

HIV/HCV Co-Infection Watch: July 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>

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Overview

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

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

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

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

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

Findings

The following is a summary of the key findings for July 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, **42** have expanded their HCV coverage to include the regimens that serve as the current Standard of Care (SOC) for Hepatitis C treatment. Five (**5**) programs offer only Basic Coverage and **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 July 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	N	N	N	N	N	N	N			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			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	N	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	Y	Y	Y	Y	N	Y			X
Washington	Y	Y	Y	Y	Y	Y	Y	N	N	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

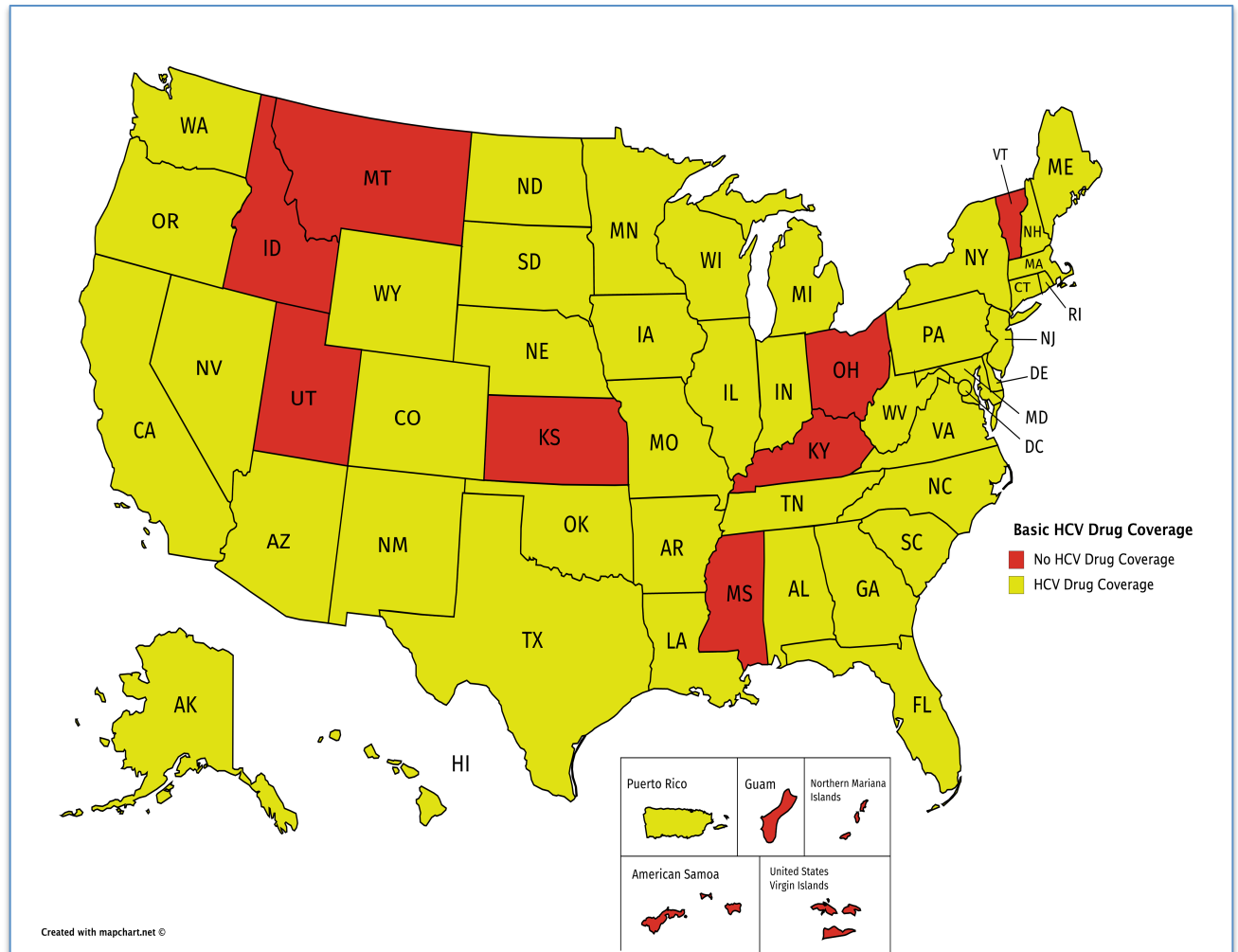
There are currently **46** AIDS Drug Assistance Programs (ADAPs) that cover some form of HCV drug therapies as part of their approved drug formularies. To learn more about ADAPs or their approved drug formularies, please visit <http://adap.directory>.

Figure 2.

Basic Coverage Map Key:

Lime Green: Basic Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Sovaldi Coverage Map

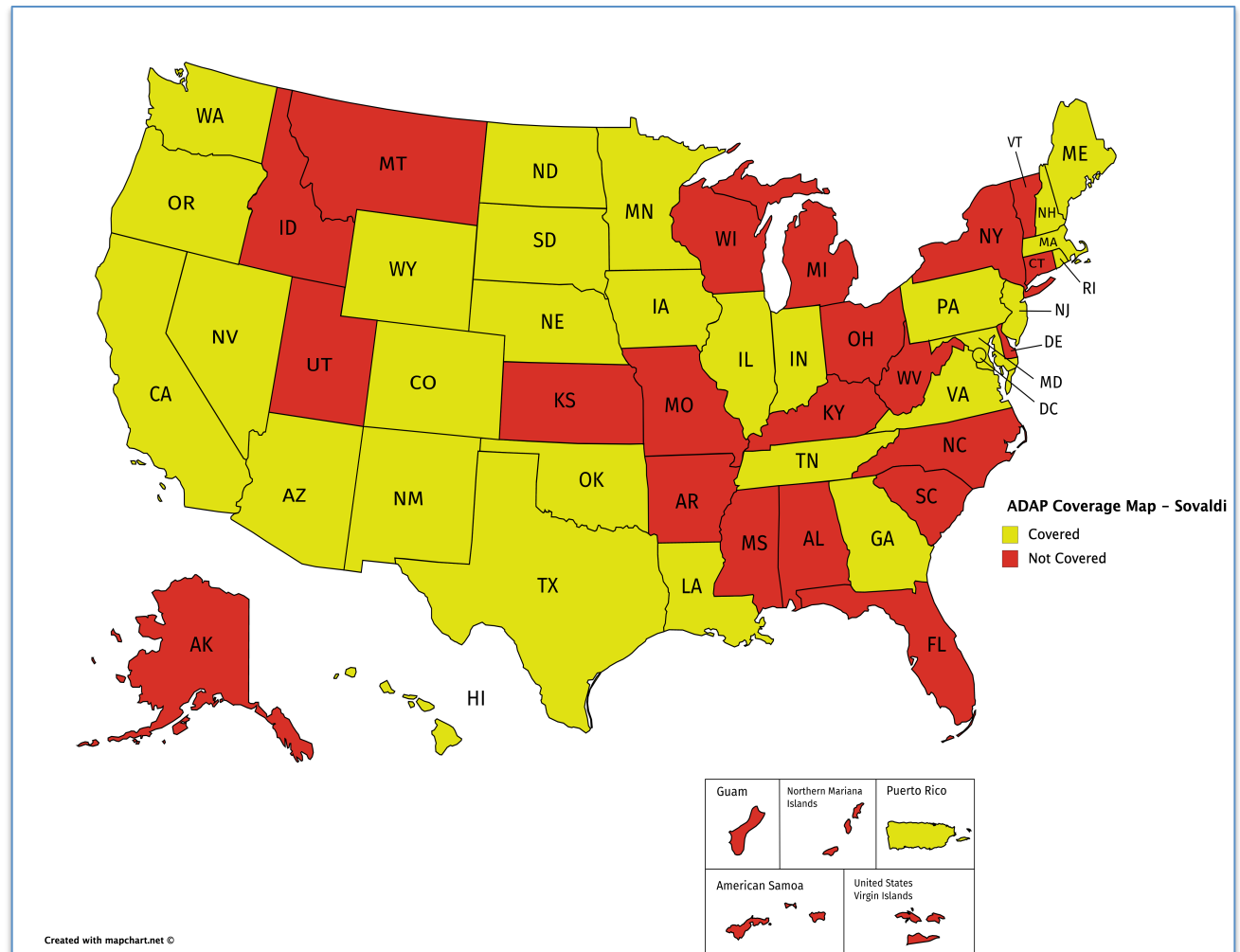
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Figure 3.

Sovaldi Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Harvoni Coverage Map

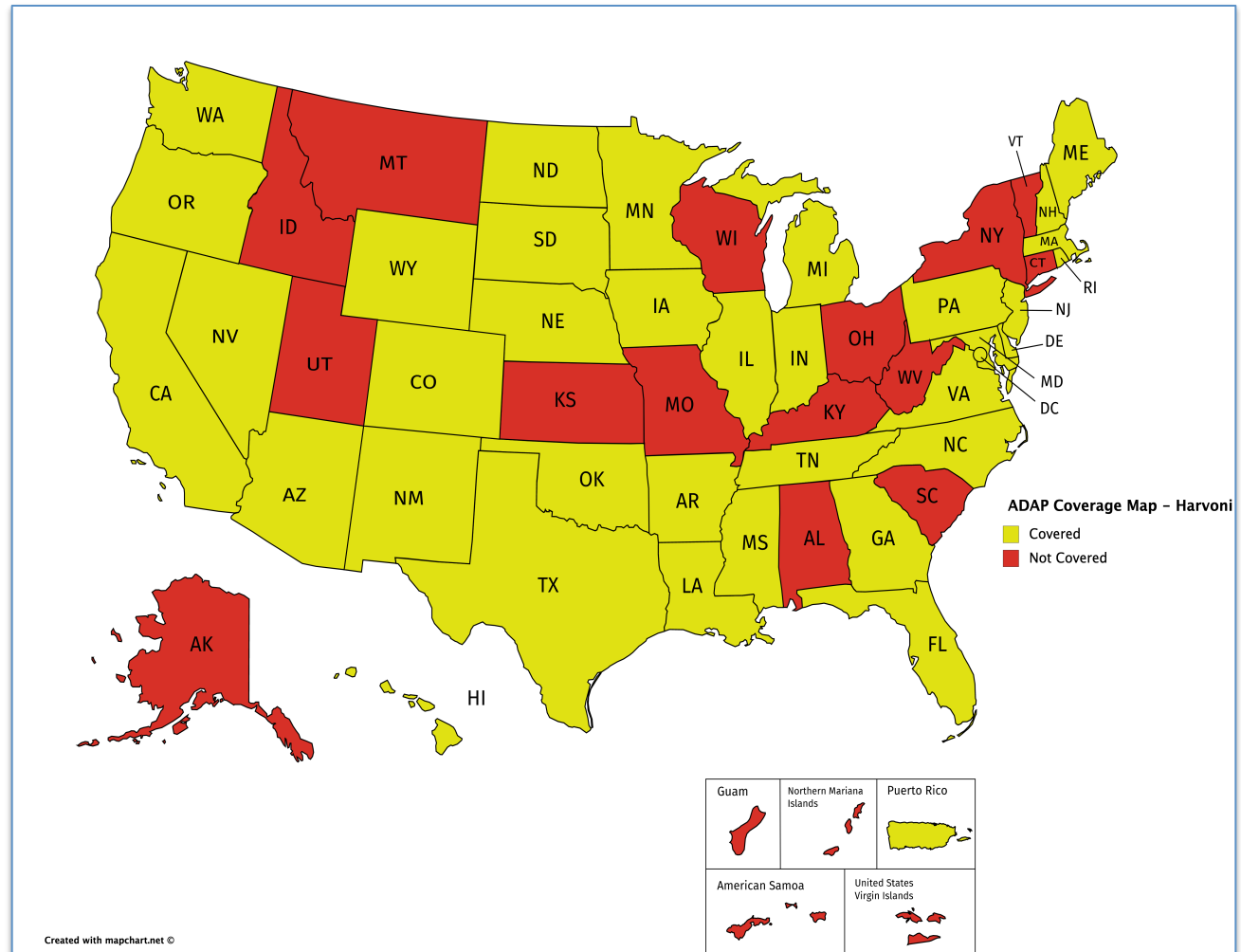
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Figure 4.

Harvoni Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Viekira Pak Coverage Map

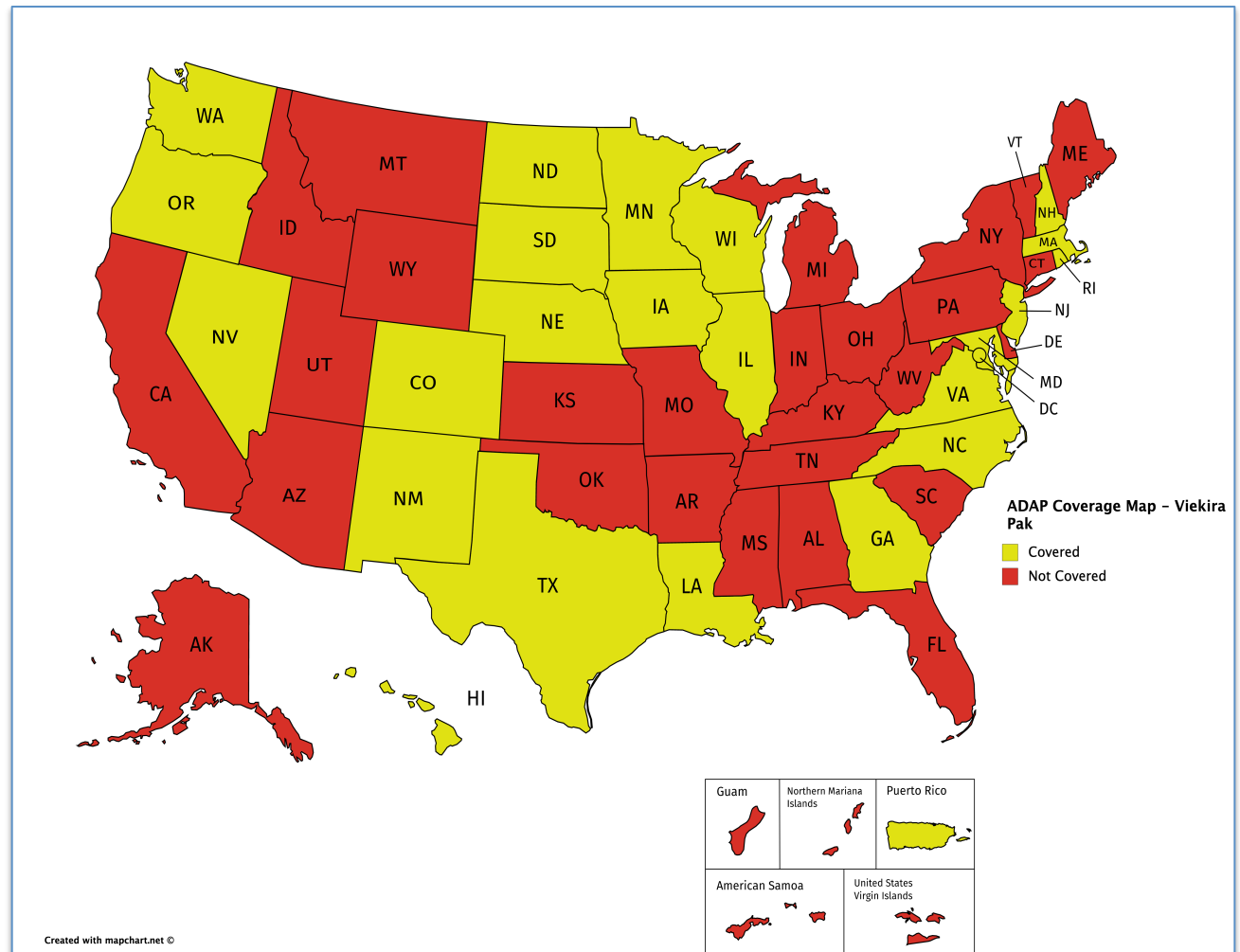
July 2019

Figure 5.

Viekira Pak Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Daklinza Coverage Map

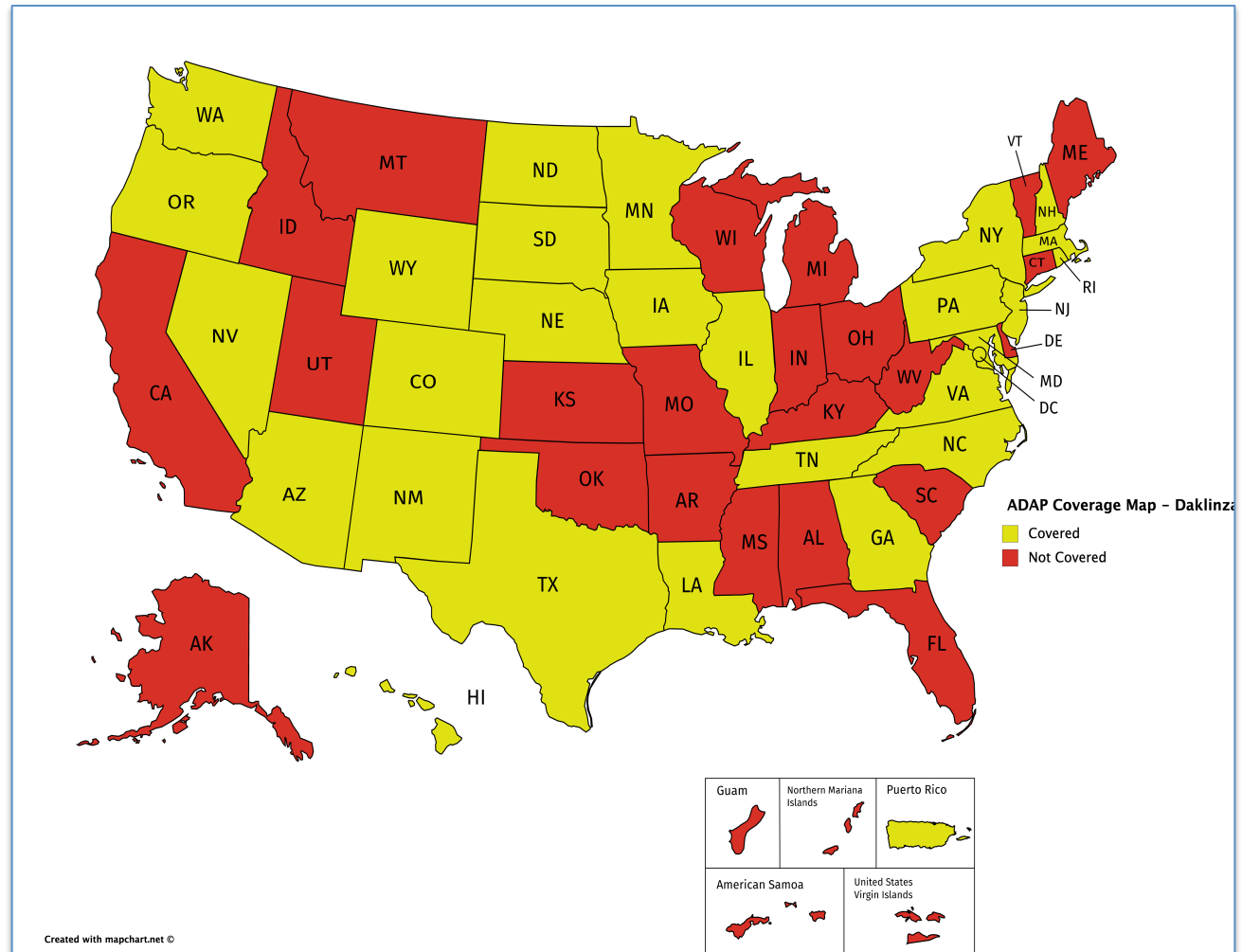
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Figure 6.

Daklinza Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Zepatier Coverage Map

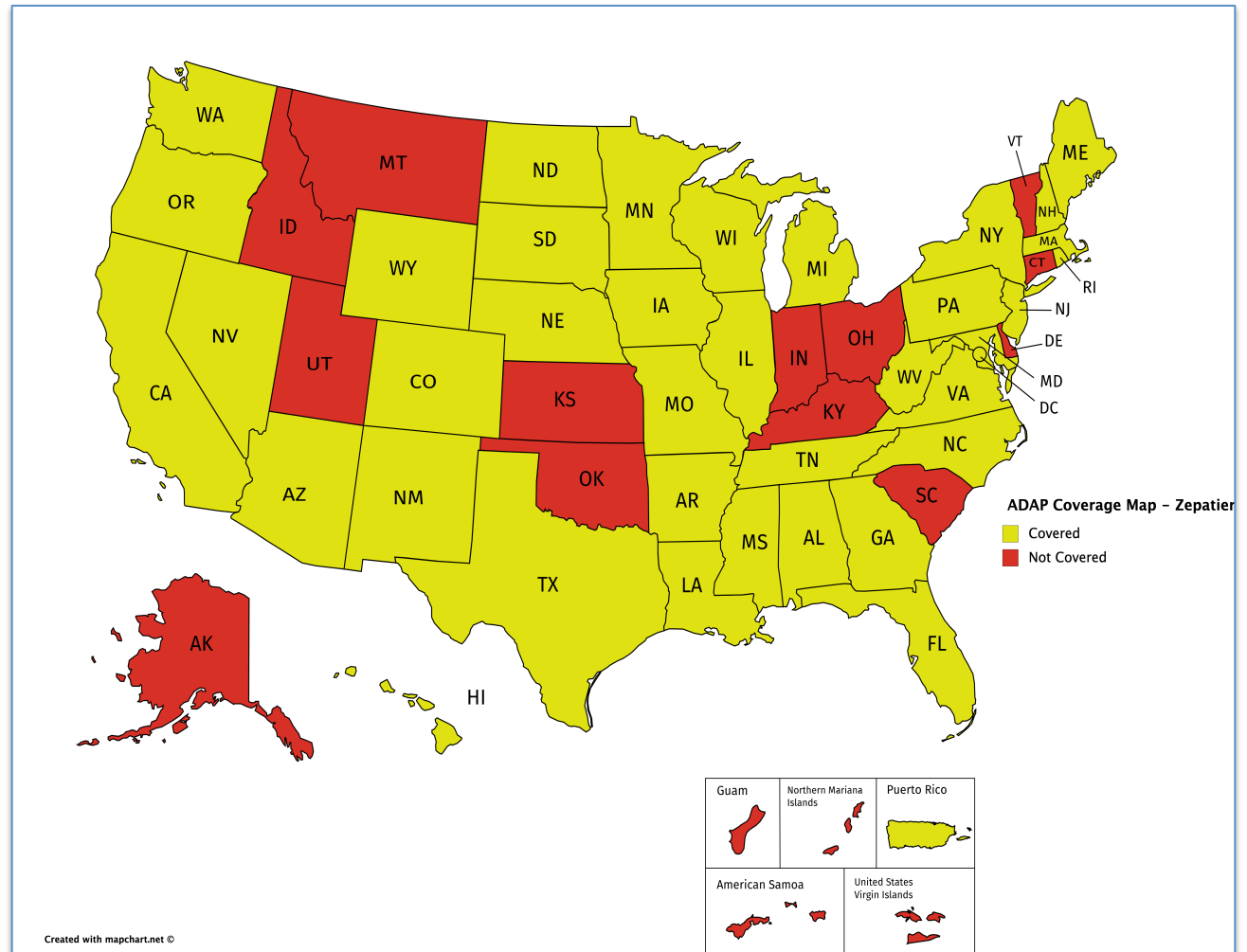
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Figure 7.

Zepatier Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Eplusa Coverage Map

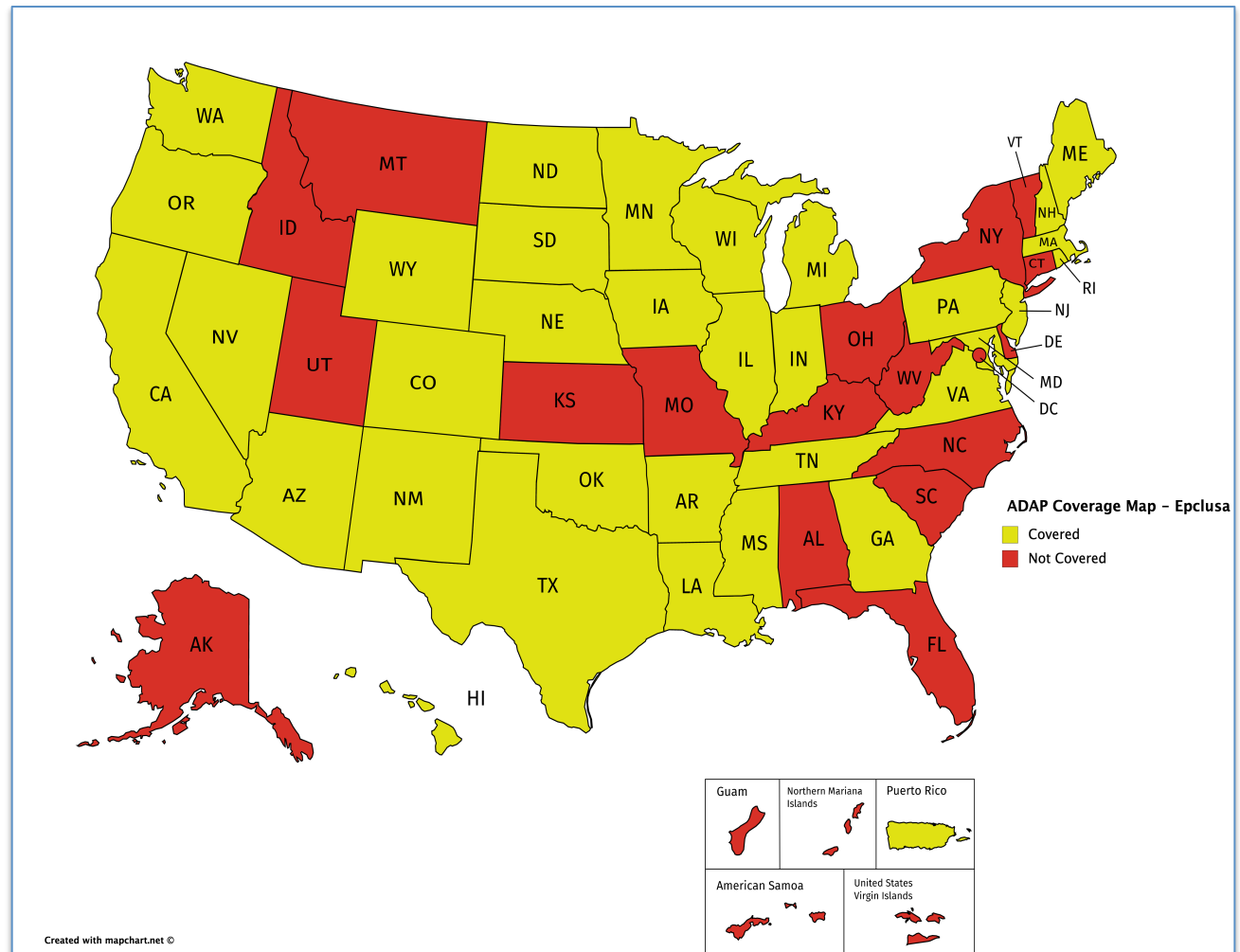
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Figure 8.

Eplusa Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Vosevi Coverage Map

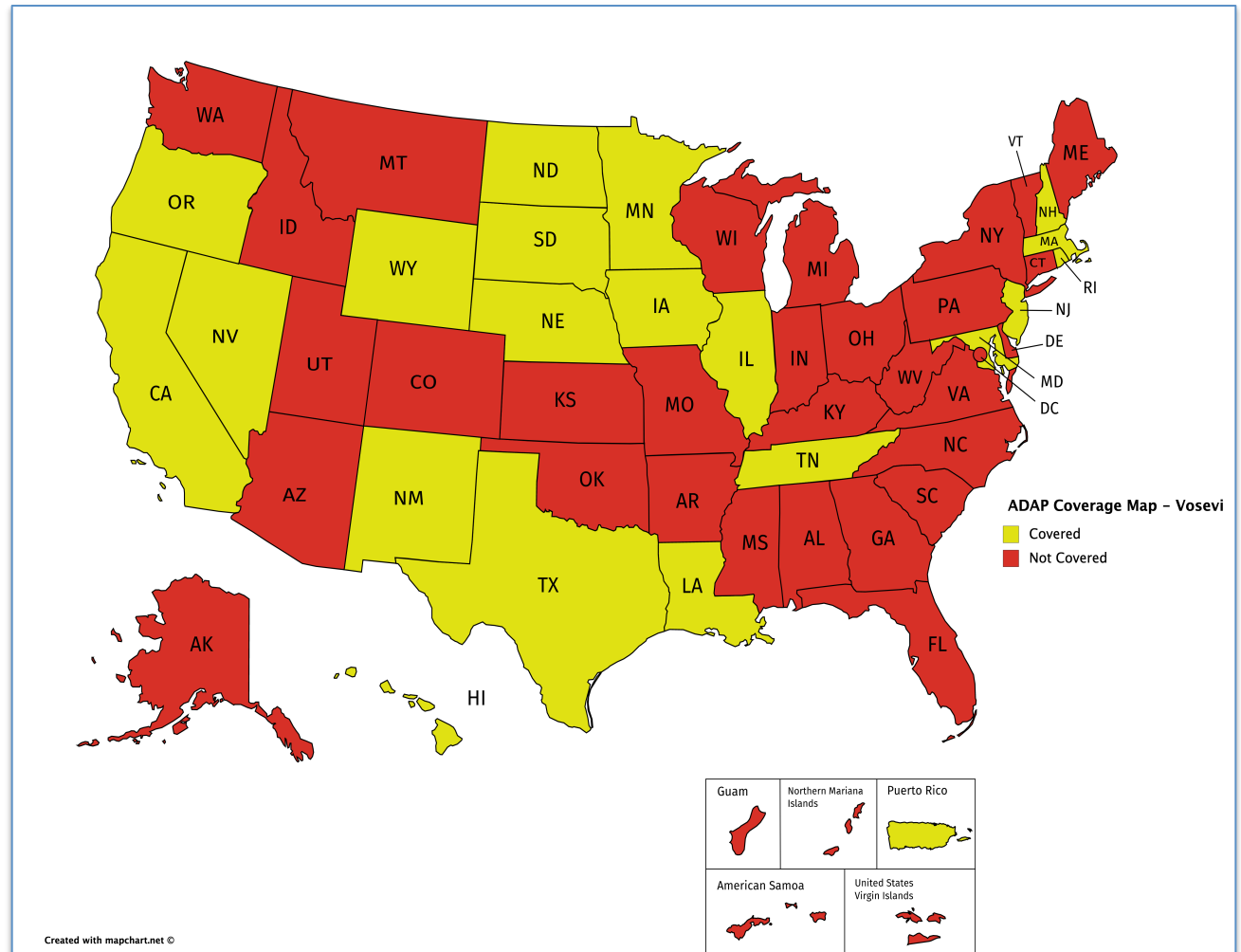
July 2019

Figure 9.

Vosevi Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Mavyret Coverage Map

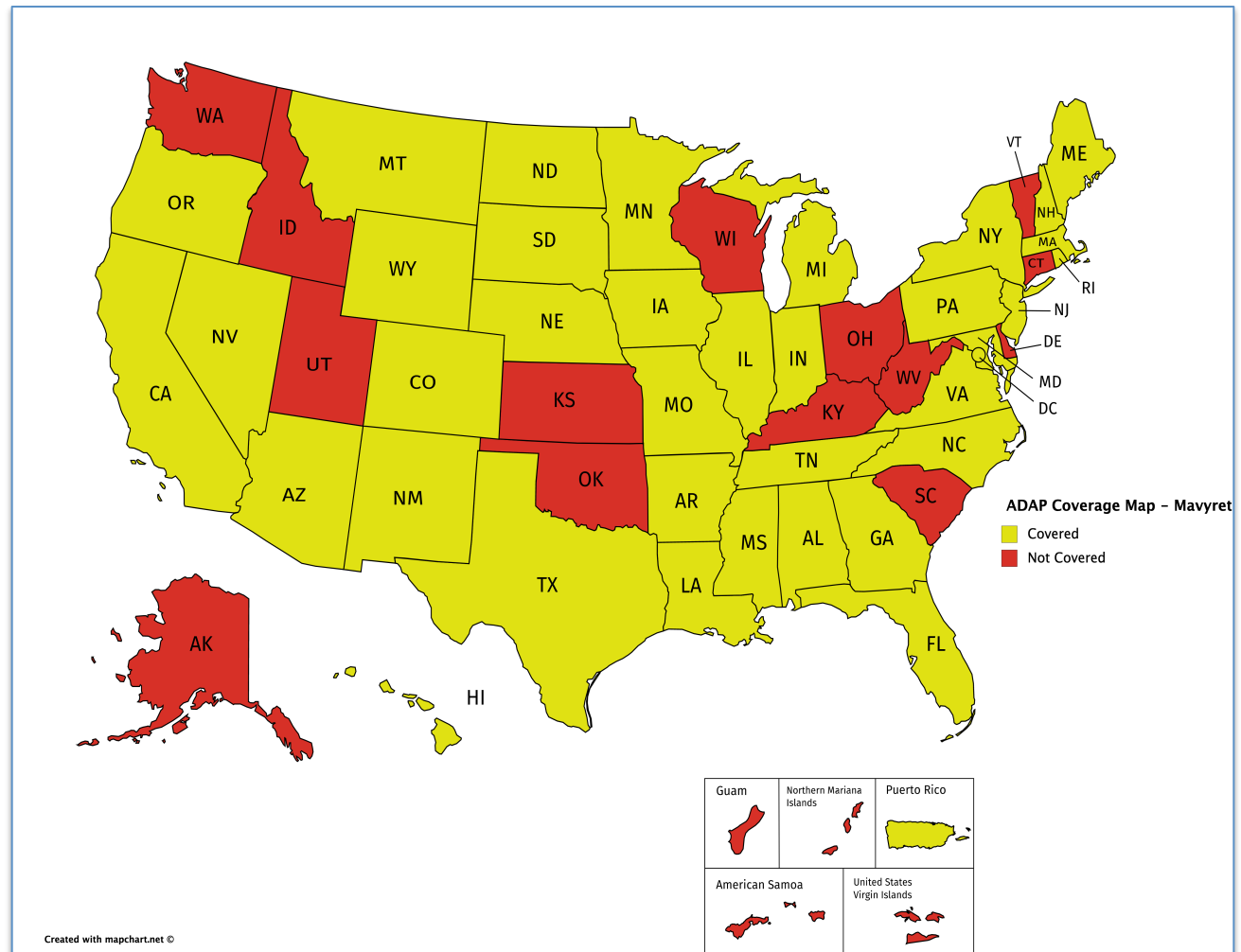
July 2019

Figure 10.

Mavyret Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Harvoni *Generic* Coverage Map

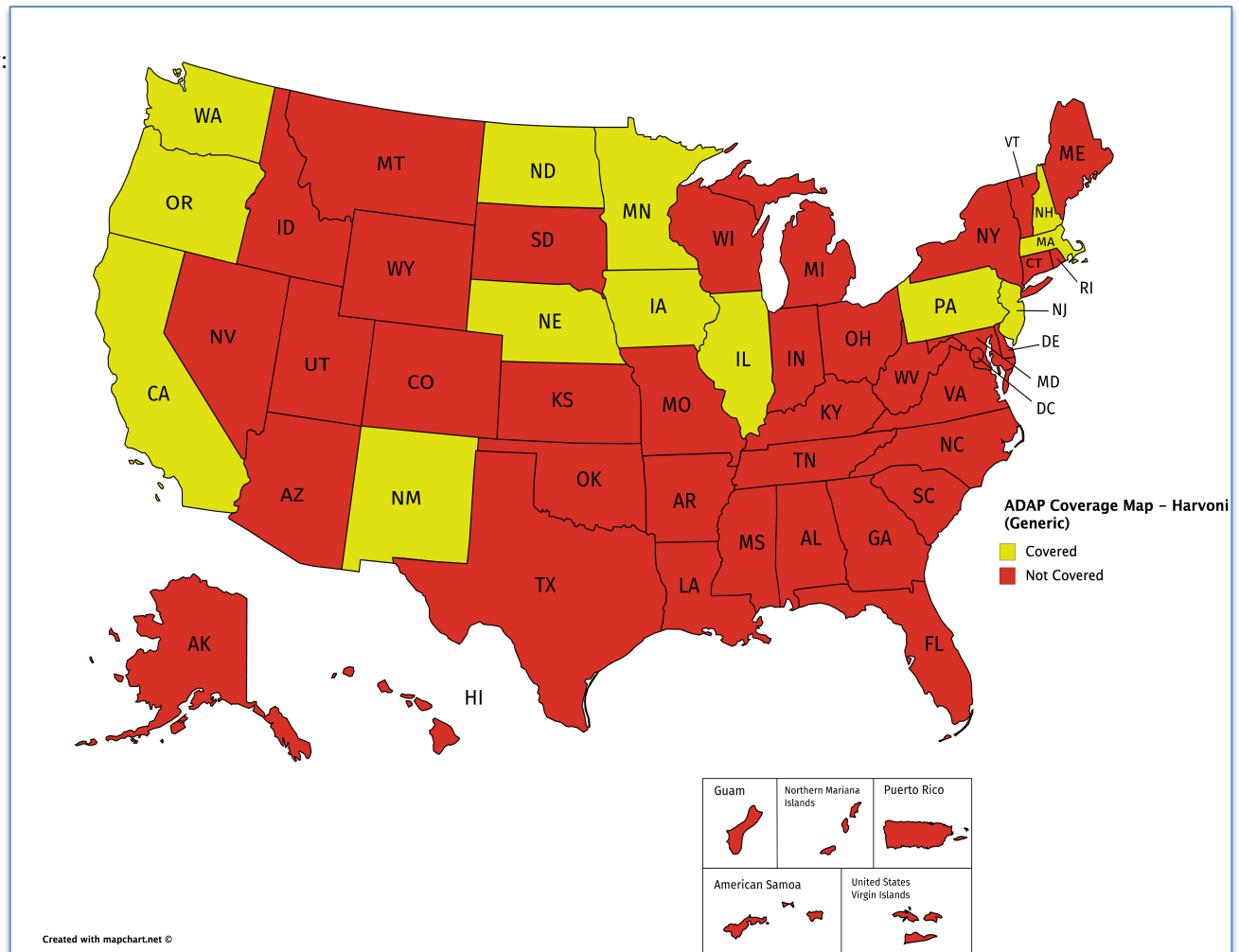
July 2019

Figure 11.

Harvoni *Generic* Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Eplusa *Generic* Coverage Map

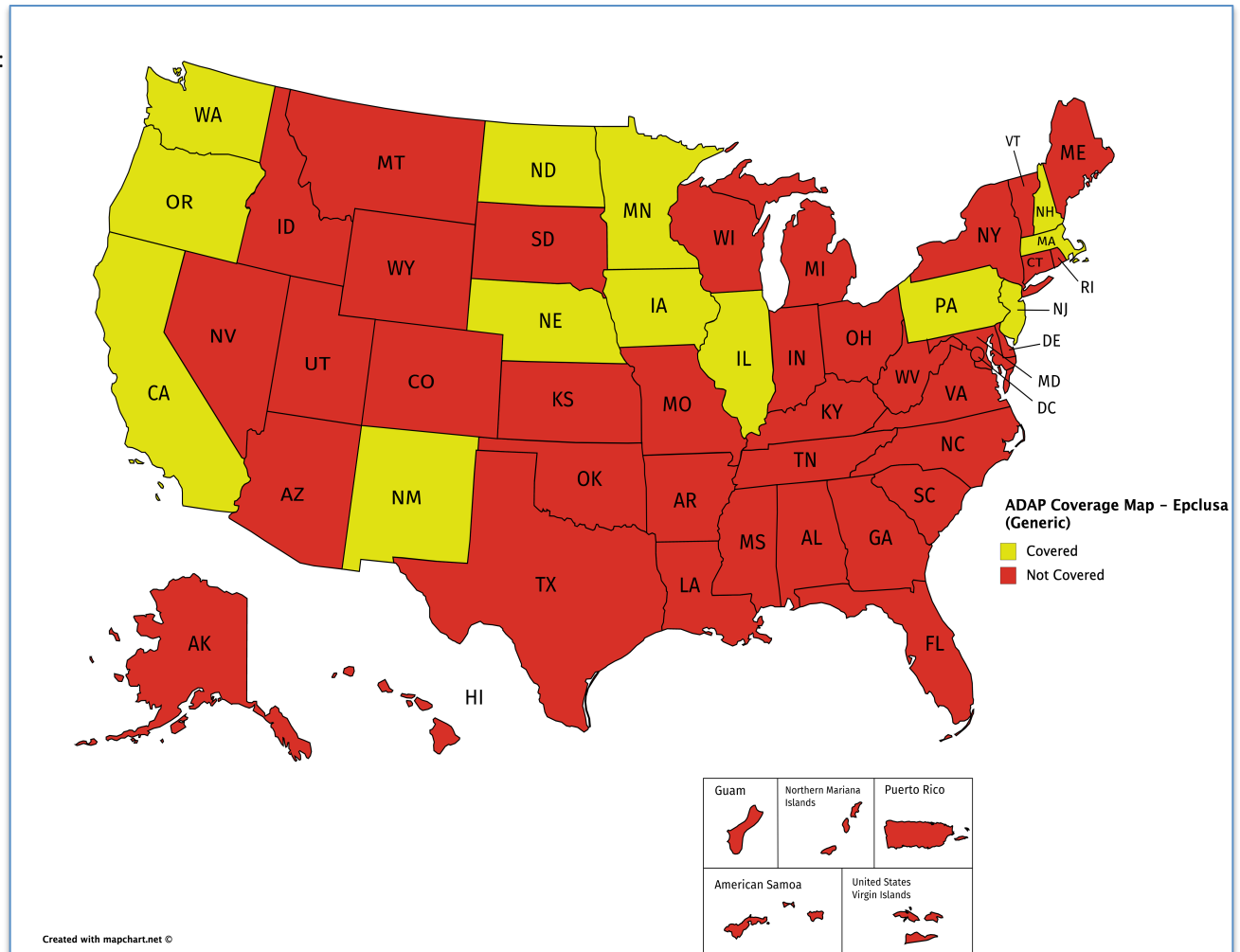
July 2019

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 July 15, 2019.

July 2019 Updates:

- No updates

July 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	Epclusa	Vosevi	Mavyret	Harvoni <i>Generic</i>	Epclusa <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*			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	Y	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	Y	Y	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*			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	Epclusa	Vosevi	Mavyret	Harvoni <i>Generic</i>	Epclusa <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*			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*			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	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*			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	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	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

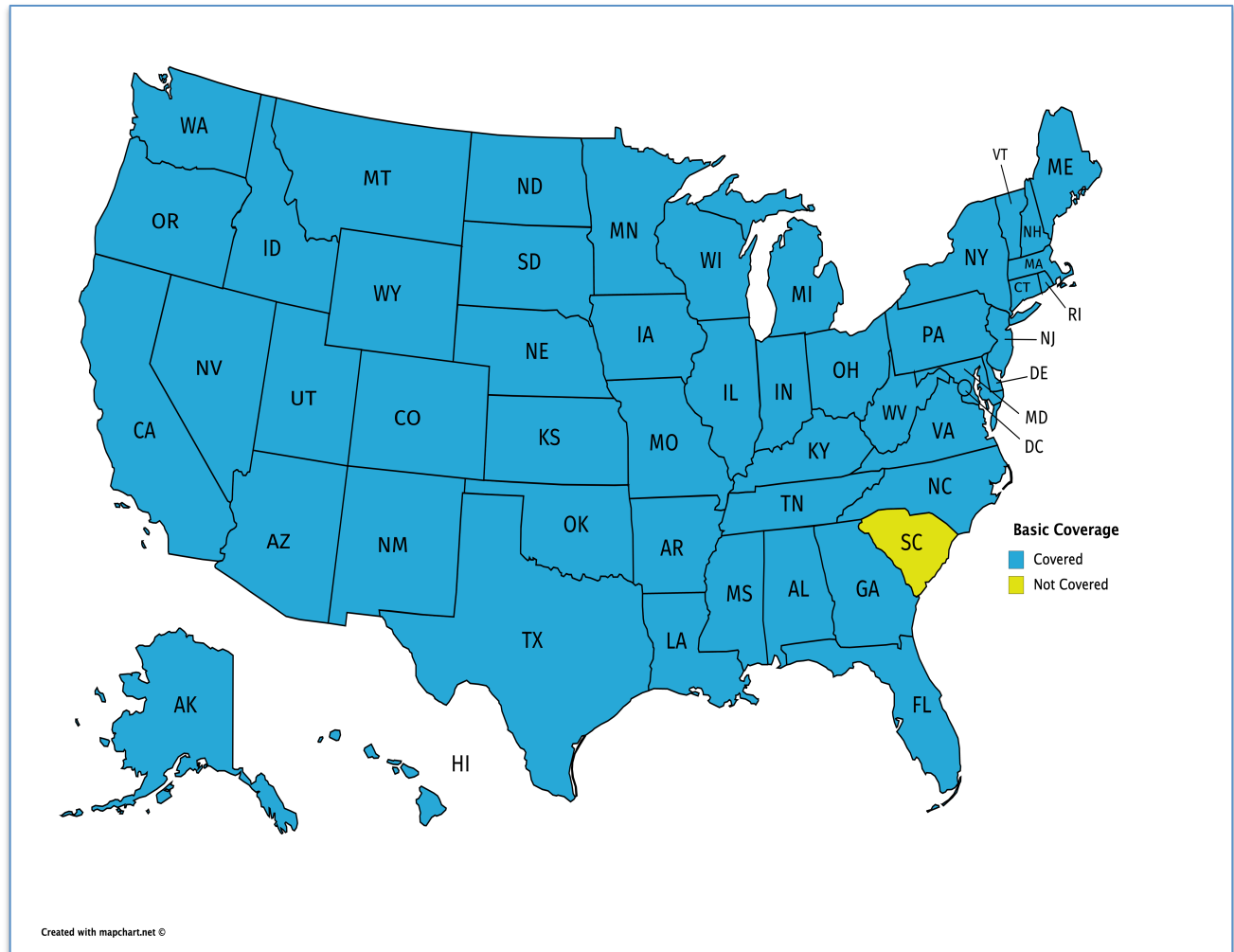
There are currently **51** Medicaid programs that cover some form of HCV-related drug therapies as part of their Preferred Drug Lists. To learn more about Medicaid or their Preferred Drug Lists, please visit <http://medicaiddirectors.org>.

Figure 14.

Basic Coverage Map Key:

Light Blue: Covered

Yellow: Not Covered



Medicaid Programs & HCV Treatments

Sovaldi Coverage Map

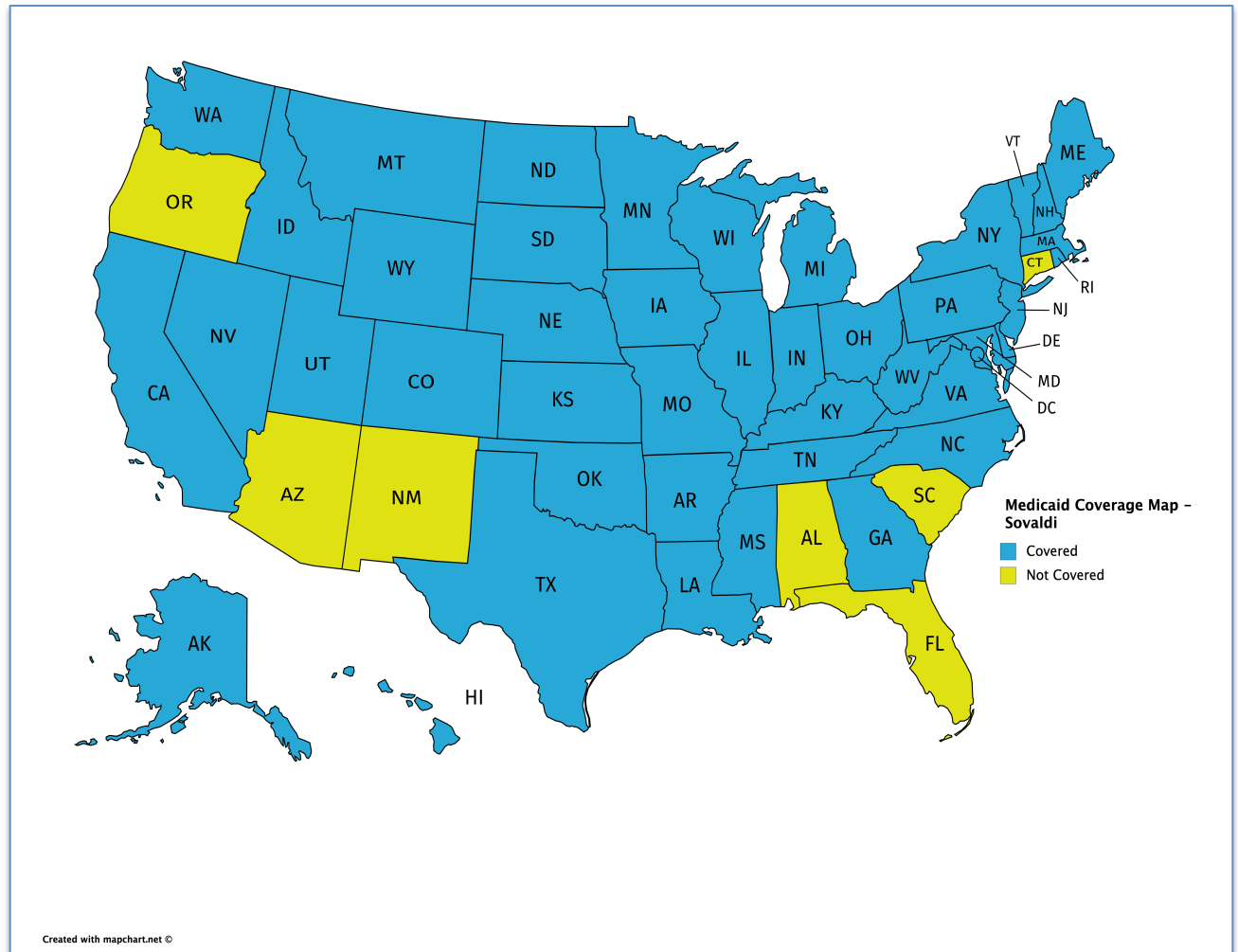
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Figure 15.

Sovaldi Coverage Map Key:

Light Blue: Covered

Yellow: Not Covered



Medicaid Programs & HCV Treatments

Harvoni Coverage Map

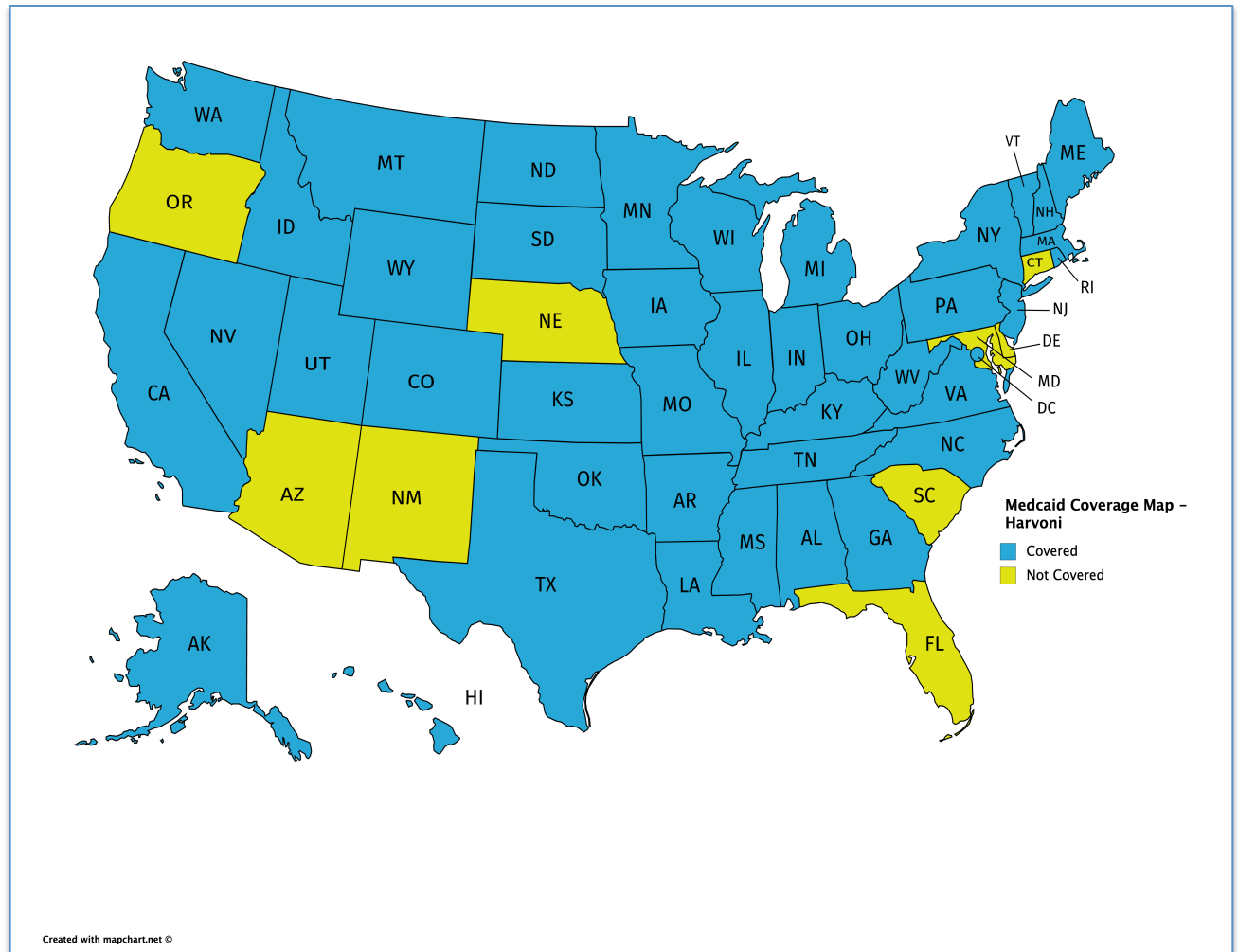
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Figure 16.

Harvoni Coverage Map Key:

Light Blue: Covered

Yellow: Not Covered



Medicaid Programs & HCV Treatments

Viekira Pak Coverage Map

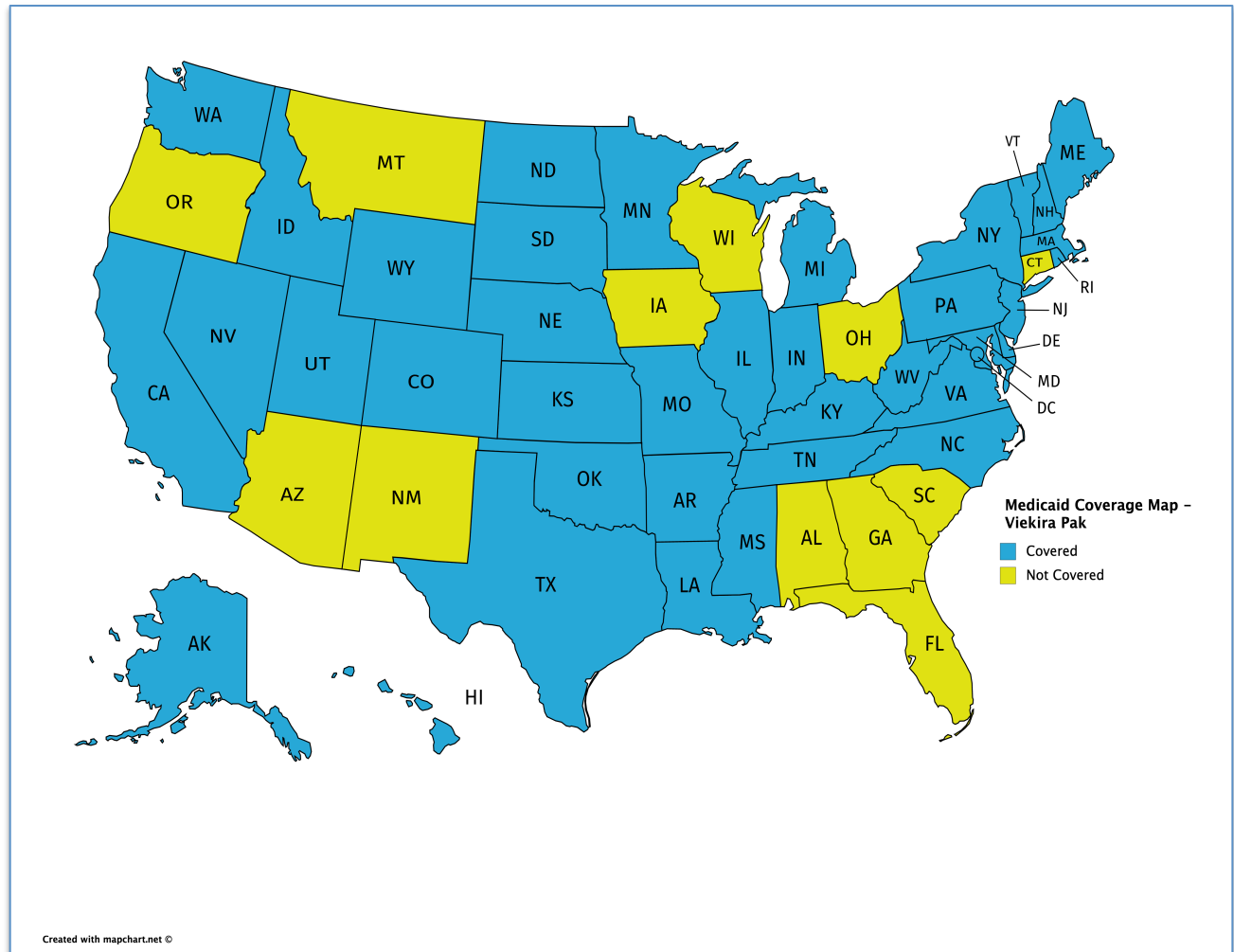
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Figure 17.

Viekira Pak Coverage Map Key:

Light Blue: Covered

Yellow: Not Covered



Medicaid Programs & HCV Treatments

Daklinza Coverage Map

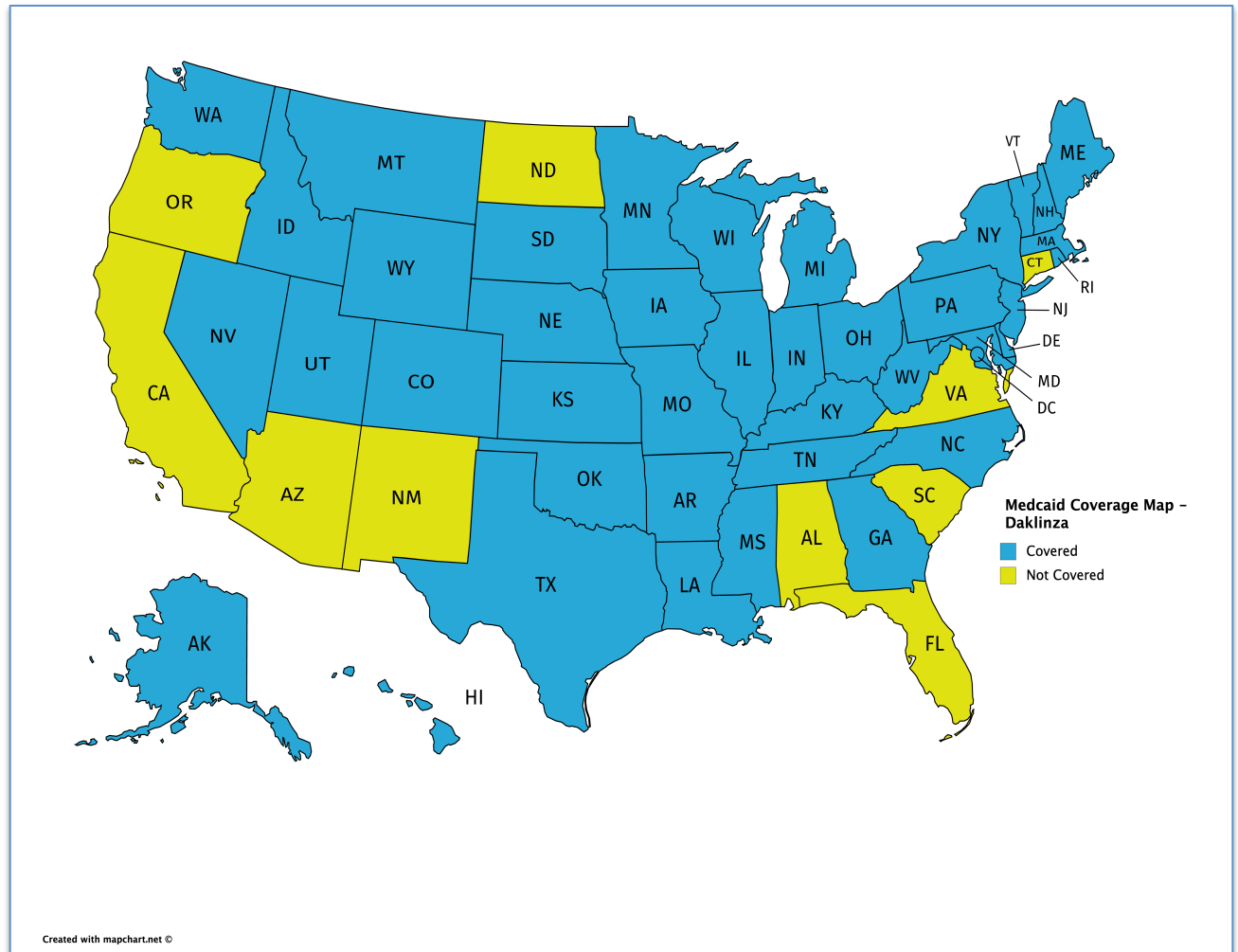
July 2019

Figure 18.

Daklinza Coverage Map Key:

Light Blue: Covered

Yellow: Not Covered



Medicaid Programs & HCV Treatments

Zepatier Coverage Map

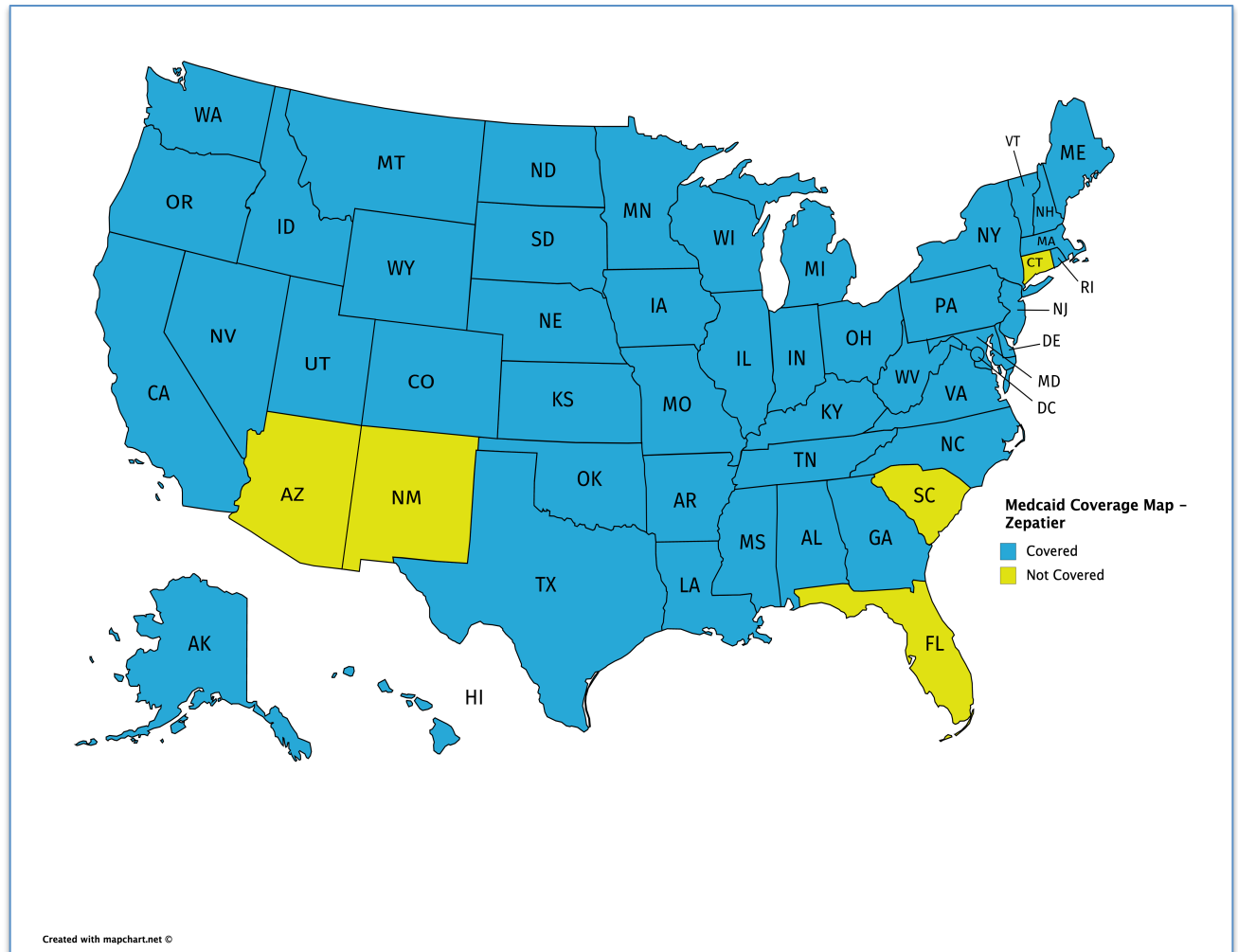
July 2019

Figure 19.

Zepatier Coverage Map Key:

Light Blue: Covered

Yellow: Not Covered



Medicaid Programs & HCV Treatments

Eplusa Coverage Map

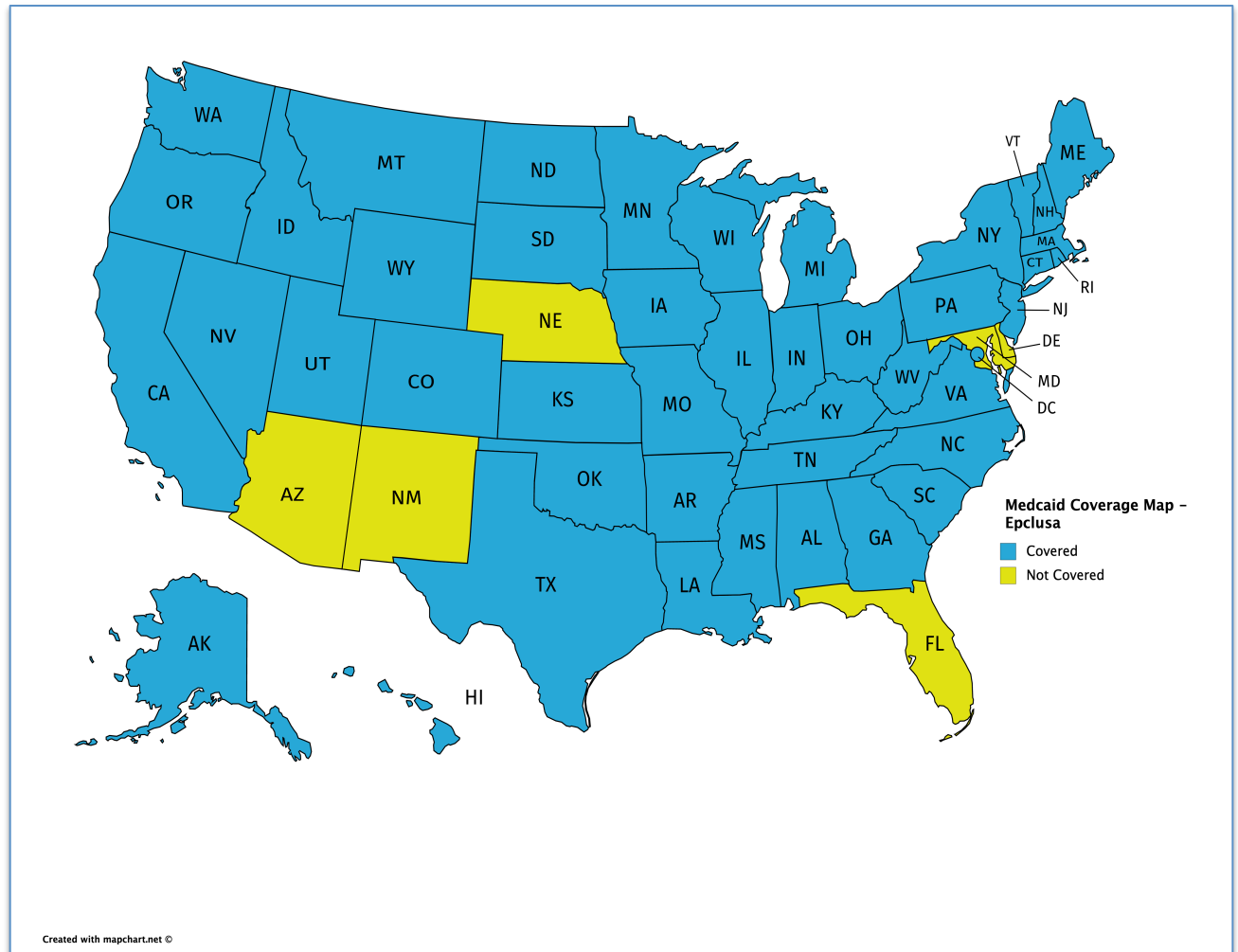
July 2019

Figure 20.

Eplusa Coverage Map Key:

Light Blue: Covered

Yellow: Not Covered



Medicaid Programs & HCV Treatments

Vosevi Coverage Map

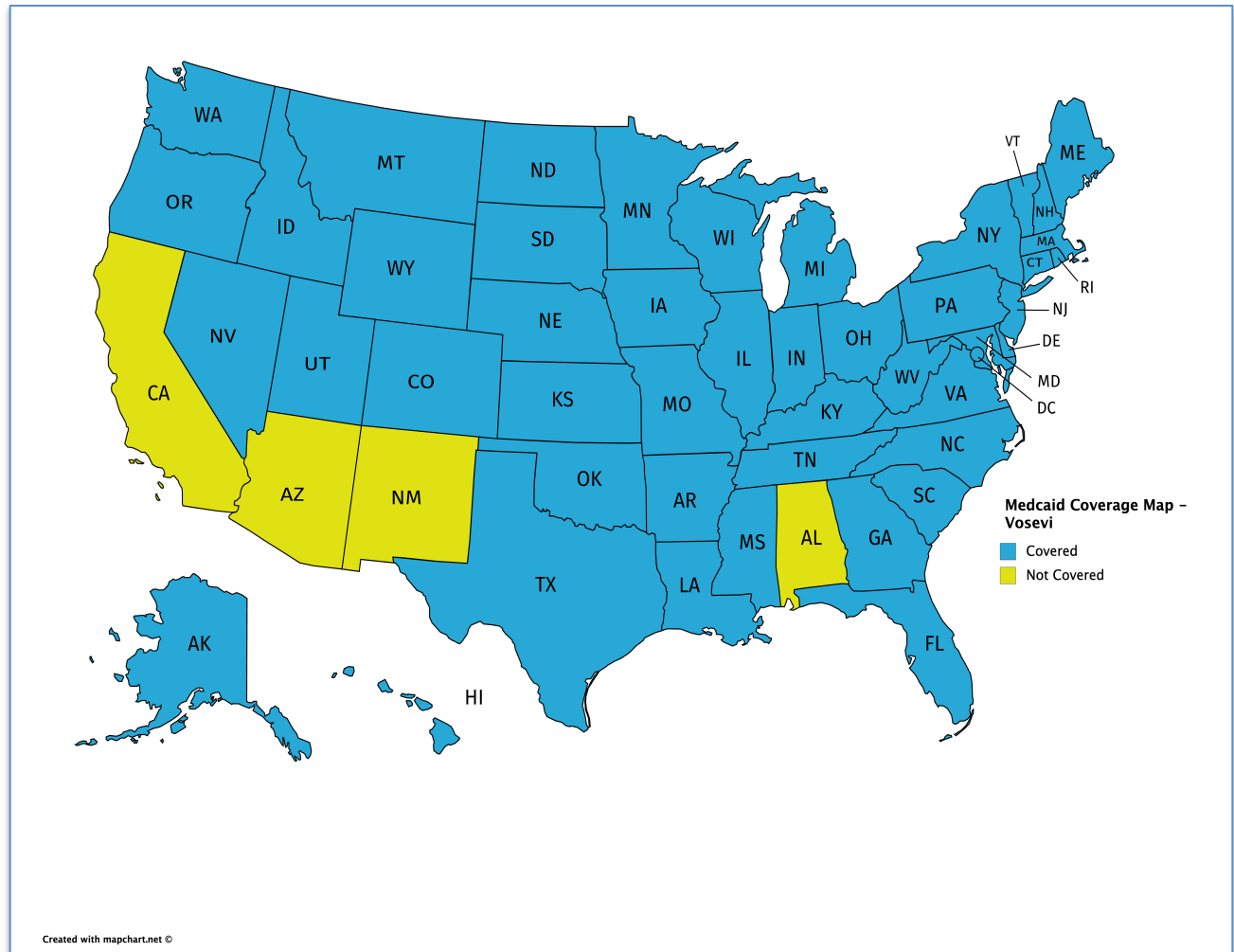
July 2019

Figure 21.

Vosevi Coverage Map Key:

Light Blue: Covered

Yellow: Not Covered



Medicaid Programs & HCV Treatments

Mavyret Coverage Map

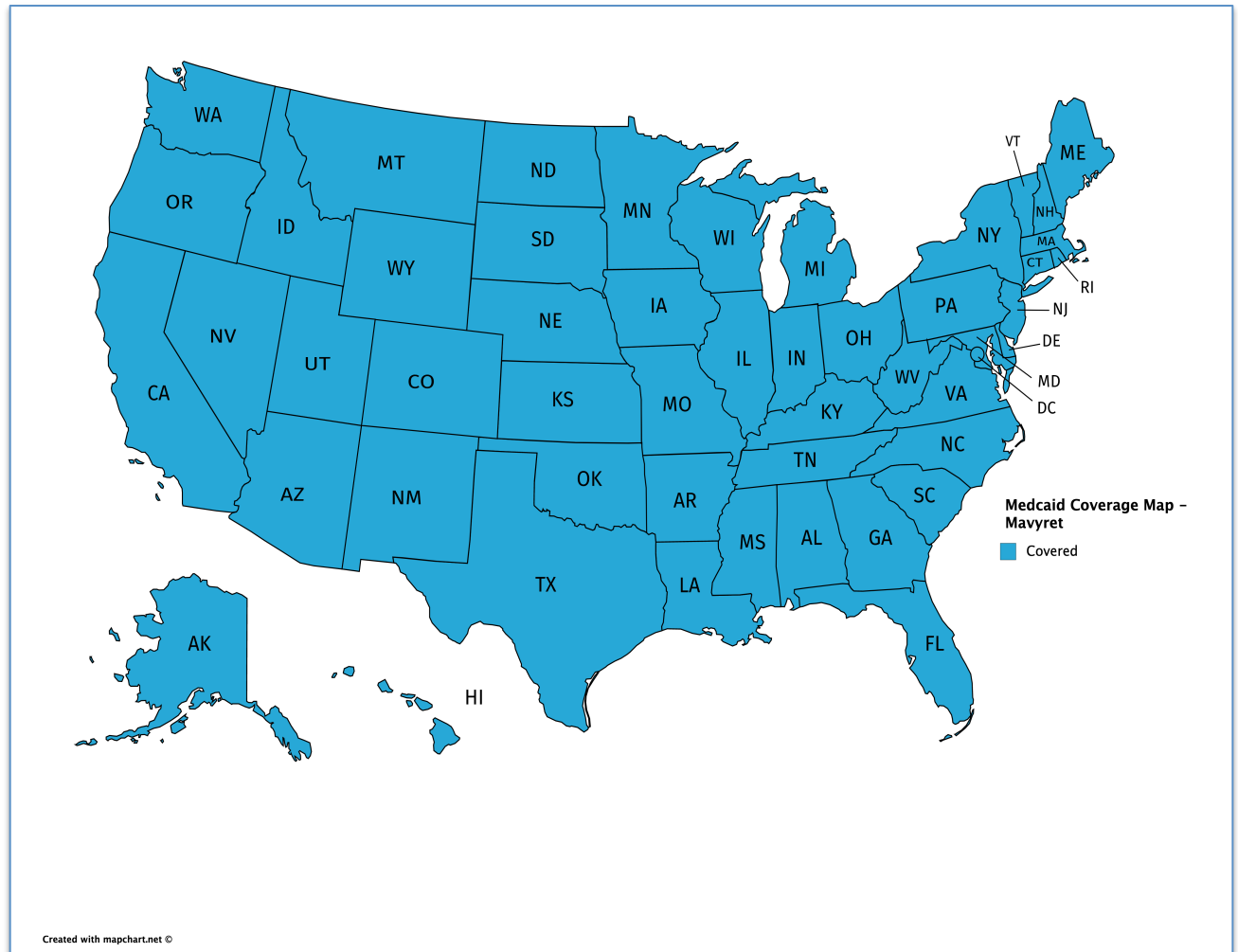
July 2019

Figure 22.

Mavyret Coverage Map Key:

Light Blue: Covered

Yellow: Not Covered



Medicaid Programs & HCV Treatments

Harvoni *Generic* Coverage Map

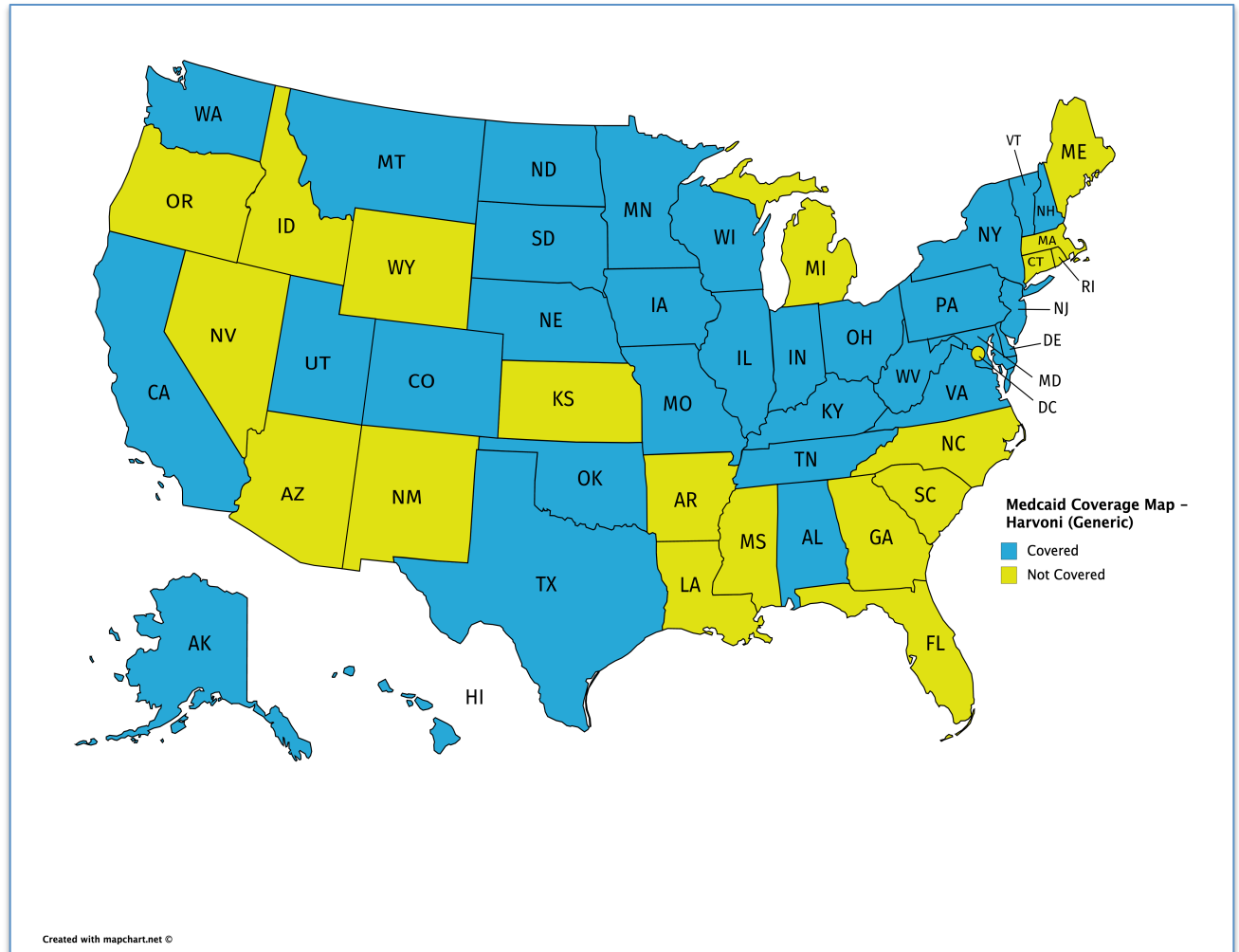
July 2019

Figure 23.

Harvoni *Generic* Map Key:

Light Blue: Covered

Yellow: Not Covered



Medicaid Programs & HCV Treatments

Eplusa *Generic* Coverage Map

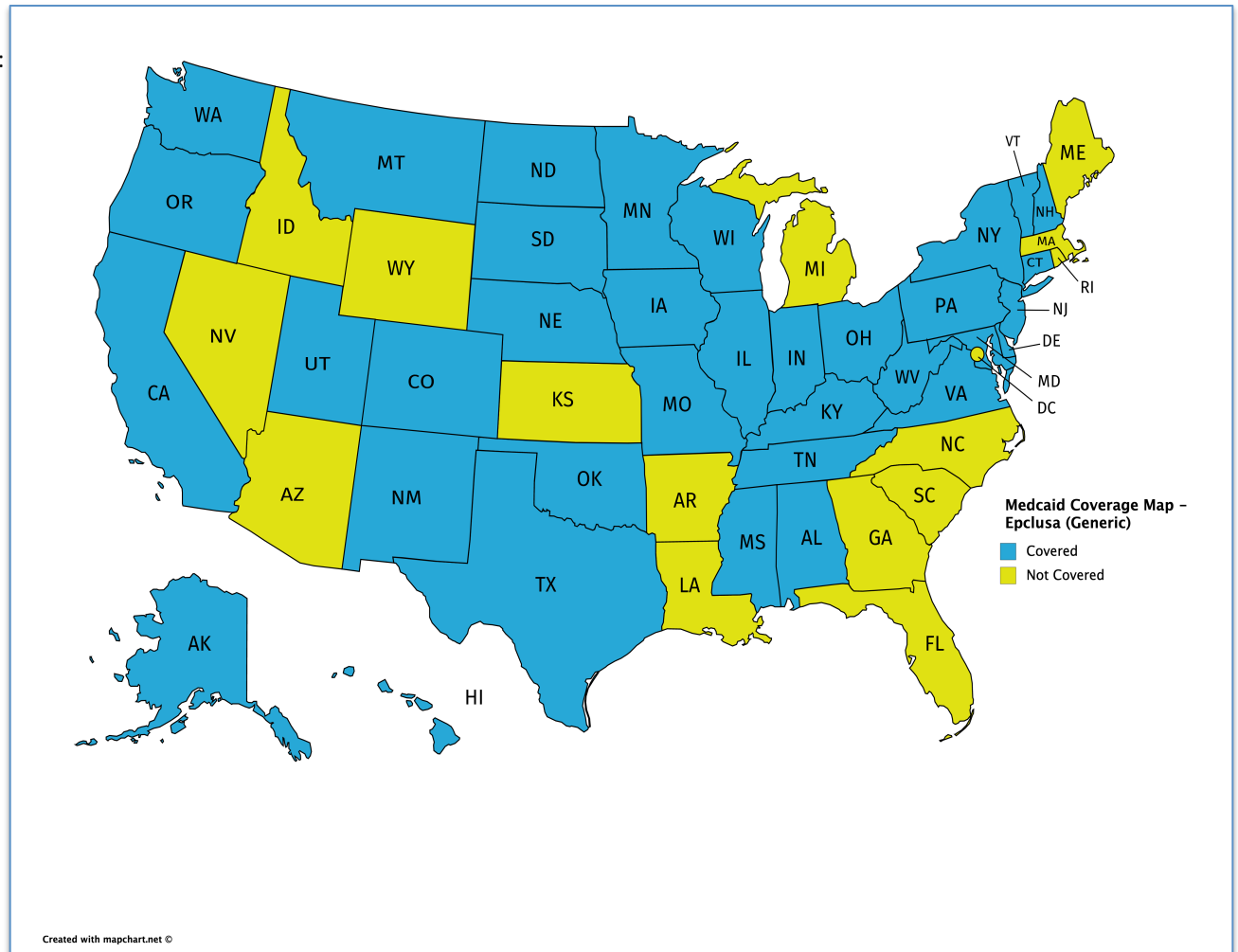
July 2019

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).

July 2019 Updates:

- No updates

July 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
 - Eplusa: 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
 - Eplusa: 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)
 - Eplusa: 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
 - Eplusa: 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
 - Eplusa: 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: **Open**
- 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 or 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

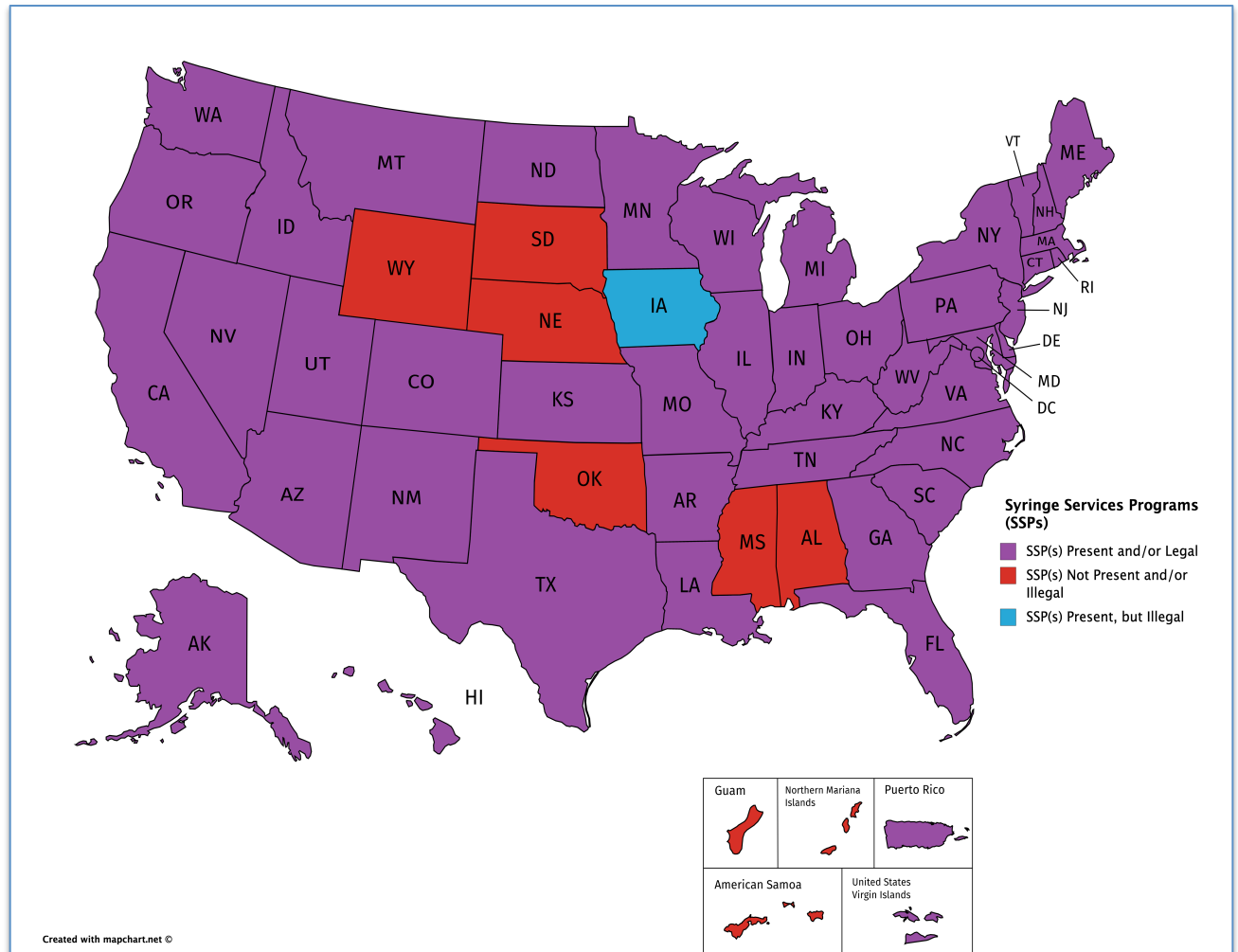
July 2019

Figure 28.

Syringe Exchange Map Key:

Purple: Syringe Exchange(s)

Red: No Syringe Exchange(s)



Harm Reduction Programs

Good Samaritan Laws Coverage Map

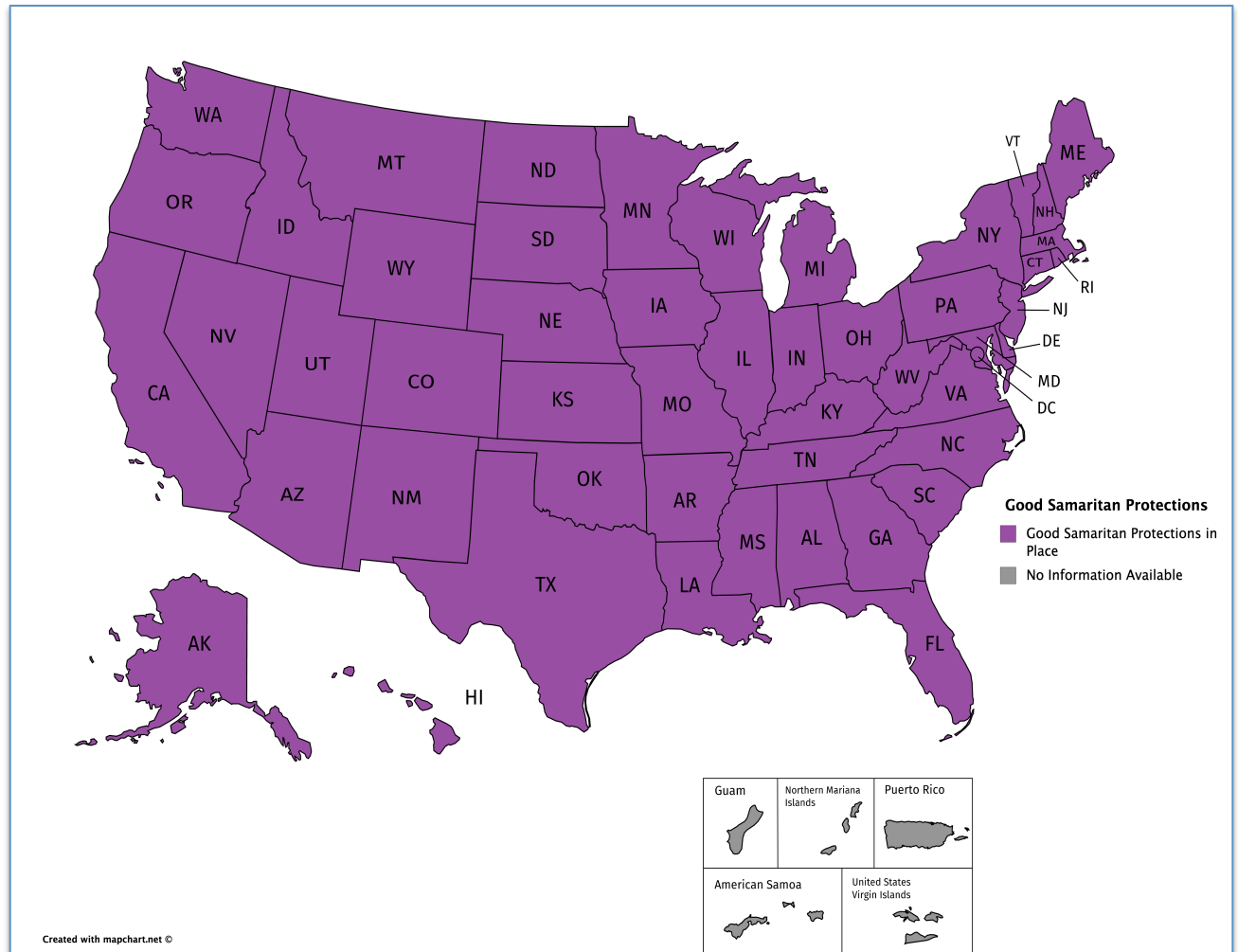
July 2019

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

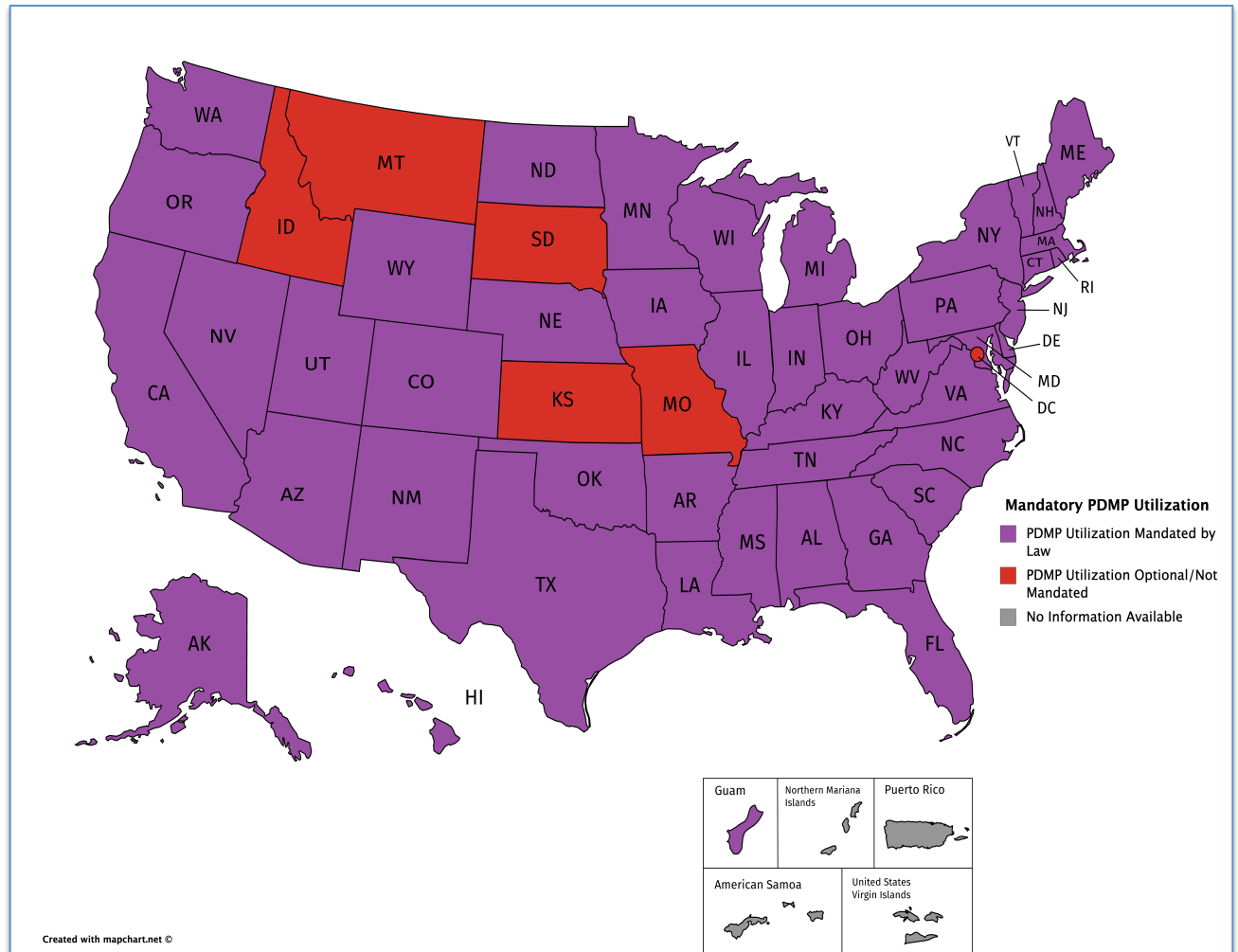
July 2019

Figure 31.

PDMPs Map Key:

Purple: Mandatory PDMPs

Red: No Mandatory PDMPs



Harm Reduction Programs

Doctor Shopping Laws Coverage Map

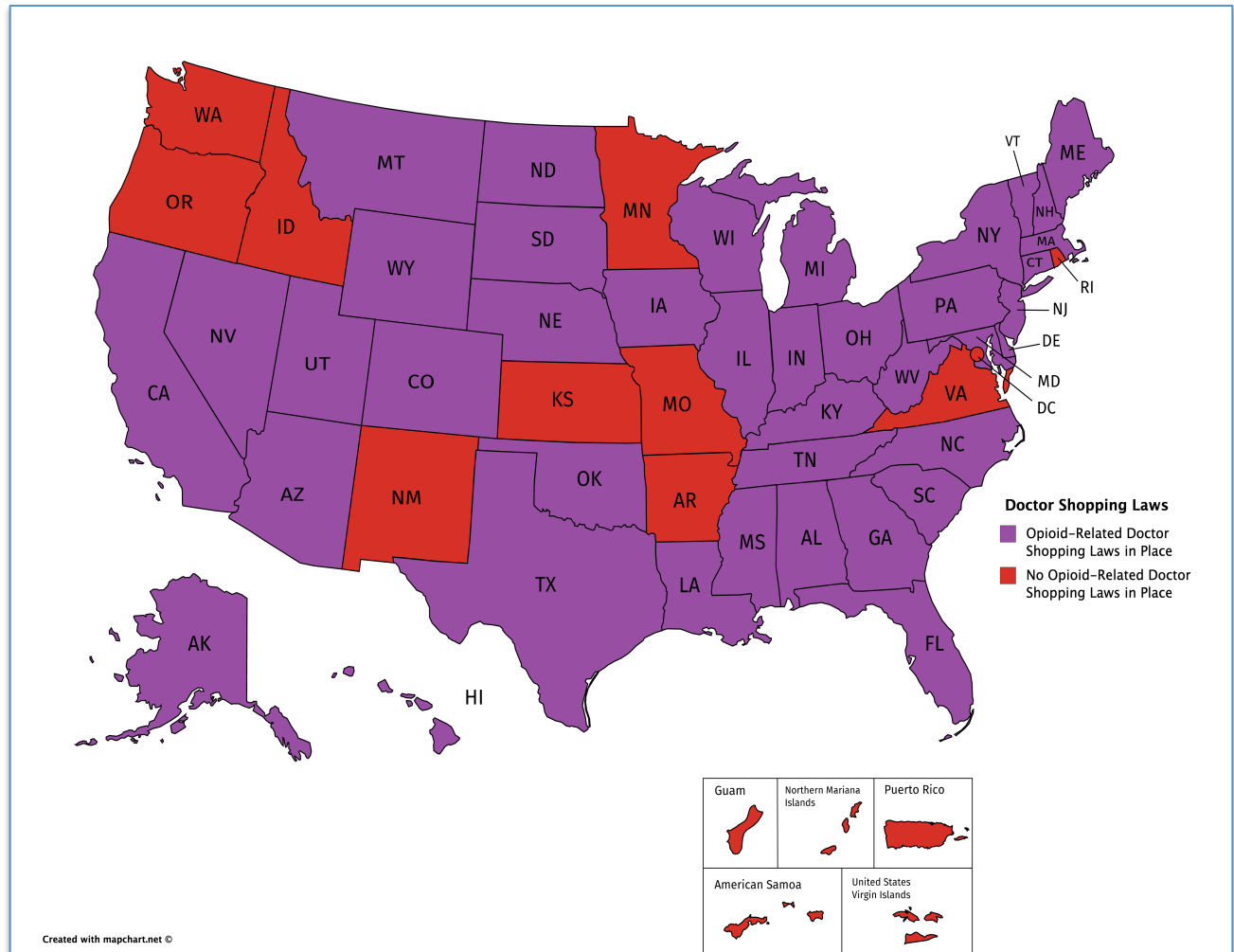
July 2019

Figure 32.

Doctor Shopping Laws Map Key:

Purple: Doctor Shopping Laws

Red: No Doctor Shopping Laws



Harm Reduction Programs

Physical Exam Required Coverage Map

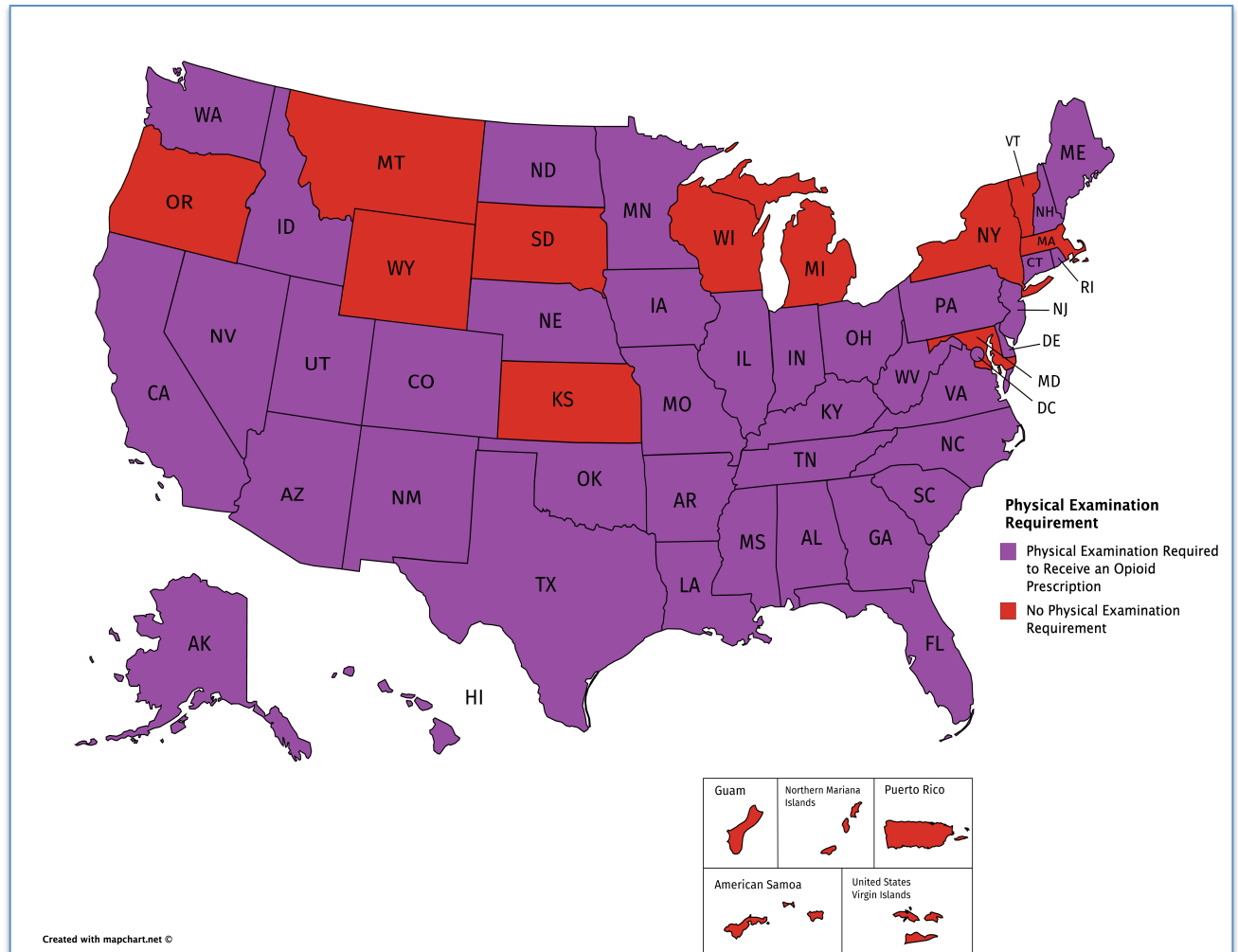
July 2019

Figure 33.

Physical Exam Required Map Key:

Purple: Physical Exam Required

Red: No Physical Exam Required



Harm Reduction Programs

I.D. Required Coverage Map

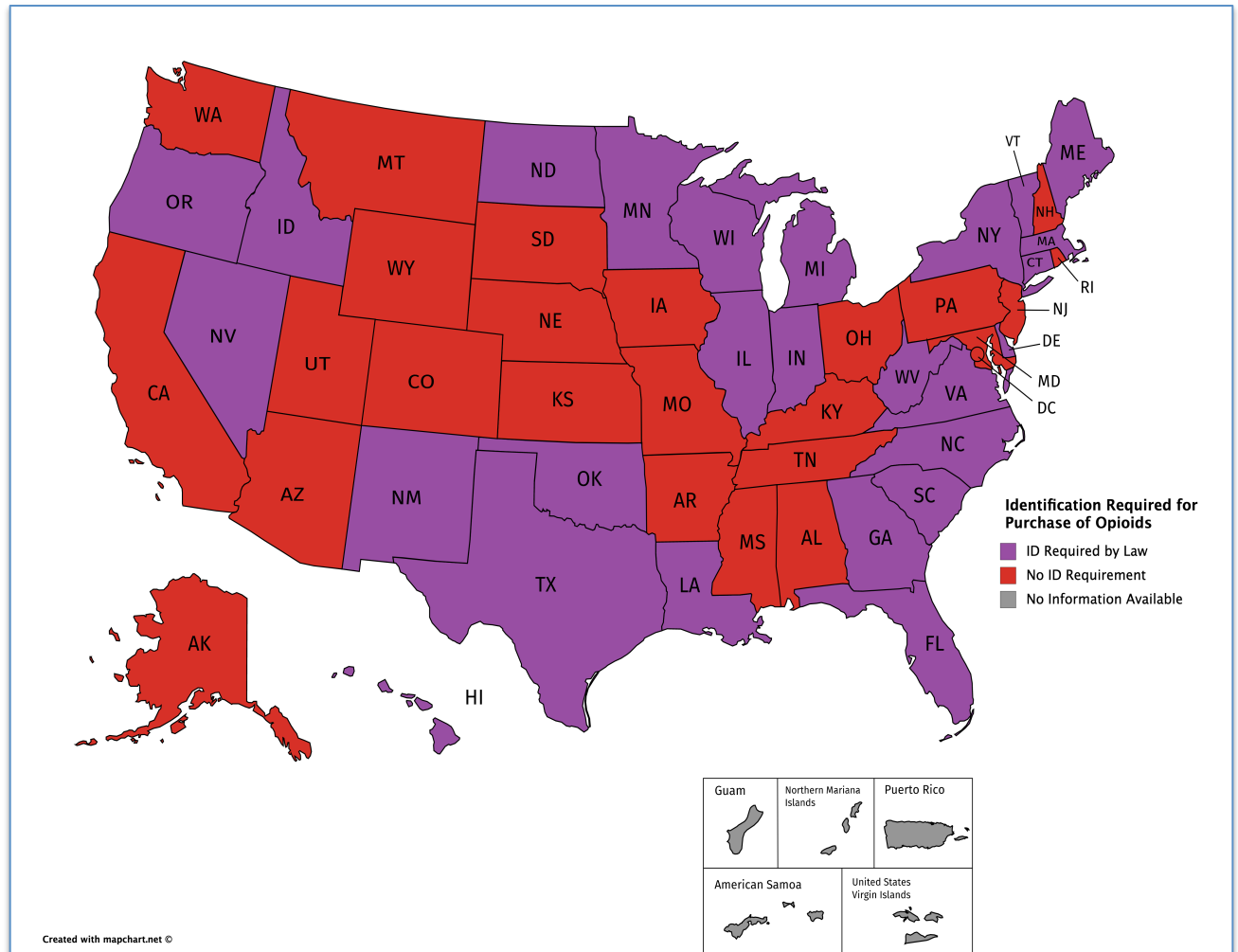
July 2019

Figure 34.

I.D. Requirement Map Key:

Purple: I.D. Required

Red: No I.D. Required



Harm Reduction Programs

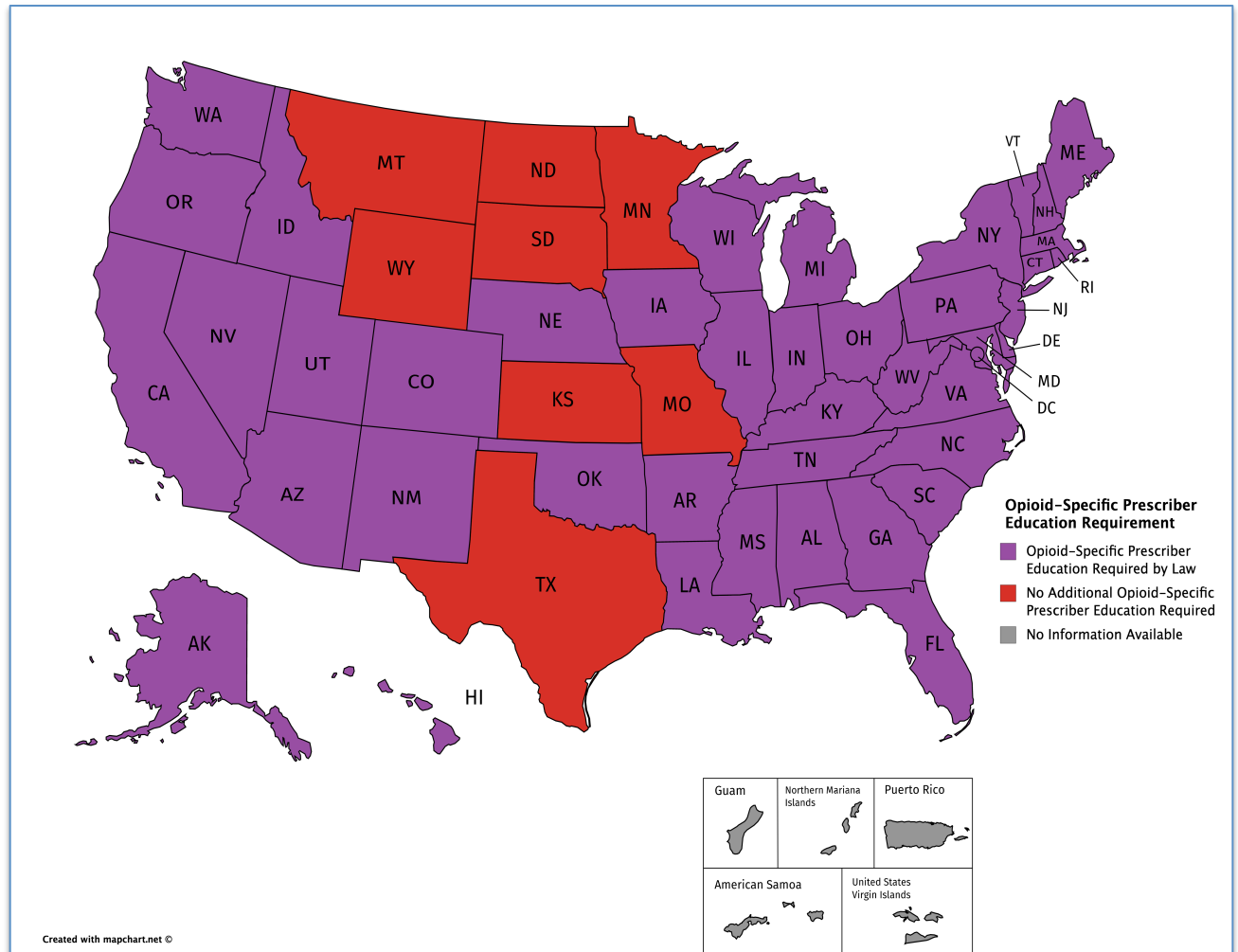
Prescriber Education Required Coverage Map

July 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

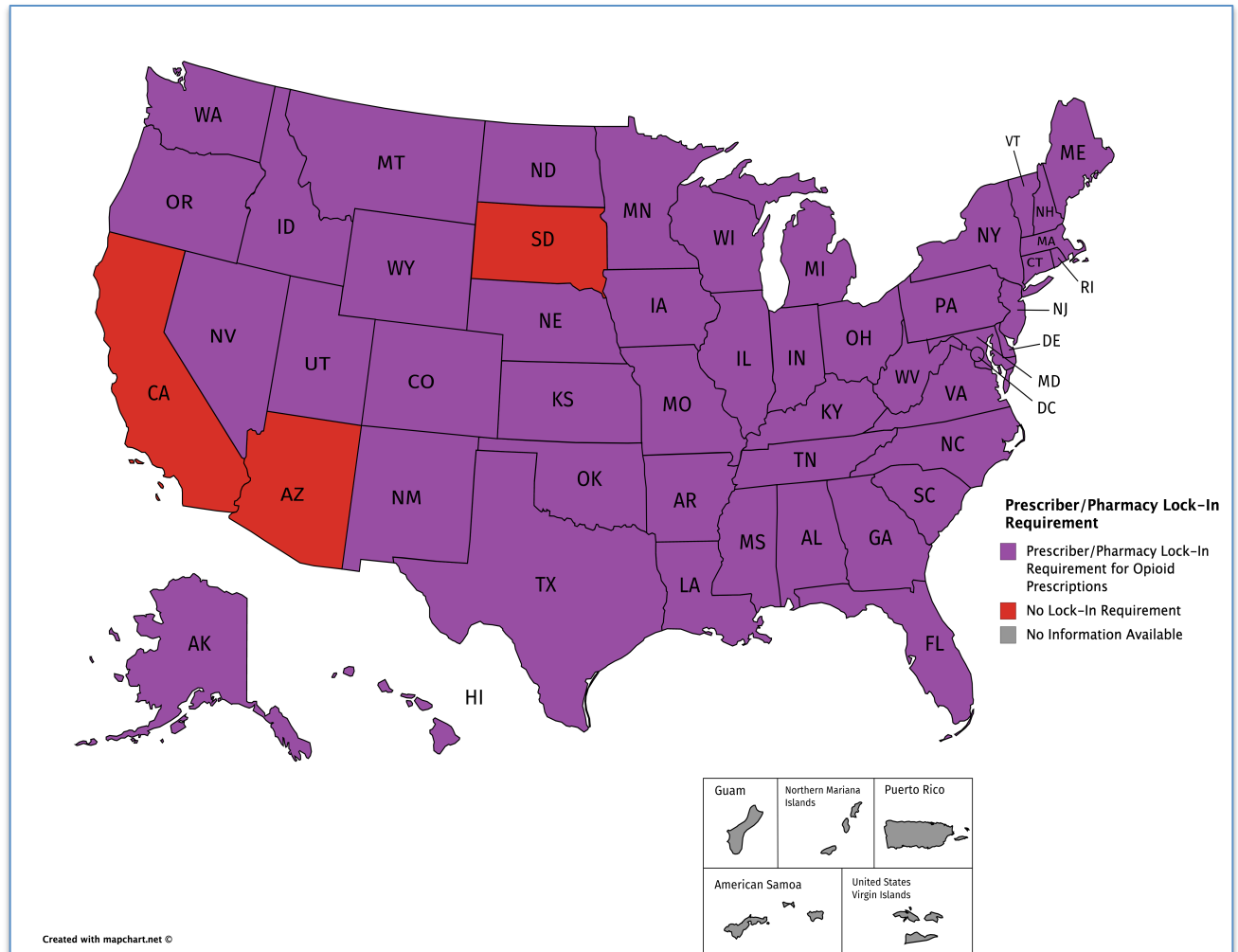
July 2019

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.

July 2019 Updates:

- No updates

July 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

District 06 – East South Central (AL, KY, MS, TN):

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Regional Trends

District 06 – East South Central (AL, KY, MS, TN):

HIV (2016 National Rate – 12.3):

- This region has a relatively high burden of HIV, with two states (MS – 14.3; Alabama – 13.5) having rates of new infections above the national rate.

HBV (2016 National Rate – 1.0):

- This region has a high burden of HBV, with all four states having rates of new infections at or above the national rate. Kentucky has the second-highest rate of new HBV infections in the U.S., with a rate of 5.0 (per 100,000) in 2016, up from 3.7 in 2015. The remaining states have the following rates: TN – 3.1 (4th-highest in the U.S.), AL – 1.2, MS – 1.0.

HCV (2016 National Rate – 1.0):

- This region has a relatively high rate of HCV, with two states (KY & TN – 2.3) having rates of new infections higher than the national rate of 1.0 (per 100,000). Kentucky and Tennessee are tied with South Dakota for the 5th-highest rate of new HCV infections in the U.S. Alabama has a rate of 0.7, below the national rate. Mississippi does not list HCV as a reportable condition and does not track the infection.

Overdose Deaths (2016 National Rate – 21.7):

- This region has a relatively high burden of overdose deaths, with two states (KY – 37.2 and TN – 26.6) having rates of overdose deaths higher than the national rate of 21.7 (per 100,000). Alabama and Mississippi have rates of 18.0 and 12.2, respectively.

ADAP HCV Coverage:

- Only Kentucky does not provide coverage for HCV DAAs on their ADAP formulary. Kentucky has the 5th highest rate of new HCV infections in the U.S.

Regional Trends Con't.

District 06 – East South Central (AL, KY, MS, TN):

Correctional Hepatitis Testing:

- All states but Alabama responded to our request for testing information.
- Of the three responding states, all but Kentucky have made HIV testing compulsory upon intake, with only MS using an Opt-In delivery model with No Refusals possible.
- No states in this region require HBV testing upon entry.
- No states in this region require HCV testing upon entry.

Latest News

Latest News

- **Maine State prison inmate leads lawsuit claiming prisoners were denied hepatitis C treatment**

A Maine State Prison inmate is leading a class action lawsuit against the Maine Department of Corrections (DOC) claiming it refused to treat hundreds of inmates diagnosed with the hepatitis C virus (HCV).

The attorney working on behalf of inmate Mathiew Loisel, who is leading the suit and has been incarcerated at the Maine State Prison (MSP) since 2012, filed the class action lawsuit in federal court June 26 (Shepherd, 2019).

- **Scaling-Up Prevention and Treatment Interventions for Achieving HCV Elimination**

A modest scale-up of hepatitis C virus (HCV) treatment, along with medication-assisted treatment and syringe service programs where needed, can reverse the expanding HCV burden in the United States and reach elimination goals within 10 to 15 years, according to study results published in the American Journal of Epidemiology (Schad, 2019).

- **Palm Beach County Is First To Pass Needle Exchange Bill After New Law Paves The Way For Counties**

Palm Beach County on Tuesday became the first county in Florida to pass a needle exchange bill after the governor's signature last week paved the way for local governments to establish programs to reduce disease transmission among drug users.

After the success of the IDEA Program, Miami-Dade's needle exchange pilot, the Florida legislature approved a bill this year allowing other counties to authorize similar programs.

Counties aren't required to set up needle exchanges – it's an opt-in law. Palm Beach County started the process before the law was made official (Fox, 2019).

Latest News Con't.

- **Scientists discover how Hepatitis C “ghosts” our immune system**

Scientists from Trinity College Dublin have discovered how the highly infectious and sometimes deadly Hepatitis C virus (HCV) “ghosts” our immune system and remains undiagnosed in many people. They report their findings today in the international FASEB journal.

HCV’s main route of transmission is via infected blood but over the past 40 years it has accidentally been given to many patients across the world via infected blood products. The virus replicates particularly well in the liver, and the damage it causes makes it a leading cause of liver disease worldwide.

Even though HCV can be deadly, initial infection is rarely accompanied by any obvious clinical symptoms for reasons that have – until now – remained unknown. As a result, it often goes undiagnosed for the first 6-12 months following infection.

Under normal circumstances, our cells communicate with each other with molecules called cytokines, which work by activating specific cascades of other molecules within our cells called signalling pathways. These cytokines and their signalling pathways trigger the expression of hundreds of molecules within our cells to increase inflammation and anti-viral activity. This immune response is capable of killing and clearing the viral infection for our cells and bodies.

The Trinity scientists found that HCV “ghosts” our immune response, by triggering our own SOCS regulators; a specific part of the virus is responsible for increasing a specific SOCS molecule – in both liver and immune cells (Trinity College Dublin, 2019).

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

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

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



Disclaimer

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

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

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

Methodology

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

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

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

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

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

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

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

References

Aetna Better Health® of Kentucky (2019, June 01). Formulary Guide – February 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_2154.pdf

Aetna Better Health® of New Jersey. (2019, June 01). Formulary. Princeton, NJ: Aetna Better Health® of New Jersey. Retrieved from: https://www.aetnabetterhealth.com/newjersey/assets/pdf/pharmacy/ABHNJ_5322_Single Tier with Ref Drug_2224.pdf

Alabama Department of Public Health. (2019, June 01). 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>

Alabama Medicaid Agency. (2019, July 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_List_Therapeutic_7-1-19.pdf

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

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

AlohaCare. (2019, February). 2019 ALOHACARE ADVANTAGE PLUS FORMULARY (HMO SNP) (List of Covered Drugs). Honolulu, HI: AlohaCare. Retrieved from: <https://alohacare7.adaptiverx.com/web/pdf?key=8F02B26A288102C27BAC82D14C006C6FC54D480F80409B687066A77A4251B9A2>

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

Arizona Department of Health Services. (2019, May 28). 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). (2019, February 04). AHCCCS Acute Long Term Care Drug List Effective October 01, 2018. Phoenix, AZ: Arizona Health Care Cost Containment System. Retrieved from: https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCS_DRUG_LIST_10012018.pdf

References

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

Arkansas Department of Human Services. (2019, March 06). 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, April 01) Blue Cross and Blue Shield of New Mexico (BSBSNM) – Blue Cross Community CentennialSM Drug List. Retrieved from: http://www.bcbsnm.com/pdf/rx/cc_drug_list_nm.pdf

Buckeye Health Plan – MyCare Ohio. (2019, June 01). 2019 List of Covered Drugs (Formulary). Columbus, OH: MyCare Ohio. Retrieved from: <https://mmp.buckeyehealthplan.com/content/dam/centene/Buckeye/mmp/pdfs/2019-OH-FORMULARY-MMP.pdf>

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

California Department of Public Health. (2019, May 24). California Department of Public Health, Office of AIDS, AIDS Drug Assistance Program (CDPH/OA/ADAP) – Formulary by Class. Sacramento, CA: California Department of Public Health: Office of AIDS: AIDS Drug Assistance Program. Retrieved https://cdph.magellanrx.com/provider/external/commercial/cdph/doc/en-us/CDPH_Formulary.pdf

CareSource Ohio Medicaid. (2019, April 01). CareSource Ohio Medicaid. Dayton, OH. Retrieved from: <https://www.caresource.com/documents/ohio-medicaid-preferred-drug-list/>

Centers for Disease Control and Prevention (CDC). (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: National Center for Injury Prevention and Control: Division of Unintentional Injury Prevention. Retrieved from: <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

References

Colorado Department of Health Care Policy & Financing. (2019, July 01). Colorado Department of Health Care Policy and Financing Preferred Drug List (PDL). Denver, CO: Colorado Department of Health Care Policy & Financing. Retrieved from: https://www.colorado.gov/pacific/sites/default/files/7-1-19%20PDL%20final_v1_June2019.pdf

Colorado Department of Public Health & Environment. (2017, September 18). Colorado AIDS Drug Assistance Program - Description of Medication Formulary. Denver, CO: Colorado Department of Public Health & Environment: Colorado AIDS Drug Assistance Program. Retrieved from: https://drive.google.com/open?id=1btNq_TZmnDLnyd1nZgUZkVKHAD0Ge8sxIHhrQPMkNXA

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/19xrPqsCbaHHA9nTD1F13NeCn5kwK60zR/view>

Connecticut Department of Social Services. (2019a, February 13). Connecticut AIDS Drug Assistance Program (CADAP) Formulary. 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

Connecticut Department of Social Services. (2019b, July 11). Connecticut Medicaid Preferred Drug List. Hartford, CT: Connecticut Department of Social Services: Pharmacy. Retrieved from: https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/CT_PDL_medicaid.pdf

Delaware Health and Social Services. (2019a, May 15). DELAWARE AIDS DRUG ASSISTANCE PROGRAM (ADAP) – FORMULARY BY CLASS – Effective 01/23/2019. Dover, DE: Delaware Health and Social Services: Division of Public Health. Retrieved from: http://www.ramsellcorp.com/PDF/DE_DrugClass.pdf

Delaware Health and Social Services. (2019b, April 16). 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

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

District of Columbia. (2019b, April 01). Pharmacy Preferred Drug List (PDL). Washington, DC: District of Columbia Department of Health Care Finance. Retrieved from: https://dc.fhsc.com/downloads/providers/DCRx_PDL_listing.pdf

Florida ADAP. (2019, February). Florida Ryan White Part B – AIDS Drug Assistance Program (ADAP) Formulary – Effective February, 2019. Tallahassee, FL: Florida Health: HIV/AIDS Section: Florida ADAP. Retrieved from: http://www.floridahealth.gov/diseases-and-conditions/aids/adap/_documents/February_2019_Formulary_Generic_Therapeutic_Sort.pdf

References

Florida Agency for Health Care Administration. (2019, May 14). Florida Medicaid Preferred Drug List. Tallahassee, FL: Florida Agency for Health Care Administration: Bureau of Policy: Pharmacy Policy Unit. Retrieved from: http://www.fdhc.state.fl.us/medicaid/Prescribed_Drug/pharm_thera/pdf/PDL.pdf

Genn, L. (2019, June 13). American Adults with HBV, HCV Infection Largely Unaware. Cranbury, NJ: Intellisphere, LLC: MD Magazine: Medical News. Retrieved from: <https://www.mdmag.com/medical-news/american-adults-with-hbv-hcv-infection-largely-unaware>

Georgia Department of Community Health. (2019, June 01). Georgia Medicaid/PeachCare Preferred Drug List – Effective June 01, 2019. Atlanta, GA: Georgia Department of Community Health. Retrieved from: [https://dch.georgia.gov/sites/dch.georgia.gov/files/related_files/document/PDL By Drug Class 6 19.pdf](https://dch.georgia.gov/sites/dch.georgia.gov/files/related_files/document/PDL%20By%20Drug%20Class%206%2019.pdf)

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%20ADAP%20Formulary.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%20Formulary-January%202018.pdf)

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

Hepatitis Advisor. (2018, September). Gaps Observed in Hepatitis C Care Among Those Born Between 1945-1965. New York, NY: Infectious Disease Advisor: Hepatitis Advisor. Retrieved from: <https://www.infectiousdiseaseadvisor.com/hepatitis-advisor/hepatitis-c-infection-care-in-people-born-between-1945-and-1965/article/808623/>

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

HMSA. (2019, June 01). HMSA QUEST Integration Managed Medicaid Formulary. Honolulu, HI: HMSA. Retrieved from: https://hmsa.com/portal/provider/HMSA_QUEST_Drug_Formulary_CVS.pdf

Horizon NJ Health. (2019, June). Prescription Drug Listing. Newark, NJ: Horizon Blue Cross Blue Shield New Jersey®: Horizon NJ Health. Retrieved from: https://www.horizonnjhealth.com/securecms-documents/368/formulary_english.pdf

References

Humana – CareSource. (2019, June 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, May 21). Idaho ADAP Formulary. Boise, ID: Idaho Department of Health and Welfare. Retrieved from: <http://healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=cnNX4qxir6k=&tabid=391&portalid=0&mid=17201>

Idaho Department of Health and Welfare. (2019b, May 02). Idaho Medicaid Preferred Drug List with Prior Authorization Criteria. Boise, ID: Idaho Department of Health and Welfare. Retrieved from: <http://healthandwelfare.idaho.gov/Portals/0/Medical/PrescriptionDrugs/IDMPDL.pdf>

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

Illinois Department of Healthcare and Family Services. (2019, April 01). Preferred Drug List Illinois Medicaid. Springfield, IL: Illinois Department of Healthcare and Family Services. Retrieved from: <https://www.illinois.gov/hfs/SiteCollectionDocuments/PDLFinal412019.pdf>

Indiana Family and Social Services Administration. (2019, April 01). Indiana Medicaid Preferred Drug List (PDL). (V 1.1). Indianapolis, IN: Indiana Family and Social Services Administration: Indiana Health Coverage Programs (IHCP). Retrieved from: https://prdgov-rxadmin.optum.com/rxadmin/INM/20190401_INM_PDL_4.pdf

Indiana State Department of Health. (2019, February 01). 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 18 Jan 2019.pdf](https://www.in.gov/isdh/files/ADAP%20Formulary%2018%20Jan%202019.pdf)

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

Iowa Department of Human Services. (2019, May 02). Final PDL – PDL Effective Date June 01, 2019 (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/2019-05-02/ia-web-pdl_final_june_19.pdf

Kaiser Permanente. (2019, May 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

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 (BDCCP): STD/HIV Section: The Kansas Ryan White Part B Program. Retrieved from: http://www.kdheks.gov/sti_hiv/download/KS_ADAP_Formulary.pdf

References

Kansas Department of Health and Environment. (2019, June 01). PREFERRED DRUG LIST. Topeka, KS: Kansas Department of Health and Environment: Division of Health Care Finance: Kansas Medical Assistance Program (KMAP): KanCare. Retrieved from: <http://www.kdheks.gov/hcf/pharmacy/download/PDLList.pdf>

Kentucky Department for Public Health. (2019, March 22). 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, June 03). Kentucky Pharmacy Preferred Drug List. Frankfort, KY. Retrieved from: https://kyportal.magellanmedicaid.com/public/client/static/kentucky/documents/PreferredDrugGuide_full.pdf

Louisiana Health Access Program. (2019, June 01). AIDS Drug Assistance Program (ADAP) – Louisiana ADAP Un-Insured Formulary – Formulary By Drug Class. Effective 6/01/19. Retrieved from: <http://www.ramsellcorp.com/PDF/Louisiana HAP Un-insured Drug Class.pdf>

Maine Center for Disease Control and Prevention. (2019, January 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_01.pdf

Maine Department of Health and Human Services. (2019, May 24). MaineCare PDL (MEDEL Combined) with criteria – May 24, 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/2019-05-24/copy-ssdcplmainecriteriamay242019.pdf>

Maryland Pharmacy Programs. (2019, March 22). 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, May 17). 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>

References

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

Michigan Department of Health and Human Services. (2019, April 16). Michigan Department of Health and Human Services Preferred Drug List (Effective 4/16/2019). Lansing, MI: Michigan Department of Health and Human Services: Michigan Department of Community Health. Retrieved from: https://michigan.fhsc.com/downloads/MIRx_PDL.pdf

Michigan Drug Assistance Program. (2018, September 01). HIV / AIDS Related Treatments. Lansing, MI: Michigan Department of Health and Human Services: Keeping Michigan Healthy: Michigan Drug Assistance Program. Retrieved from: <http://www.scriptguiderx.com/content/formularies/090118.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

Mississippi Division of Medicaid. (2019, June 13). Universal Preferred Drug List EFFECTIVE 07/01/2019 [Version 2019.7a] Updated: 06-13-18. Jackson, MS: Mississippi Division of Medicaid. Retrieved from: <https://medicaid.ms.gov/wp-content/uploads/2019/04/MSPDLeffective07012019.pdf>

Mississippi State Department of Health. (2018, December 18). Medication Formulary. Jackson, MS: Mississippi State Department of Health: Office of STD/HIV: Care and Treatment Division: HIV Care and Treatment Program. Retrieved from: https://msdh.ms.gov/msdhsite/_static/resources/5262.pdf

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

Missouri Department of Health & Senior Services. (2019, January 28). Missouri Ryan White Program AIDS Drug Assistance Program (ADAP) Formulary Changes. Jefferson City, MO: Missouri Department of Health & Senior Services: Healthy Living: Health Conditions & Diseases: Communicable Diseases: HIV/AIDS. Retrieved from: <https://health.mo.gov/living/healthcondiseases/communicable/hivaids/pdf/HIVMedications.pdf>

Missouri Department of Social Services. (2019, June 06). MO HealthNet Preferred Drug List Effective June 6, 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_Prefered_Drug_List_Forms/19_4_Prefered_Drug_List/Posting_PDL_Static_Document_6.1.19.pdf

References

Molina Healthcare of Ohio. (2019, April 01). Molina Healthcare of Ohio Preferred Drug List (Formulary). Columbus, OH. Retrieved from: <http://www.molinahealthcare.com/members/oh/en-US/PDF/Medicaid/oh-medicare-formulary.pdf>

Montana Department of Public Health and Human Services. (2018, December 05). Montana ADAP Formulary – 12/05/18. 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/ADAPFormularyDecember2018.docx?ver=2019-04-11-134807-103×tamp=1555012189451>

Montana Department of Public Health and Human Services. (2018, November 06). Montana Medicaid Preferred Drug List (PDL) [Revised 11-06-18]. Helena, MT: Montana Department of Public Health and Human Services: Montana Healthcare Programs: Montana Medicaid. Retrieved from: <https://medicaidprovider.mt.gov/Portals/68/docs/pharmacy/MTPDL11052018.pdf?ver=2018-11-05-193740-513>

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, June 01). Nebraska Medicaid Preferred Drug List with Prior Authorization Criteria. Lincoln, NE: Nebraska Department of Health and Human Services: Medicaid and Long-Term Care Division: Nebraska Medicaid Pharmacy Program. Retrieved from: https://nebraska.fhsc.com/downloads/PDL/NE_PDL-20190601.pdf

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

Nevada Department of Health and Human Services. (2019b, May 02). Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL). Reno, NV: Nevada Department of Health and Human Services: Division of Health Care Financing and Policy. Retrieved from: https://www.medicare.nv.gov/Downloads/provider/NV_PDL_20190502.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>

References

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

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, January 02). NEW YORK STATE DEPARTMENT OF HEALTH – UNINSURED CARE PROGRAMS – COVERED SERVICES and ADAP FORMULARY – August 30 2018). Albany, NY: New York State Department of Health: AIDS Drug Assistance Program. Retrieved from: <http://www.health.ny.gov/diseases/aids/general/resources/adap/formulary.htm>

New York State Department of Health. (2019, June 06). 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

Newberry, B. (2019, May 09). Doctors ignoring Ducey's law on opioid prescriptions, report says. Phoenix, AZ: The Arizona Republic: AZCentral: News: Local. Retrieved from: <https://www.azcentral.com/story/news/local/arizona/2019/05/09/fewer-than-40-percent-arizona-doctors-use-state-database-fight-opioid-abuse/3641161002/>

Njuguna, H.N. (2019, May 06). HCV transmission among ED patients result of illegal drug diversion. Thorofare, NJ: Healio: Infectious Disease: Hepatitis C. Retrieved from: <https://www.healio.com/infectious-disease/hepatitis-c/news/online/%7Babb9d828-8703-4d28-b09b-f463c732e3b1%7D/hcv-transmission-among-ed-patients-result-of-illegal-drug-diversion>

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, January 14). 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.publichealth.nc.gov/cd/hiv/docs/HMAPProgramManual_01142019.pdf

North Carolina Division of Medical Assistance. (2019, January 31). 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_2018-2019_Jan-31-2019.pdf

References

North Dakota Department of Health. (2019, May 15). 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_05152019.pdf

North Dakota Department of Human Services. (2019, May 01). NORTH DAKOTA MEDICAID PREFERRED DRUG LIST WITH PRIOR AUTHORIZATION CRITERA [Version 2019.3]. Bismarck, ND: North Dakota Department of Human Services: North Dakota Medicaid. Retrieved from: http://hidesigns.com/assets/files/ndmedicaid/2019/North_Dakota_Medicaid_PDL_2019.3.pdf

Ohana Medicaid. (2019, April). Ohana Medicaid Preferred Drug List. Hilo, HI: Ohana Health Plan: Ohana Medicaid. Retrieved from: <https://www.wellcare.com/Hawaii/Members/Medicaid-Plans/QUEST-Integration/QUEST-Integration-Settings/Quest-Integration-Search-Page>

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

Oregon Health Authority. (2019, April 01). Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug Lis – Effective: April 1, 2019. Portland, OR: Oregon Health Authority: Oregon Health Plan. Retrieved from: [https://www.oregon.gov/oha/HSD/OHP/Tools/Oregon Medicaid Preferred Drug List, April 1, 2019.pdf](https://www.oregon.gov/oha/HSD/OHP/Tools/Oregon_Medicaid_PREFERRED_Drug_List_April_1_2019.pdf)

Paramount Healthcare. (2019, May 01). Paramount Advantage™ Preferred Drug List. Maumee, OH: Paramount Advantage. Retrieved from: <http://www.paramounthealthcare.com/documents/advantage/preferred-drug-list-advantage.pdf>

Passport Health Plan. (2019, April 01). Preferred Drug List (List of Covered Drugs). Louisville, KY: Passport Health Plan. Retrieved from: <http://passporthealthplan.com/wp-content/uploads/2019/03/Passport-0419-031419c-sec-apvd.pdf>

Pennsylvania Department of Health. (2019, April 01). Drug Formulary – Updated April 1st, 2019. 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, June 01). PHP Commercial Large Group Plans (Non-Metal Plans) Formulary Therapeutic Class Listing . Albuquerque, NM. Retrieved from: http://docs.phs.org/idc/groups/public/documents/communication/pel_00199170.pdf

References

- 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
- 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, May 28). 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
- Schad, V. (2019, May 28). An Increase in Hepatitis A Virus Infections in the United States, 2013-2018. New York, NY: Haymarket Media, Inc.: Infectious Disease Advisor: Advisor Channels: Hepatitis Advisor. Retrieved from: https://www.infectiousdiseaseadvisor.com/home/advisor-channels/hepatitis-advisor/an-increase-in-hepatitis-a-virus-infections-in-the-united-states-2013-2018/?utm_source=newsletter&utm_medium=email&utm_campaign=id-promo-20190617&cpn=id_all&hmSubId=-fmWBmiHreU1&hmEmail=XV741WktKbVHd1-WNw_SZFUehmSoCvbd0&NID=&mpweb=1323-57271-5612401
- South Carolina Department of Health and Environmental Control. (2019, February 04). AIDS Drug Assistance Program (ADAP) Formulary Revised February 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_02-04-2019.pdf
- South Carolina Department of Health and Human Services. (2019, February 27). 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_20190215.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, January). HIV Drug Assistance Program (HDAP) Formulary – January 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/2019/01/HDAP-Formulary-2019-January.pdf>

References

- State of Louisiana Department of Health & Hospitals. (2019, May 01). 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
- Tennessee Division of Health Care Finance and Administration. (2019, April 15). TennCare Preferred Drug List (PDL). Nashville, TN: Tennessee Division of Health Care Finance and Administration: TennCare. Retrieved from: https://tenncare.magellanhealth.com/static/docs/Preferred_Drug_List_and_Drug_Criteria/TennCare_PDL.pdf
- Texas Health and Human Services Commission. (2019, January 31). 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/2019-0131-preferred-drug-list.pdf>
- Texas Health and Human Services. (2018, May). 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>
- Trinity College Dublin. (2019, June 05). Scientists discover how Hepatitis C “ghosts” our immune system. Dublin, Ireland: The University of Dublin: Trinity College Dublin: Faculty of Engineering, Mathematics, and Science: Trinity News and Events. Retrieved from: https://www.tcd.ie/news_events/articles/scientists-discover-how-hepatitis-c-ghosts-our-immune-system/
- UnitedHealthcare Community Plan. (2019a, April 01). Preferred Drug List (PDL) – Ohio. Pittsburgh, PA: UnitedHealthcare Community Plan. Retrieved from: <http://www.uhccommunityplan.com/content/dam/communityplan/plandocuments/findadrug/OH-Medicaid-PDL.pdf>
- UnitedHealthcare Community Plan. (2019b, May 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>

References

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

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, June 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 \(06-01-19\).pdf](https://medicaid.utah.gov/pharmacy/PDL/files/Utah Medicaid PDL (06-01-19).pdf)

Vermont Department of Health Access. (2019, May 31). Vermont Preferred Drug List and Drugs Requiring Prior Authorization (includes clinical criteria). Burlington, VT: Vermont Department of Health Access: Agency of Human Services: Pharmacy Benefit Management Program. Retrieved from: <http://dvha.vermont.gov/for-providers/1vermont-pdl-effective-05-31-19-may-minutes-2019.v3-002.pdf>

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

Virginia Department of Medical Assistance Services. (2019, July 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/VAmmed-PDL-List-Criteria-20190701.pdf>

Washington State Health Care Authority. (2019, July 01). Apple Health Medicaid: Fee-for-Service Preferred Drug List. Olympia, WA: Washington State Health Care Authority: Apple Health (Medicaid): Medicaid Washington Prescription Drug Program. Retrieved from: <https://www.hca.wa.gov/assets/billers-and-providers/apple-health-preferred-drug-list-july-2019-prerelease.pdf>

References

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

WellCare of Kentucky Medicaid. (2019, April 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

WellCare of New Jersey Medicaid. (2019, April 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

West Virginia Department of Health and Human Resources. (2019, May 14). WEST VIRGINIA MEDICAID PREFERRED DRUG LIST WITH PRIOR AUTHORIZATION CRITERIA (Version 2019.2e). Charleston, WV: West Virginia Department of Health and Human Resources: West Virginia Bureau for Medical Services: West Virginia Medicaid Pharmacy Program. Retrieved from: https://dhr.wv.gov/bms/BMS_Pharmacy/Documents/WV_PDL_04012019_v2019_v2e.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

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, March 27). 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/quickref040119v3.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, April 26). WYOMING MEDICAID Preferred Drug List (PDL). Cheyenne, WY: Wyoming Department of Health: Division of Healthcare Financing: Office of Pharmacy Services. Retrieved from: <http://www.wyomedicaid.org/sites/default/files/ghs-files/pdl/2019-04-26/pdleffective-4-25-19.pdf>