary. Boise, ID: Idaho Department of Health and Welfare. Retrieved from: [http://healthandwelfare.idaho.gov/Portals/0/Health/Disease/STD/HIV/ID ADAP Formulary effective date 10-28-2019.pdf](http://healthandwelfare.idaho.gov/Portals/0/Health/Disease/STD/HIV/ID_ADAP_Formulary_effective_date_10-28-2019.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. (2020, January 01). Preferred Drug List Illinois Medicaid. Springfield, IL: Illinois Department of Healthcare and Family Services. Retrieved from: <https://www.illinois.gov/hfs/SiteCollectionDocuments/UPDLFinal11202019.pdf>

Indiana Family and Social Services Administration. (2019, December 01). Indiana Medicaid Preferred Drug List (PDL). (V 1.0). Indianapolis, IN: Indiana Family and Social Services Administration: Indiana Health Coverage Programs (IHCP). Retrieved from: [https://prdgov-rxadmin.optum.com/rxadmin/INM/20191201\\_INM\\_PDL.pdf](https://prdgov-rxadmin.optum.com/rxadmin/INM/20191201_INM_PDL.pdf)

Indiana State Department of Health. (2019, November 19). HIV Medical Services Program – Indiana ADAP Covered Pharmaceuticals. Indianapolis, IN: Indiana State Department of Health: HIV Medical Services Program. Retrieved from: [https://www.in.gov/isdh/files/ADAP Formulary 19 Nov 2019 version2.pdf](https://www.in.gov/isdh/files/ADAP_Formulary_19_Nov_2019_version2.pdf)

Infectious Disease Advisor. (2019, October 09). Antiretroviral Switches in HIV/HCV: No Increased Risk for Virologic Failure. New York, NY: Haymarket Media, Inc.: Infectious Disease Advisor: Topics: HIV/AIDS. Retrieved from: <https://www.infectiousdiseaseadvisor.com/home/topics/hiv-aids/switching-art-before-starting-direct-antiviral-treatment-for-hep-c-does-not-affect-hiv-care/>

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. (2019, December 05). Final PDL – PDL Effective Date January 01, 2020 (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/2019-12-05/ia\\_web\\_pdl\\_january\\_1\\_2020\\_v2.pdf](http://www.iowamedicaidpdl.com/sites/default/files/ghs-files/2019-12-05/ia_web_pdl_january_1_2020_v2.pdf)

Kaiser Permanente. (2019, June 01). Kaiser Permanente Hawaii Marketplace Drug Formulary. Honolulu, HI: Kaiser Permanente. Retrieved from: [https://healthy.kaiserpermanente.org/static/health/pdfs/formulary/hi/hi\\_marketplace\\_formulary.pdf](https://healthy.kaiserpermanente.org/static/health/pdfs/formulary/hi/hi_marketplace_formulary.pdf)

# References

Kansas Department of Health and Environment (2018, October). Kansas AIDS Drug Assistance Program Formulary. Topeka, KS: Kansas Department of Health and Environment: Bureau of Disease Control and Prevention (BDPC): STD/HIV Section: The Kansas Ryan White Part B Program. Retrieved from: [http://www.kdheks.gov/sti\\_hiv/download/KS\\_ADAP\\_Formulary.pdf](http://www.kdheks.gov/sti_hiv/download/KS_ADAP_Formulary.pdf)

Kansas Department of Health and Environment. (2019, December 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/PDLLList.pdf>

Kentucky Department for Public Health. (2019, July 03). Kentucky AIDS Drug Assistance Program (KADAP). 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/KADAPFormulary.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. (2019, August 19). Kentucky Pharmacy Preferred Drug List. Frankfort, KY. Retrieved from: [https://kyportal.magellanmedicaid.com/public/client/static/kentucky/documents/PreferredDrugGuide\\_full.pdf](https://kyportal.magellanmedicaid.com/public/client/static/kentucky/documents/PreferredDrugGuide_full.pdf)

Louisiana Health Access Program. (2019, December 01). AIDS Drug Assistance Program (ADAP) – Louisiana ADAP Un-Insured Formulary – Formulary By Drug Class. Effective 12/01/19. Retrieved from: [http://www.ramsellcorp.com/PDF/Louisiana\\_HAP\\_Un-insured\\_Drug\\_Class.pdf](http://www.ramsellcorp.com/PDF/Louisiana_HAP_Un-insured_Drug_Class.pdf)

Magellan Health. (2017, October 01). Alaska Medicaid Prior Authorization Form. Maryland Heights, MO: Magellan Medicaid Administration: Medicaid PA Unit. Retrieved from: [http://dhss.alaska.gov/dhcs/Documents/pharmacy/pdfs/AK\\_Hep\\_C\\_DAA\\_Fax\\_Form\\_20171001.pdf](http://dhss.alaska.gov/dhcs/Documents/pharmacy/pdfs/AK_Hep_C_DAA_Fax_Form_20171001.pdf)

Maine Center for Disease Control and Prevention. (2019, June 01). ADAP Quarterly 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-Formulary-2019\\_06.pdf](https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/documents/ADAP-Formulary-2019_06.pdf)

Maine Department of Health and Human Services. (2019, October 04). MaineCare PDL (MEDEL Combined) with criteria – October 04, 2019. 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/2019-10-04/copy-ssdcplmainecriteria-oct2019.pdf>

# References

Maryland Pharmacy Programs. (2019, September 16). 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. (2019, August 10). 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 1.1.19.pdf>

Medical Board of California. (2014, November). GUIDELINES FOR PRESCRIBING CONTROLLED SUBSTANCES FOR PAIN. Sacramento, CA: Medical Board of California. Retrieved from: [http://www.mbc.ca.gov/licensees/prescribing/pain\\_guidelines.pdf](http://www.mbc.ca.gov/licensees/prescribing/pain_guidelines.pdf)

Michigan Department of Health and Human Services. (2019, December 02). Michigan Department of Health and Human Services Preferred Drug List (Effective 12/02/2019). Lansing, MI: Michigan Department of Health and Human Services: Michigan Department of Community Health. Retrieved from: [https://michigan.fhsc.com/downloads/MIRx\\_PDL.pdf](https://michigan.fhsc.com/downloads/MIRx_PDL.pdf)

Michigan Drug Assistance Program. (2019, August 26). HIV / AIDS Related Treatments. Lansing, MI: Michigan Department of Health and Human Services: Keeping Michigan Healthy: Michigan Drug Assistance Program. Retrieved from: [https://www.sgrxhealth.com/content/formularies/MIDAP\\_FORMULARY\\_08262019.pdf](https://www.sgrxhealth.com/content/formularies/MIDAP_FORMULARY_08262019.pdf)

Minnesota Department of Human Service. (2019, April 22). 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](https://mn.gov/dhs/assets/preferred-drug-list-fee-for-service_tcm1053-292127.pdf)

Mississippi Division of Medicaid. (2019, November 27). Universal Preferred Drug List EFFECTIVE 01/01/2020 [Version 2020.5] Updated: 11-27-19. Jackson, MS: Mississippi Division of Medicaid. Retrieved from: <https://medicaid.ms.gov/wp-content/uploads/2019/11/MS-PDL-01012020-Rev5.pdf>

Mississippi State Department of Health. (2019, October). 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](https://msdh.ms.gov/msdhsite/_static/resources/5262.pdf)

Missouri Department of Health & Senior Services. (2019, July). Missouri AIDS Drug Assistance Program (ADAP) Formulary. 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/hiv aids/pdf/HIVMedications.pdf>

Missouri Department of Social Services. (2019, December 02). MO HealthNet Preferred Drug List Effective December 2, 2019 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://pharmacy.services.conduent.com/mohealthnet/19\\_3\\_MOHealthNet PDL and Diabetic Supply Preferred Drug List Forms/19\\_12 PDL Docs/Posting PDL Static Document\\_12.02.2019.pdf](https://pharmacy.services.conduent.com/mohealthnet/19_3_MOHealthNet PDL and Diabetic Supply Preferred Drug List Forms/19_12 PDL Docs/Posting PDL Static Document_12.02.2019.pdf)

# References

Montana Department of Public Health and Human Services. (2019, May 09). Montana ADAP Formulary. Helena, MT: Montana Department of Public Health and Human Services: Public Health and Safety: HIV/STD Section: Treatment Programs. Retrieved from: <https://dphhs.mt.gov/Portals/85/publichealth/documents/HIVSTD/ADAPFormularyMay2019.pdf>

Montana Department of Public Health and Human Services. (2019, December 11). Montana Medicaid Preferred Drug List (PDL) Revised 12-11-19. 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/2019pharm/MTPDL12102019.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. (2019, December 03). 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-20191201.pdf](https://nebraska.fhsc.com/downloads/PDL/NE_PDL-20191201.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](https://www.networkforphl.org/_asset/qz5pvn/network-naloxone-10-4.pdf)

Nevada Department of Health and Human Services. (2019a, May 17). 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://endhivnevada.org/wp-content/uploads/2019/06/NV-ADAP-Formulary-Drug-Class.pdf>

Nevada Department of Health and Human Services. (2019b, September 27). 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.medicaid.nv.gov/Downloads/provider/NV\\_PDL\\_20190927.pdf](https://www.medicaid.nv.gov/Downloads/provider/NV_PDL_20190927.pdf)

New Hampshire AIDS Drug Assistance Program. (2018, December 01). 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](https://nhadap.magellanmedicaid.com/downloads/providers/nhadap_pdl.pdf)

# References

New Hampshire Department of Health and Human Services. (2019, June 21). 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. (2019, July 01). NEW YORK STATE DEPARTMENT OF HEALTH – UNINSURED CARE PROGRAMS – COVERED SERVICES and ADAP FORMULARY – July 2019). 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. (2019, November 21). 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](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. (2019, November 06). 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: [https://epi.dph.ncdhhs.gov/cd/hiv/docs/HMAPProgramManual\\_11062019.pdf](https://epi.dph.ncdhhs.gov/cd/hiv/docs/HMAPProgramManual_11062019.pdf)

North Carolina Division of Medical Assistance. (2019, November 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\\_December\\_1\\_2019.pdf](https://files.nc.gov/ncdma/documents/files/PDL_December_1_2019.pdf)

North Dakota Department of Health. (2019, August 05). 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/ADAPFormulary\\_08012019.pdf](https://www.ndhealth.gov/hiv/Docs/RW/ADAPFormulary_08012019.pdf)

North Dakota Department of Human Services. (2019, December). NORTH DAKOTA MEDICAID PREFERRED DRUG LIST WITH PRIOR AUTHORIZATION CRITERA [Version 2020.1]. Bismarck, ND: North Dakota Department of Human Services: North Dakota Medicaid. Retrieved from: [http://hidesigns.com/assets/files/ndmedicaid/2020/PDL/PDL\\_2020.pdf](http://hidesigns.com/assets/files/ndmedicaid/2020/PDL/PDL_2020.pdf)

Ohana Medicaid. (2019, December 01). Ohana Medicaid Preferred Drug List. Hilo, HI: Ohana Health Plan: Ohana Medicaid. Retrieved from: [https://www.wellcare.com/~media/PDFs/Hawaii/Shared/SharedPDL/2019/HI\\_Caid\\_PDL\\_Eng\\_12\\_2019.ashx](https://www.wellcare.com/~media/PDFs/Hawaii/Shared/SharedPDL/2019/HI_Caid_PDL_Eng_12_2019.ashx)

# References

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>

Ohio Department of Medicaid. (2020, January 01). Unified Preferred Drug List Medicaid Fee-for-Service and Managed Care Plans Effective January 1, 2020. Columbus, OH: Ohio Department of Medicaid: Drug Coverage Information. Retrieved from: [https://pharmacy.medicaid.ohio.gov/sites/default/files/01012020\\_Unified\\_PDL.pdf](https://pharmacy.medicaid.ohio.gov/sites/default/files/01012020_Unified_PDL.pdf)

Oregon Health Authority. (2019, November 01). Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List – Effective: November 1, 2019. Portland, OR: Oregon Health Authority: Oregon Health Plan. Retrieved from: <https://www.oregon.gov/oha/HSD/OHP/Tools/OregonMedicaidPreferredDrugList,November1,2019.pdf>

Passport Health Plan. (2019, October 01). Preferred Drug List (List of Covered Drugs). Louisville, KY: Passport Health Plan. Retrieved from: <http://passporthealthplan.com/wp-content/uploads/2019/10/Passport-1019b-090919-w-preface-sec.pdf>

Pennsylvania Department of Health. (2020, January 01). Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)\* Effective January 1, 2020. Harrisburg, PA: Pennsylvania Department of Health: Special Pharmaceutical Benefits Program. Retrieved from: [https://www.health.pa.gov/topics/Documents/Programs/HIV/SPBP\\_Covered\\_Drug\\_List.pdf](https://www.health.pa.gov/topics/Documents/Programs/HIV/SPBP_Covered_Drug_List.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](https://papdl.com/sites/default/files/ghs-files/Penn_PDL_07232018_v2.pdf)

Presbyterian Centennial Care. (2019, September 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/pel\\_00175507.pdf](http://docs.phs.org/idc/groups/public/documents/communication/pel_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](http://www.pdmpassist.org/pdf/Mandatory_Query.pdf)

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. (2019, December 02). 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](http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Pharmacy/pdl_list.pdf)

# References

Sawani, J. (2019, December 06). New Study has Global Impact on Hepatitis C Elimination Efforts. Ann Arbor, MI: Regents of the University of Michigan: University of Michigan: Michigan Medicine: Health Lab: Lab Report. Retrieved from: <https://labblog.uofmhealth.org/lab-report/new-study-has-global-impact-on-hepatitis-c-elimination-efforts>

South Carolina Department of Health and Environmental Control. (2019, June 06). AIDS Drug Assistance Program (ADAP) Formulary Revised June 2019. Columbia, SC: South Carolina Department of Health and Environmental Control. Retrieved from: [https://www.scdhec.gov/sites/default/files/media/document/ADAP Formulary FINAL 06-06-2019.pdf](https://www.scdhec.gov/sites/default/files/media/document/ADAP_Formulary_FINAL_06-06-2019.pdf)

South Carolina Department of Health and Human Services. (2019, July 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\\_20190701.pdf](http://southcarolina.fhsc.com/Downloads/provider/SCpdl_listing_20190701.pdf)

South Dakota Department of Health. (2018, November 30). Ryan White Part B Program Information and Application Pamphlet April 1, 2018 To March 31, 2020. Pierre, SD: South Dakota Department of Health: Ryan White Part B CARE Program. Retrieved from: <http://doh.sd.gov/diseases/assets/Formulary.pdf>

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. (2019, June). HIV Drug Assistance Program (HDAP) Formulary – June 2019. 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/2019/07/HDAP-Formulary-2019-June.pdf>

State of Louisiana Department of Health & Hospitals. (2019, July 15). Prior Authorization PDL Implementation Schedule. Baton Rouge, LA: Louisiana Department of Health. Retrieved from: <http://www.ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>

State of Tennessee Department of Health. (2018, November 14). 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](http://www.tn.gov/assets/entities/health/attachments/TN_HDAP_Formulary.pdf)

Tennessee Division of Health Care Finance and Administration. (2019, December 02). 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](https://tenncare.magellanhealth.com/static/docs/Preferred_Drug_List_and_Drug_Criteria/TennCare_PDL.pdf)

Texas Health and Humans Services Commission. (2019, November 21). 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/2019-0725-preferred-drug-list.pdf>



# References

Texas Health and Human Services. (2019, December). 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. (2019a, October 01). Preferred Drug List (PDL) –Hawaii. Honolulu, HI: UnitedHealthcare Community Plan. Retrieved from: <https://www.uhccommunityplan.com/content/dam/communityplan/plandocuments/findadrug/HI-PDL/HI-Quest-PDL.pdf>

United States Department of Veterans Affairs. (2017, January 27). Hepatitis C Testing and Treatment Awareness Campaign. Washington, DC: United States Department of Veterans Affairs: Health Care: Viral Hepatitis: Hepatitis C Testing and Treatment Awareness Campaign. Retrieved from: <https://www.hepatitis.va.gov/campaign-test-treat-cure.asp>

United States Department of Veterans Affairs. (2018a, April 11). Department of Veterans Affairs - Budget In Brief – 2019. Washington, DC: United States Department of Veterans Affairs: Office of Budget: Annual Budget Submission. Retrieved from: <https://www.va.gov/budget/docs/summary/fy2019VAbudgetInBrief.pdf>

United States Department of Veterans Affairs. (2018b, August 27). Chronic Hepatitis C Virus (HCV) Infection: Treatment Considerations. Washington, DC: United States Department of Veterans Affairs: Office of Specialty Care Services: HIV, Hepatitis, and Related Conditions Program: National Hepatitis C Resource Center. Retrieved from: <https://www.hepatitis.va.gov/pdf/treatment-considerations-2018-08-27.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](http://www.scriptguiderx.com/content/formularies/VIDAP_PDL_0517.pdf)

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>

Utah Department of Health. (2019, October 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 \(10-01-19\).pdf](https://medicaid.utah.gov/pharmacy/PDL/files/Utah Medicaid PDL (10-01-19).pdf)

Vermont Department of Health. (2019, October). VERMONT HIV/AIDS MEDICATION ASSISTANCE PROGRAM (VMAP) FORMULARY. Burlington, VT: Vermont Department of Health: Immunizations & Infectious Disease: HIV: Vermont Medication Assistance Program. Retrieved from: [https://www.healthvermont.gov/sites/default/files/documents/pdf/ID\\_HIV\\_VMAPformulary42018.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/ID_HIV_VMAPformulary42018.pdf)



# References

Vermont Department of Health Access. (2019, October 11). 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: <https://dvha.vermont.gov/for-providers/vermont-pdl-sept-meeting-effective-10.11.2019.v4-002.pdf>

Virginia Department of Health. (2019, July). FORMULARY Virginia (VA) Medication Access Program (VAMAP. Formerly ADAP). 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/10/2019/07/VA\\_ADAP\\_formulary\\_JUNE\\_2019-V-1.pdf](http://www.vdh.virginia.gov/content/uploads/sites/10/2019/07/VA_ADAP_formulary_JUNE_2019-V-1.pdf)

Virginia Department of Medical Assistance Services. (2020, January 01). Virginia Medicaid Preferred Drug List (PDL)/ Common Core Formulary. 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/VAMed-PDL-List-Criteria-20200101.pdf>

Washington State Health Care Authority. (2019, October 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/apple-health-preferred-drug-list.pdf>

Washington State Department of Health. (2019, May 01). Washington State Department of Health Early Intervention Program (EIP) – FORMULARY BY CLASS – Effective 05/01/2019 [Version 3, 2019]. Washington State Department of Health: Early Intervention Program. Retrieved from: [http://www.ramsellcorp.com/PDF/WA\\_EIP\\_MASTER\\_Effective\\_-\\_Drug\\_Class.pdf](http://www.ramsellcorp.com/PDF/WA_EIP_MASTER_Effective_-_Drug_Class.pdf)

WellCare of Kentucky Medicaid. (2019, July 01). Kentucky Medicaid Comprehensive Preferred Drug List (List of Covered Drugs). WellCare of Kentucky Medicaid. Retrieved from: [https://fm.formularynavigator.com/FBO/67/MCD\\_KENTUCKY\\_PDL\\_URL.pdf](https://fm.formularynavigator.com/FBO/67/MCD_KENTUCKY_PDL_URL.pdf)

WellCare of New Jersey Medicaid. (2019, October 01). New Jersey Medicaid Comprehensive Preferred Drug List (List of Covered Drugs). WellCare of New Jersey Medicaid. Retrieved from: [https://fm.formularynavigator.com/FBO/67/MCD\\_NEW\\_JERSEY\\_PDL\\_URL.pdf](https://fm.formularynavigator.com/FBO/67/MCD_NEW_JERSEY_PDL_URL.pdf)

West Virginia Department of Health and Human Resources. (2019, December 11). WEST VIRGINIA MEDICAID PREFERRED DRUG LIST WITH PRIOR AUTHORIZATION CRITERIA (Version 2020.1d). 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/WV\\_PDL\\_01012020\\_v2020\\_v1d.pdf](https://dhhr.wv.gov/bms/BMS_Pharmacy/Documents/WV_PDL_01012020_v2020_v1d.pdf)

West Virginia Electronic Disease Surveillance System. (2018, July 01). Acute Hepatitis C Incidence Rate, 2007-2017. Charleston, WV: West Virginia Department of Health and Human Resources: Office of Epidemiology and Prevention: Hepatitis C: Data and Surveillance. Retrieved from: [https://oeps.wv.gov/HCV/documents/data/acute\\_hcv\\_chart.pdf](https://oeps.wv.gov/HCV/documents/data/acute_hcv_chart.pdf)

# References

Wisconsin Department of Health Services. (2019a, May 01). AIDS Drug Assistance Program (ADAP) Formulary, May 1, 2019. 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>

Wisconsin Department of Health Services. (2019b, December 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/quickref120119.pdf.spage>

Wyoming Department of Health. (2019, March). WYOMING DEPARTMENT OF HEALTH AIDS DRUG ASSISTANCE PROGRAM OPEN FORMULARY AND PRESCRIBING GUIDELINES. Cheyenne, WY: Wyoming Department of Health: AIDS Drug Assistance Program. Retrieved from: <https://health.wyo.gov/wp-content/uploads/2019/03/ADAP-Formulary-March-2019.pdf>

Wyoming Department of Health Services. (2019, November 11). 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/2019-11-04/pdleffective11-1-19.pdf>