HIV/HCV Co-Infection Watch: March 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 March 2019:

- **AIDS Drug Assistance Programs**

There are **56** State and Territorial AIDS Drug Assistance Programs (ADAPs) in the United States, **45** of which offer some form of coverage for Hepatitis C (HCV) treatment. Of those programs, **39** have expanded their HCV coverage to include the regimens that serve as the current Standard of Care (SOC) for Hepatitis C treatment. Six (**6**) programs offer only Basic Coverage and **11** programs offer No Coverage. Three (**3**) territories – American Samoa, Marshall Islands, and Northern Mariana Islands – are not accounted for in this data. A state-by-state Drug Formulary breakdown of coverage is included in **Figure 1**, with accompanying drug-specific maps in **Figures 2 – 12**.

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

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

- **Medicaid Programs**

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

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

Findings

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

AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Figure 1. – Figure 12.

Co-Infection Watch

AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Figure 1. (* Indicates "Preferred Drug")

State	Basic	Sovaldi	Harvoni	Viekira Pak	Daklinza	Zepatier	Epclusa	Vosevi	Mavyret	Harvoni *Generic*	Epclusa *Generic*	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	Y	N	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	N	No Info	No Info			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	N	N	N	N	N	N	No Info	No Info			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	Y	Y	Y	Y	Y	Y			X

Co-Infection Watch

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 *Generic*	Epclusa *Generic*	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	N			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	N	N	Y	Y	N	N			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			X

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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 *Generic*	Epclusa *Generic*	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	N	N	N	N	N	N	No Info	No Info			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	Y	Y	Y	N	No Info	No Info			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 **45** AIDS Drug Assistance Programs (ADAPs) that cover some form of HCV drug therapies as part of their approved drug formularies. To learn more about ADAPs or their approved drug formularies, please visit http://adap.directory.

Figure 2.

Basic Coverage Map Key:
  Lime Green: Basic Coverage
  Red: No Coverage

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

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AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Sovaldi Coverage Map
March 2019

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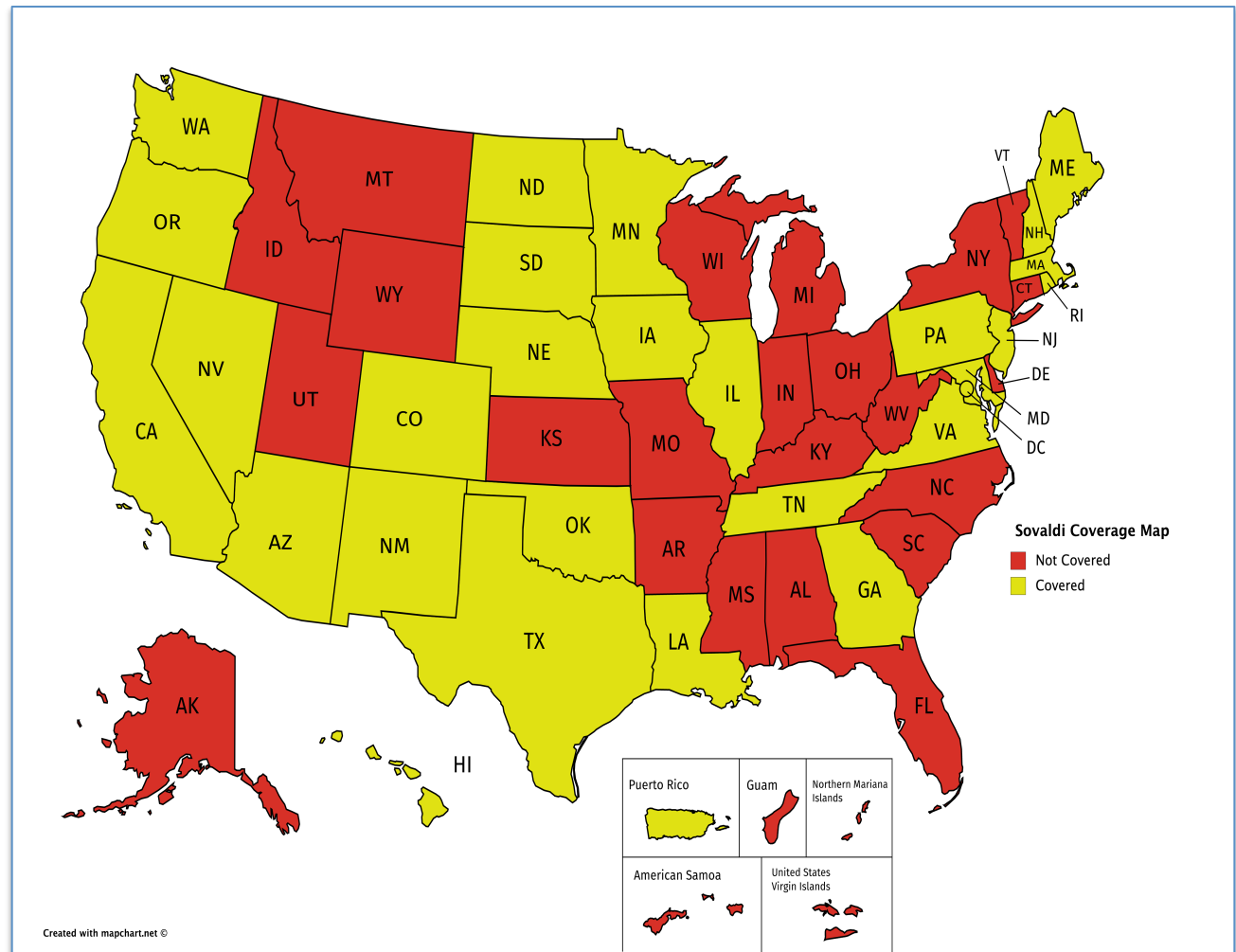
Sovaldi Coverage Map

Not Covered
Covered

Created with mapchart.net ©

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AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Harvoni Coverage Map
March 2019

Figure 4.

Harvoni Coverage Map Key:
  Lime Green: Coverage
  Red: No Coverage
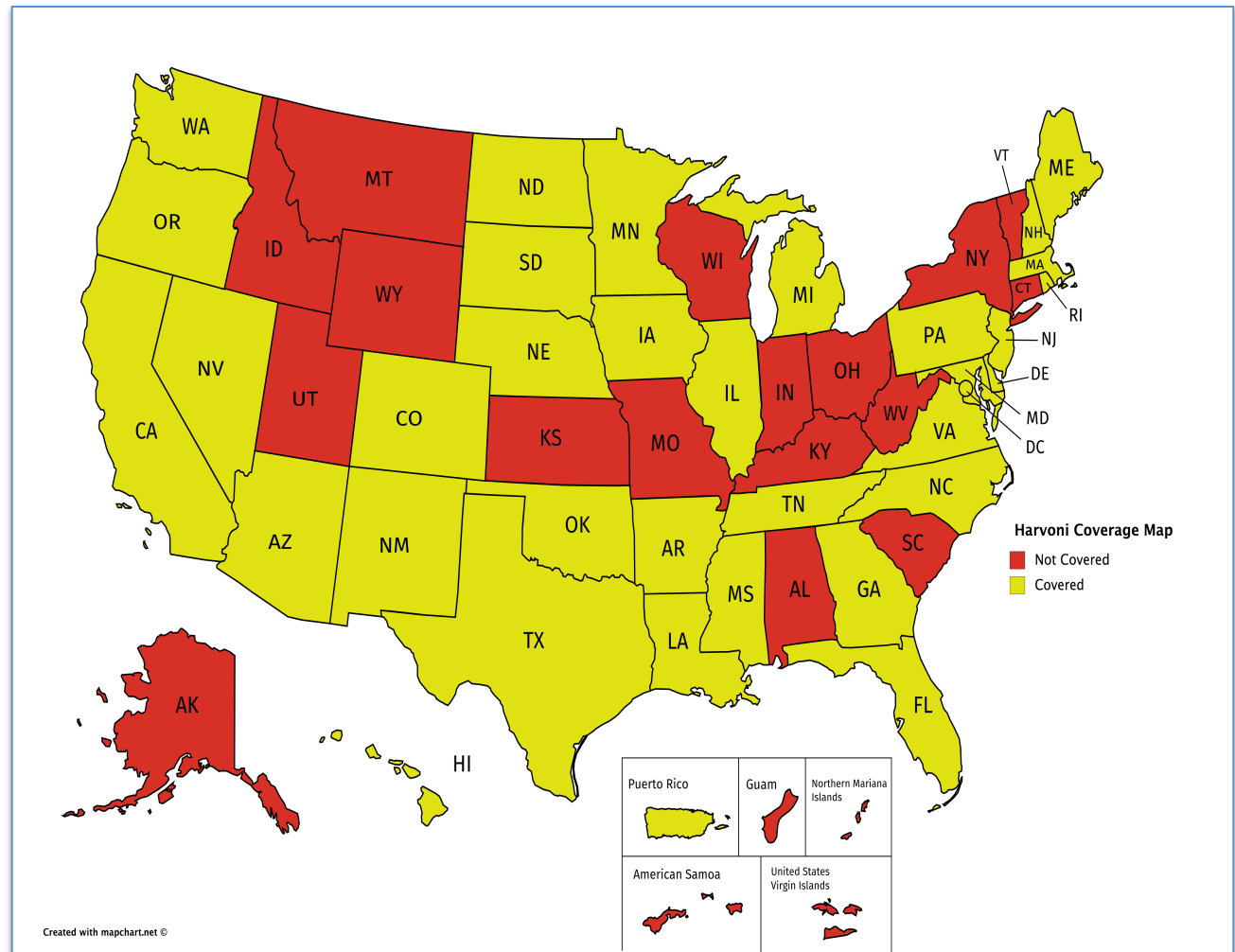
Harvoni Coverage Map
  Not Covered
  Covered

Created with mapchart.net ©

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AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Viekira Pak Coverage Map
March 2019

Figure 5.

Viekira Pak Coverage Map Key:
  Lime Green: Coverage
  Red: No Coverage

Viekira Pak Coverage Map

Not Covered
Covered

Created with mapchart.net ©

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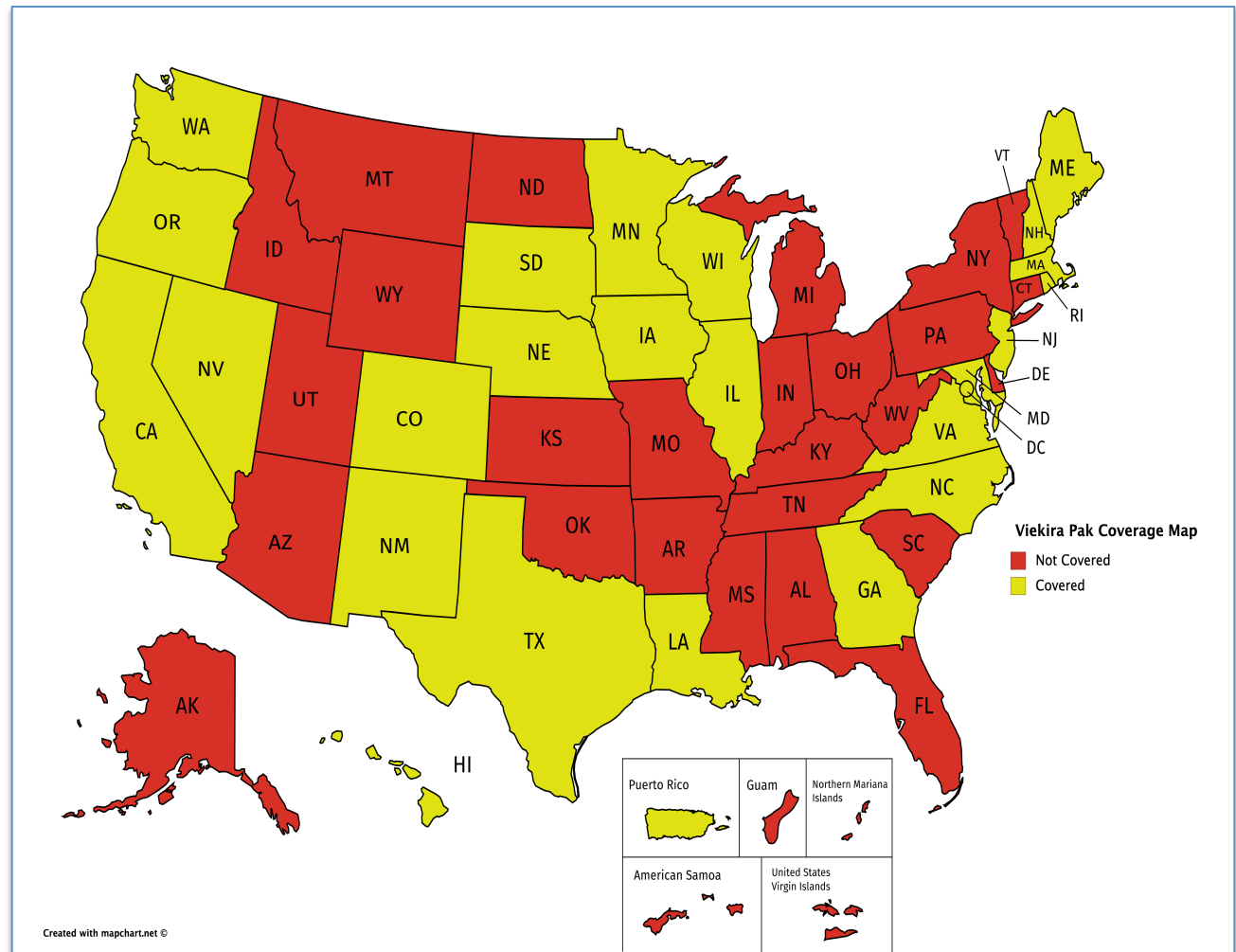
AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Daklinza Coverage Map
March 2019

Figure 6.

Daklinza Coverage Map Key:
  Lime Green: Coverage
  Red: No Coverage
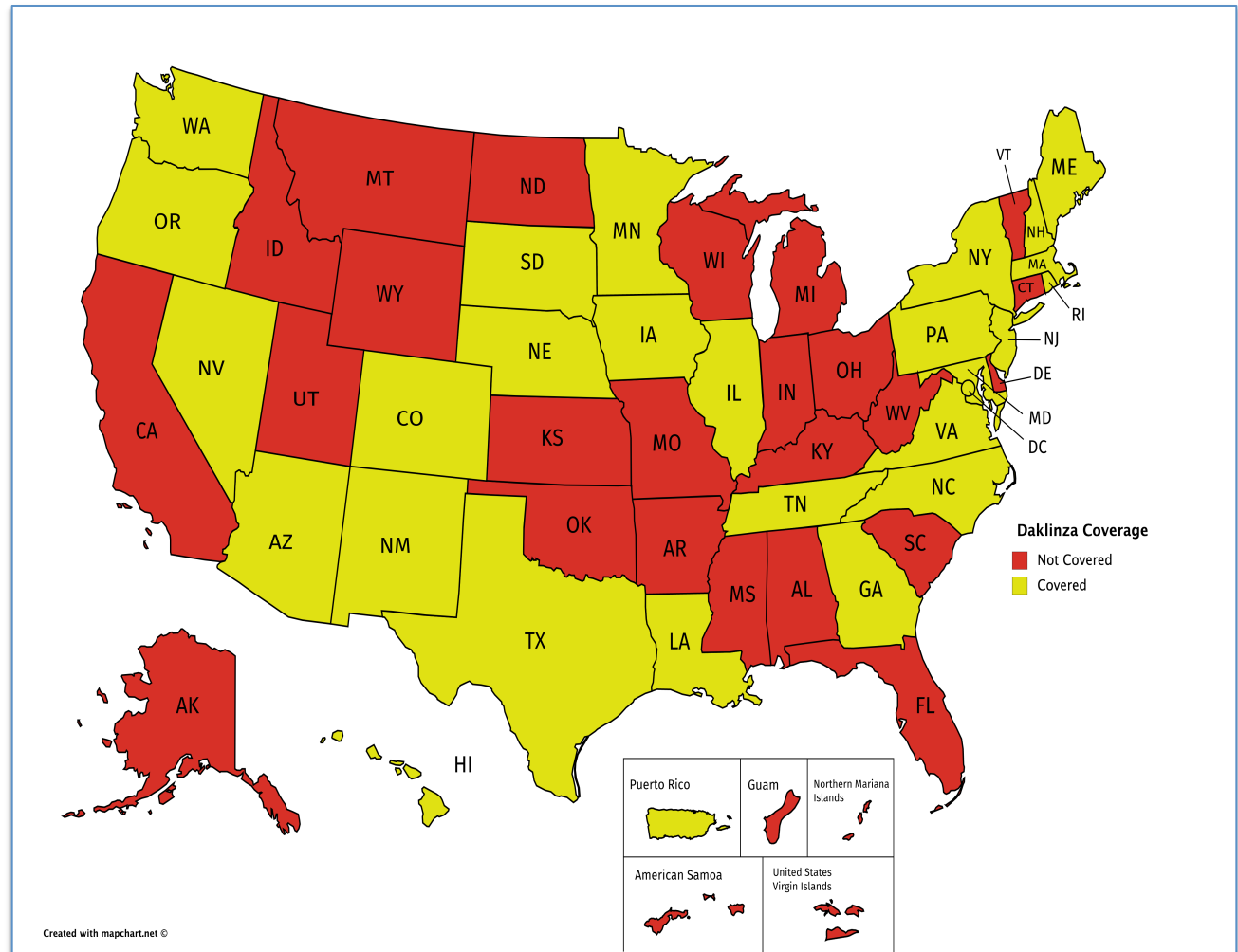
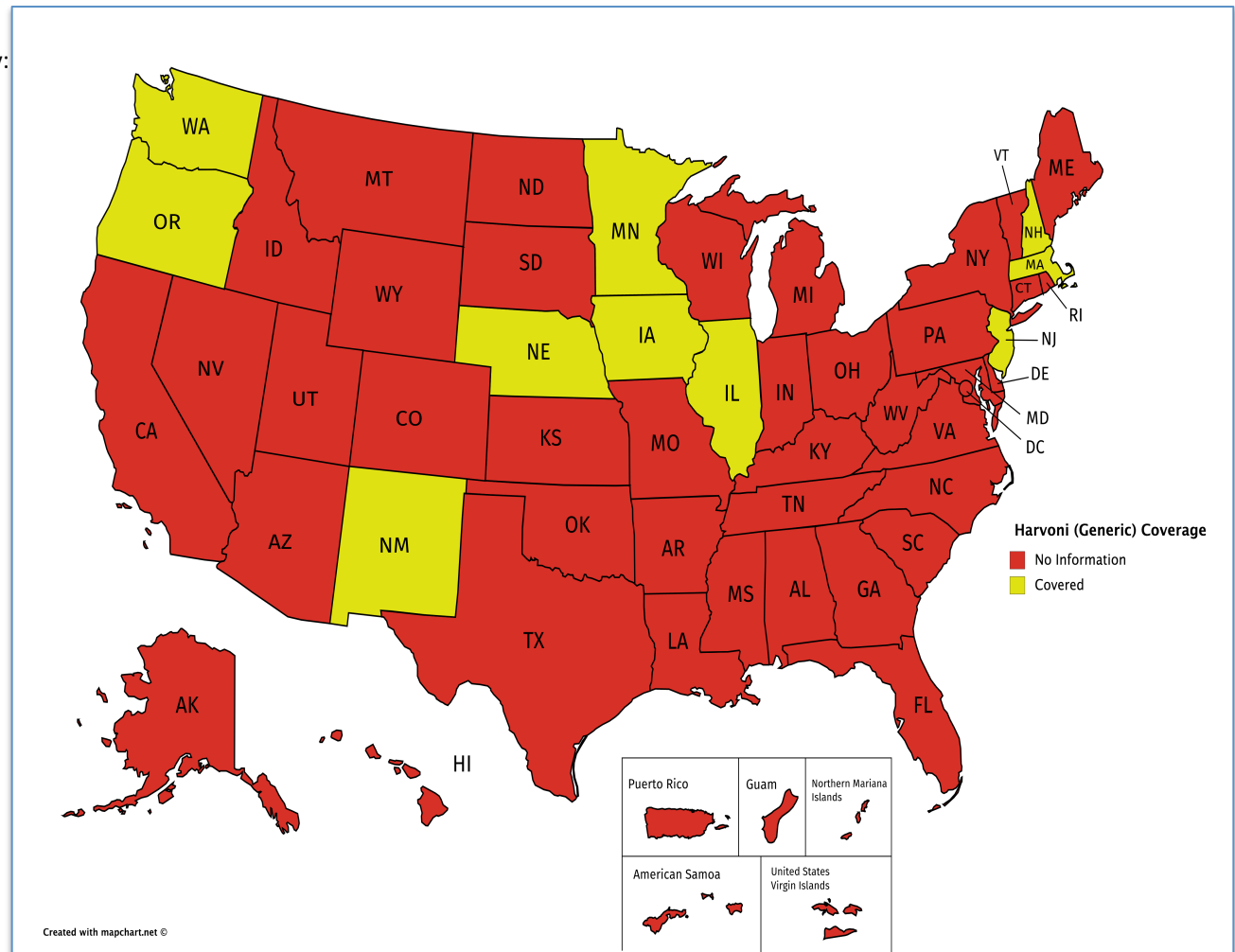# AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Zepatier Coverage Map
March 2019

Figure 7.

Zepatier Coverage Map Key:
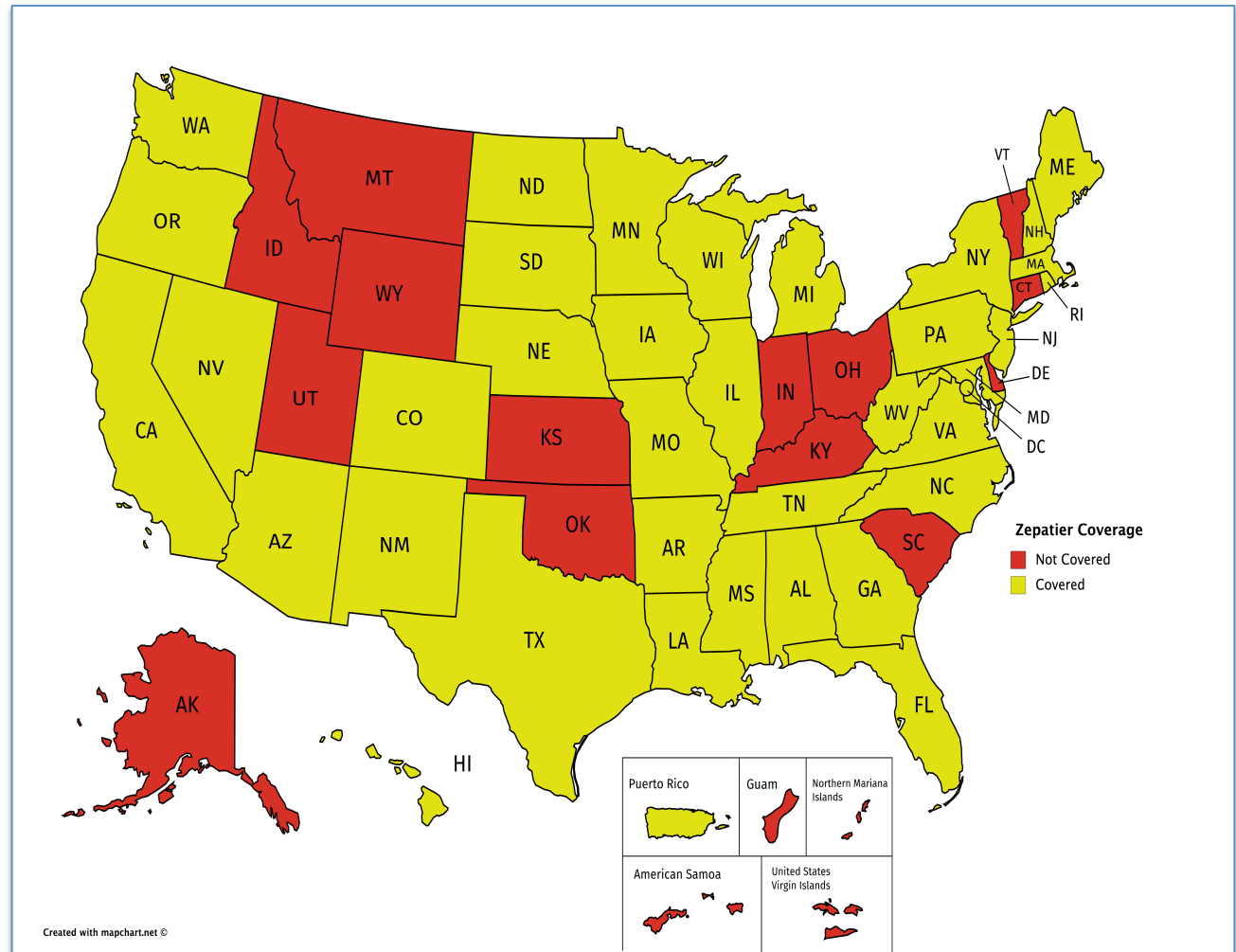
Lime Green: Coverage

Red: No Coverage

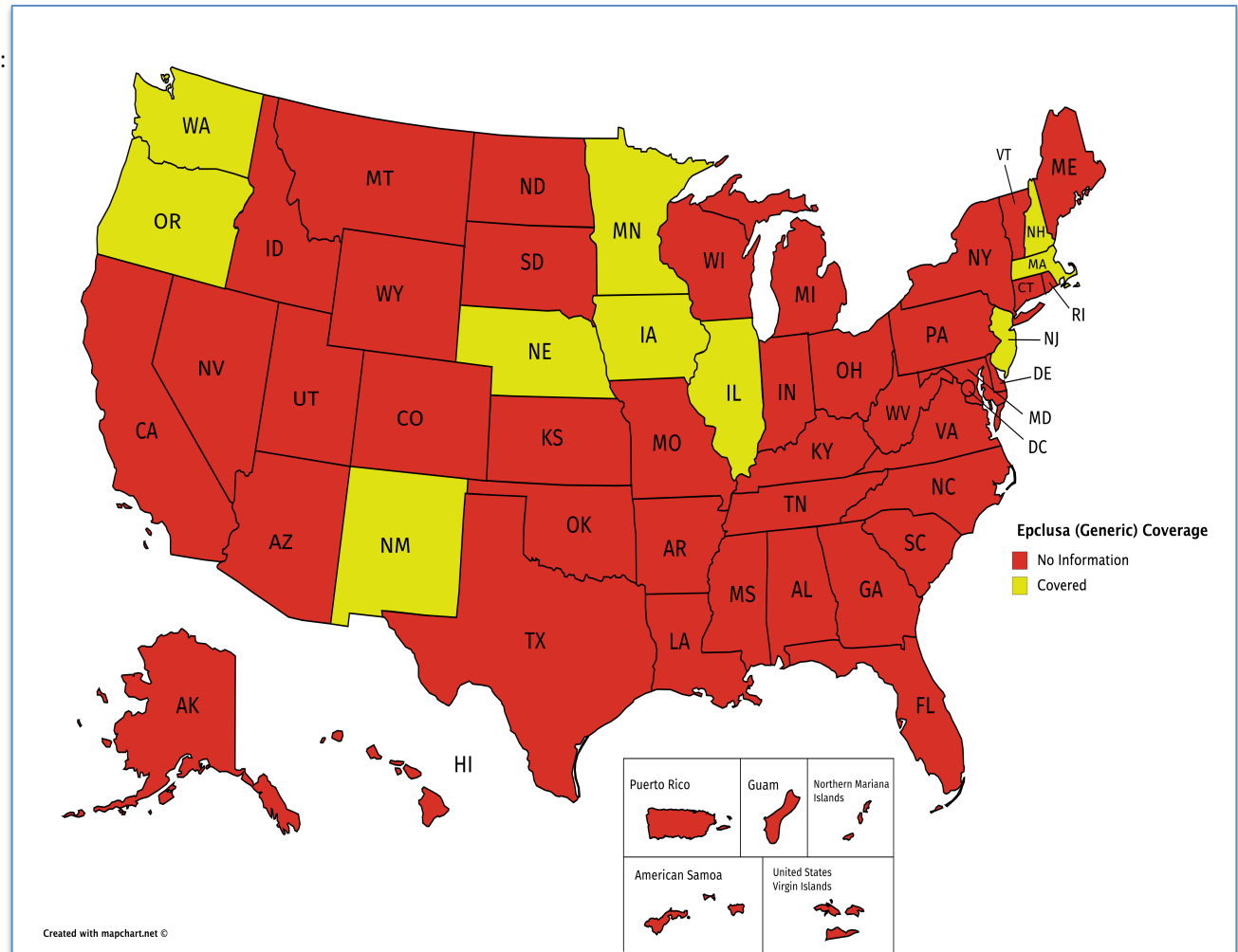# AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Epclusa Coverage Map
March 2019

Figure 8.

Epclusa Coverage Map Key:
  Lime Green: Coverage
  Red: No Coverage
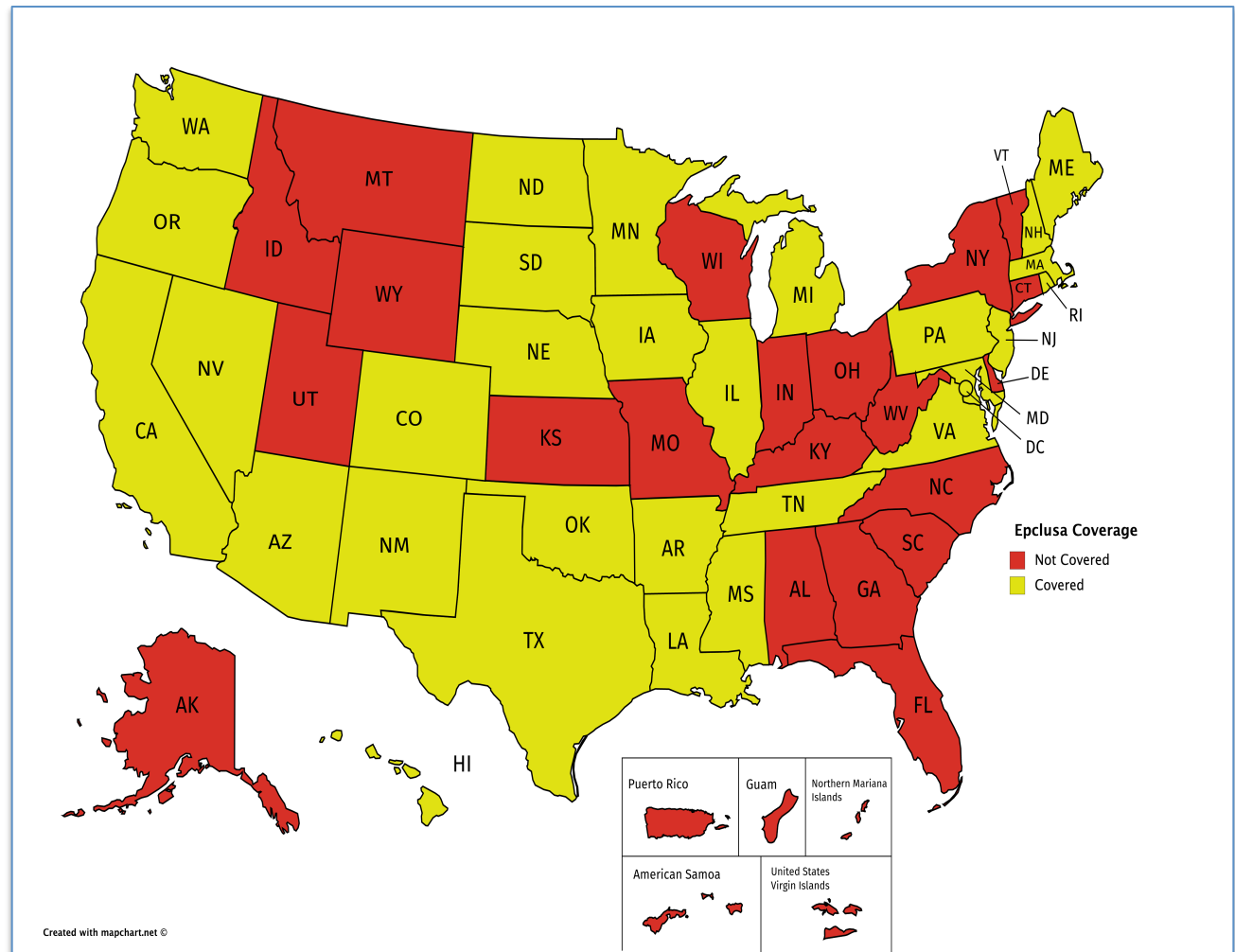
AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Vosevi Coverage Map
March 2019

Figure 9.
Vosevi Coverage Map Key:
  Lime Green: Coverage
  Red: No Coverage
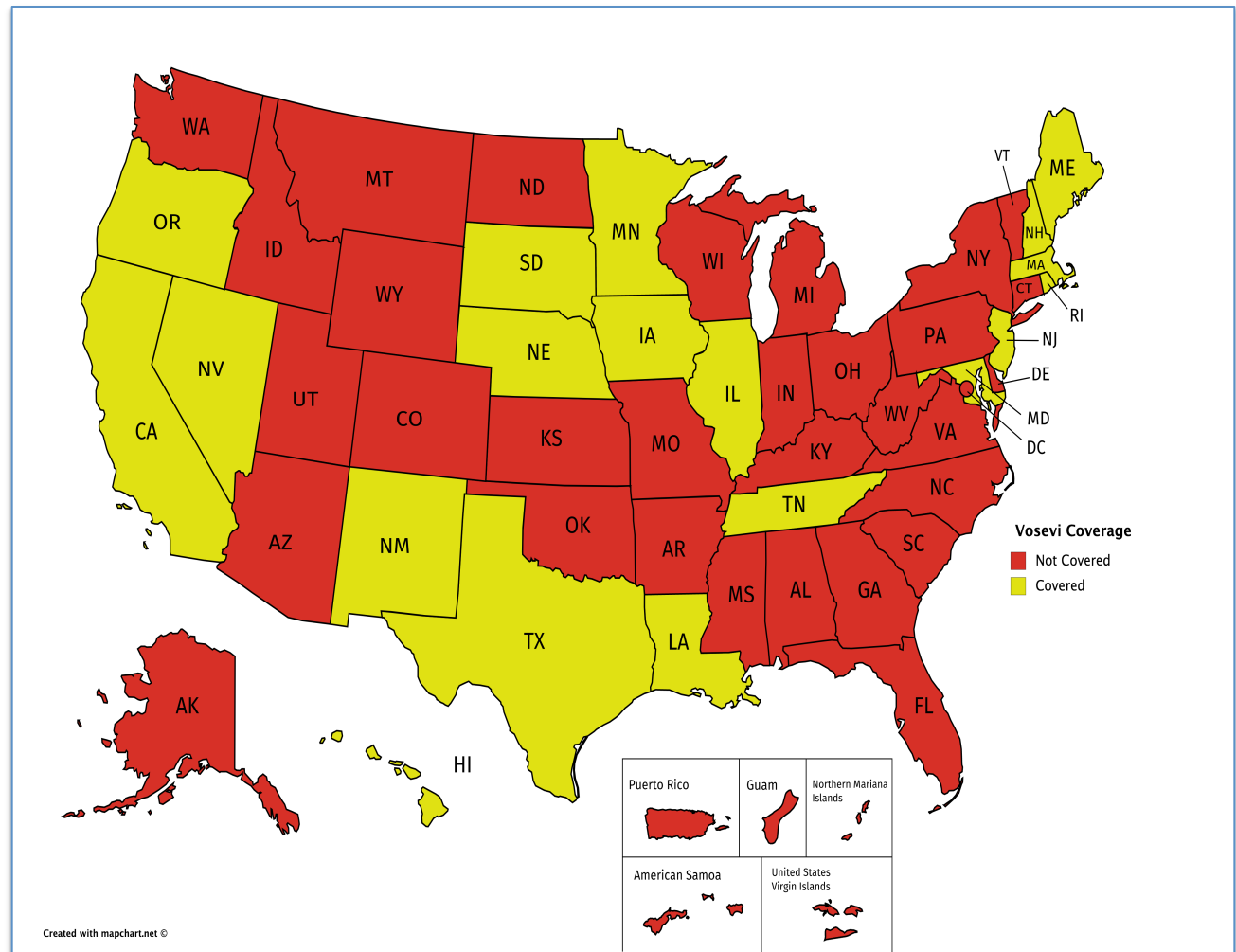
AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Mavyret Coverage Map
March 2019

Figure 10.

Mavyret Coverage Map Key:
  Lime Green: Coverage
  Red: No Coverage

Mavyret Coverage
- Not Covered
- Covered

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AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Harvoni *Generic* Coverage Map
March 2019

Figure 11.

Harvoni *Generic* Coverage Map Key:
 Lime Green: Coverage
 Red: No Coverage

Harvoni (Generic) Coverage
 No Information
 Covered

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AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Epclusa *Generic* Coverage Map
March 2019

Figure 12.

Epclusa *Generic* Coverage Map Key:

Lime Green: Coverage

Red: No Coverage

Epclusa (Generic) Coverage

■ No Information
■ Covered

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AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Of the 56 respective State and Territorial ADAPs, only **10** (ID, KS, KY, MT, OH, UT, VT, GU, PW, VI) do <u>not</u> offer any coverage for HCV drug therapies. States whose formularies are not available on the state-run website have been checked against the most recent National Alliance of State and Territorial AIDS Directors (NASTAD) formulary database (last updated February 15, 2018). The data presented are current as of March 15, 2019.

<u>March 2019 Updates</u>:
- No updates

<u>March 2019 Notes</u>:
- States with Open Drug FormulariesIL, IA, MA, MN, NE, NH, NJ, NM, OH, OR, WA
  - N.B. – Although Ohio is listed by NASTAD as having an open formulary, both NASTAD's ADAP Formulary Database and Ohio's ADAP website indicates that the state does not offer any treatment for HCV
- Colorado's ADAP offers five coverage options – Standard ADAP, HIV Medical Assistance Program (HMAP), Bridging the Gap Colorado (BTGC), HIV Insurance Assistance Program (HIAP), and Supplemental Wrap Around Program (SWAP). 'Yes' indications in Figure 1. for Colorado denote that at least one of these programs offers coverage for each respective drug. The Standard ADAP Formulary covers medications only if funds are available to do so
- Louisiana's ADAP (Louisiana Health Access Program – LA HAP) offers two coverage options – Uninsured (Louisiana Drug Assistance Program – L-DAP) and Insured (Health Insurance Program – HIP). HIP pays for the cost of treatment only if the client's primary insurance covers the drug under its formulary

Medicaid Programs & HCV Treatments

Figure 13. – Figure 24.

Co-Infection Watch

Medicaid Programs & HCV Treatments

Figure 13. (* Indicates "Preferred Drug")

State	Basic	Sovaldi	Harvoni	Viekira Pak	Daklinza	Zepatier	Epclusa	Vosevi	Mavyret	Harvoni *Generic*	Epclusa *Generic*	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	Y	Y	Y	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			X
Idaho	Y	Y	Y	Y	Y	Y	Y*	Y*	Y*			X
Illinois	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*			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

Co-Infection Watch

Medicaid Programs & HCV Treatments

Figure 13. (* Indicates "Preferred Drug") Con't.

State	Basic	Sovaldi	Harvoni	Viekira Pak	Daklinza	Zepatier	Epclusa	Vosevi	Mavyret	Harvoni *Generic*	Epclusa *Generic*	X
Maryland	Y	Y	Y*	Y*	Y	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*			X
Mississippi	Y	Y	Y	Y	Y	Y*	Y*	Y	Y*			X
Missouri	Y	Y	Y	Y	Y	Y*	Y*	Y*	Y*	Y		X
Montana	Y	Y	Y	N	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*		X
New Jersey	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	X
New Mexico	Y	N	N	N	N	N	N	N	Y	N	N	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	Y	Y*	Y*	Y	Y*	Y	Y	X
Ohio	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	X
Oklahoma	Y	Y	Y	Y	Y	Y	Y	No Info	No Info			X
Oregon	Y	N	N	N	N	Y*	Y*	Y*	Y*			X
Pennsylvania	Y	Y	Y*	Y	Y	Y*	Y*	Y	Y*	Y	Y	X

Co-Infection Watch

Medicaid Programs & HCV Treatments

Figure 13. (* Indicates "Preferred Drug") Con't.

State	Basic	Sovaldi	Harvoni	Viekira Pak	Daklinza	Zepatier	Epclusa	Vosevi	Mavyret	Harvoni Generic	Epclusa Generic	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*			X
Texas	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*			X
Virginia	Y	N	N	N	N	N	N	N	Y*			X
Washington	Y	Y	Y	Y	Y	Y	Y*	Y*	Y*			X
West Virginia	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

Created with mapchart.net ©

Co-Infection Watch
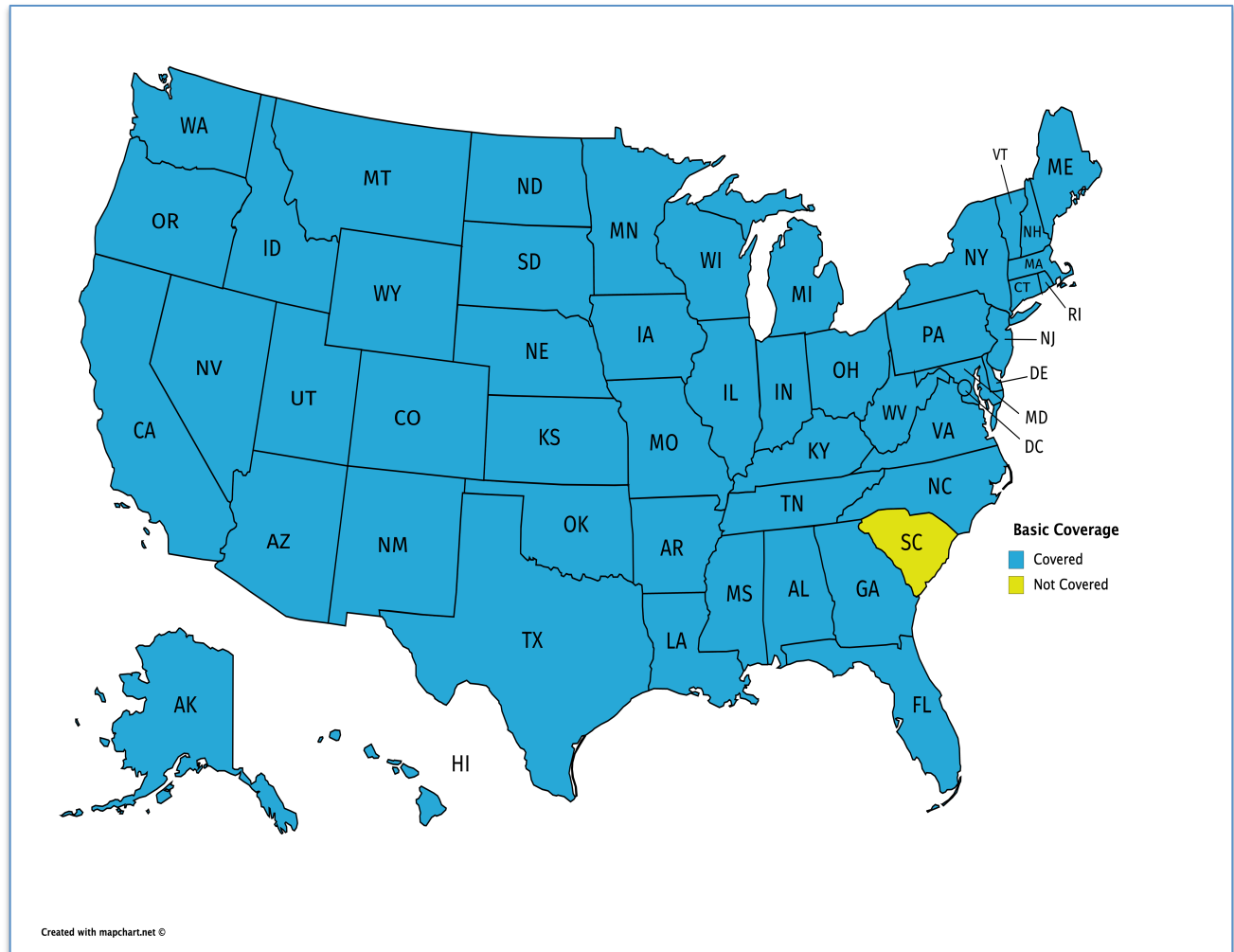
Medicaid Programs & HCV Treatments

Sovaldi Coverage Map
March 2019

Figure 15.
Sovaldi Coverage Map Key:
  Light Blue: Covered
  Yellow: Not Covered

Co-Infection Watch
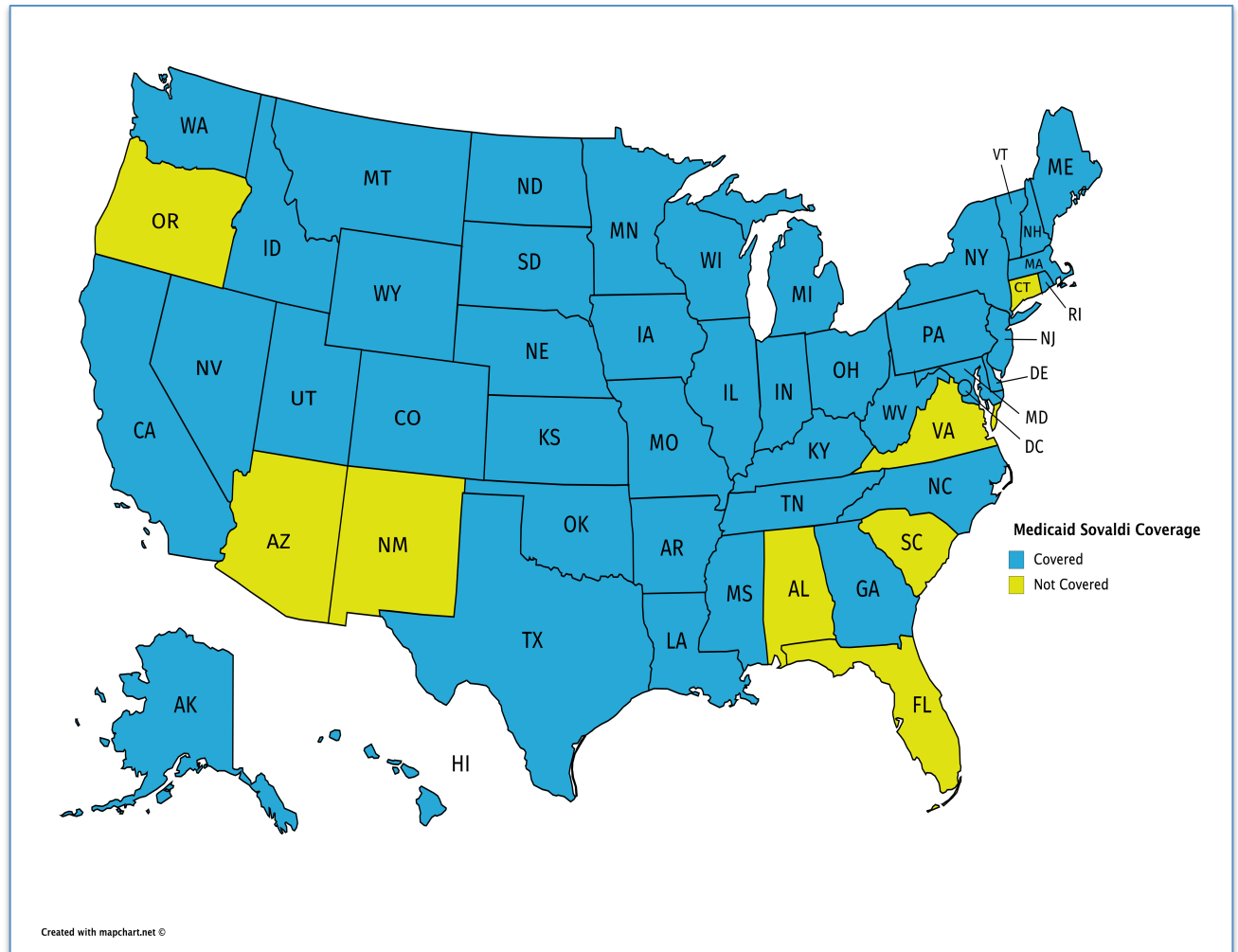
Medicaid Programs & HCV Treatments

Harvoni Coverage Map
March 2019

Figure 16.
Harvoni Coverage Map Key:
  Light Blue: Covered
  Yellow: Not Covered
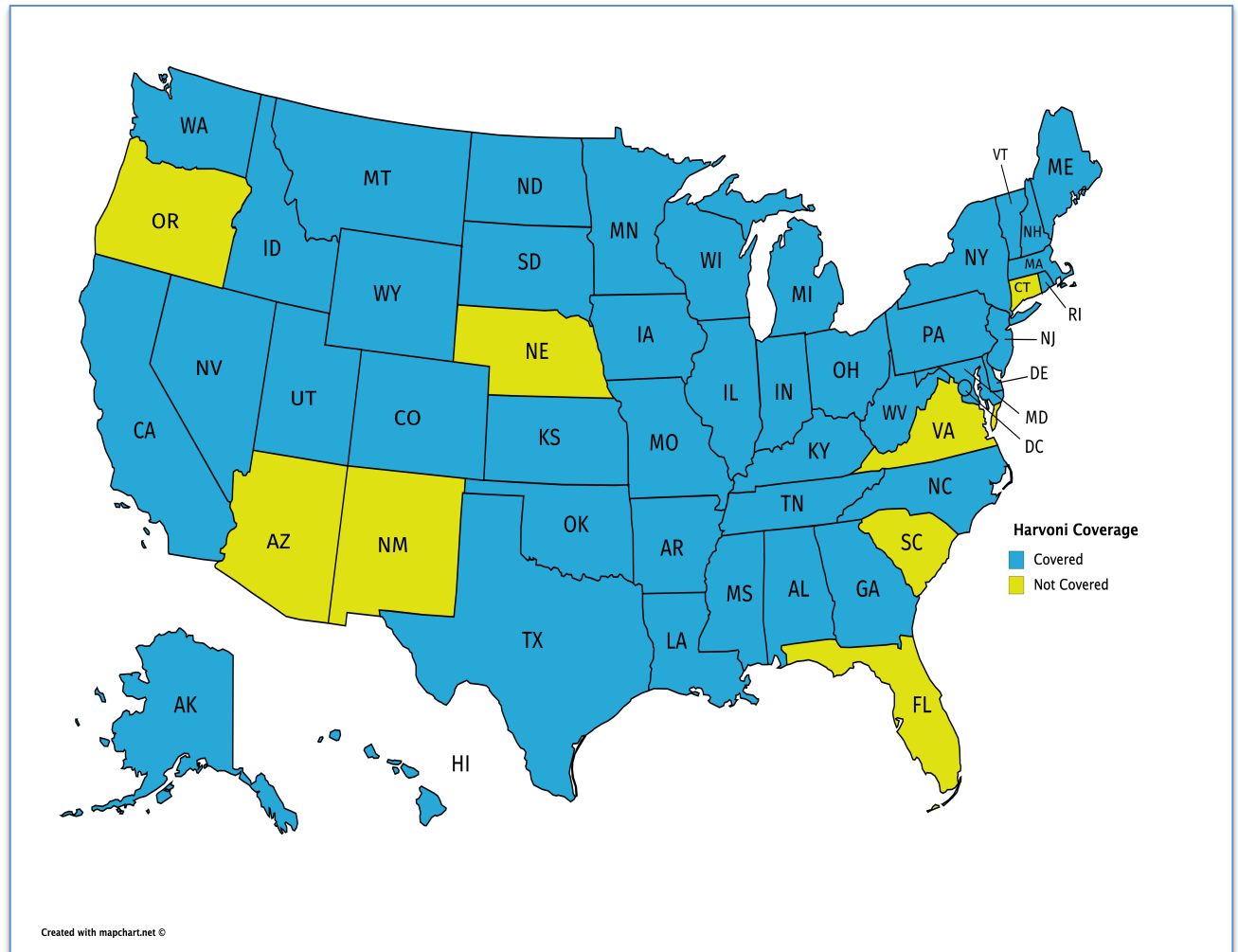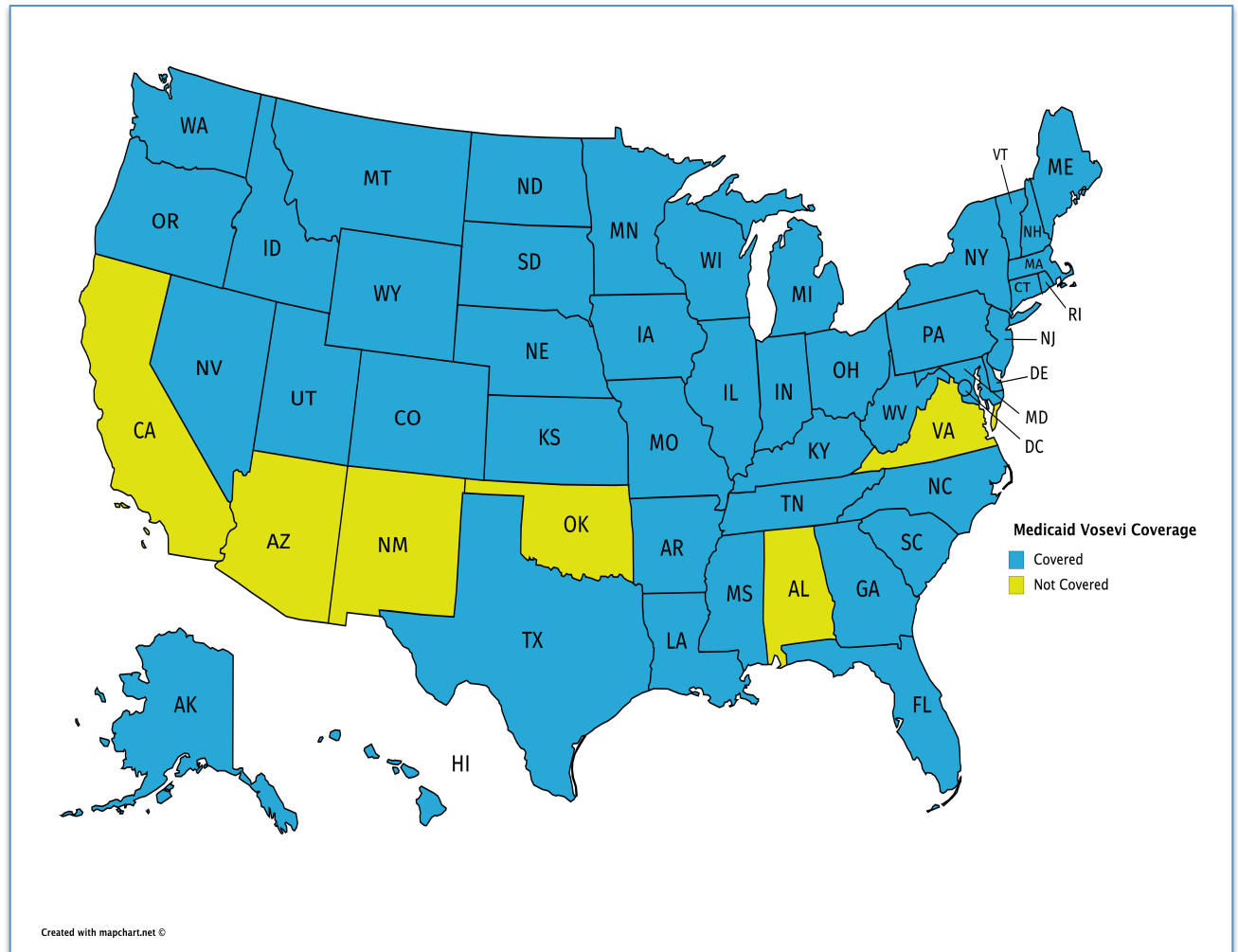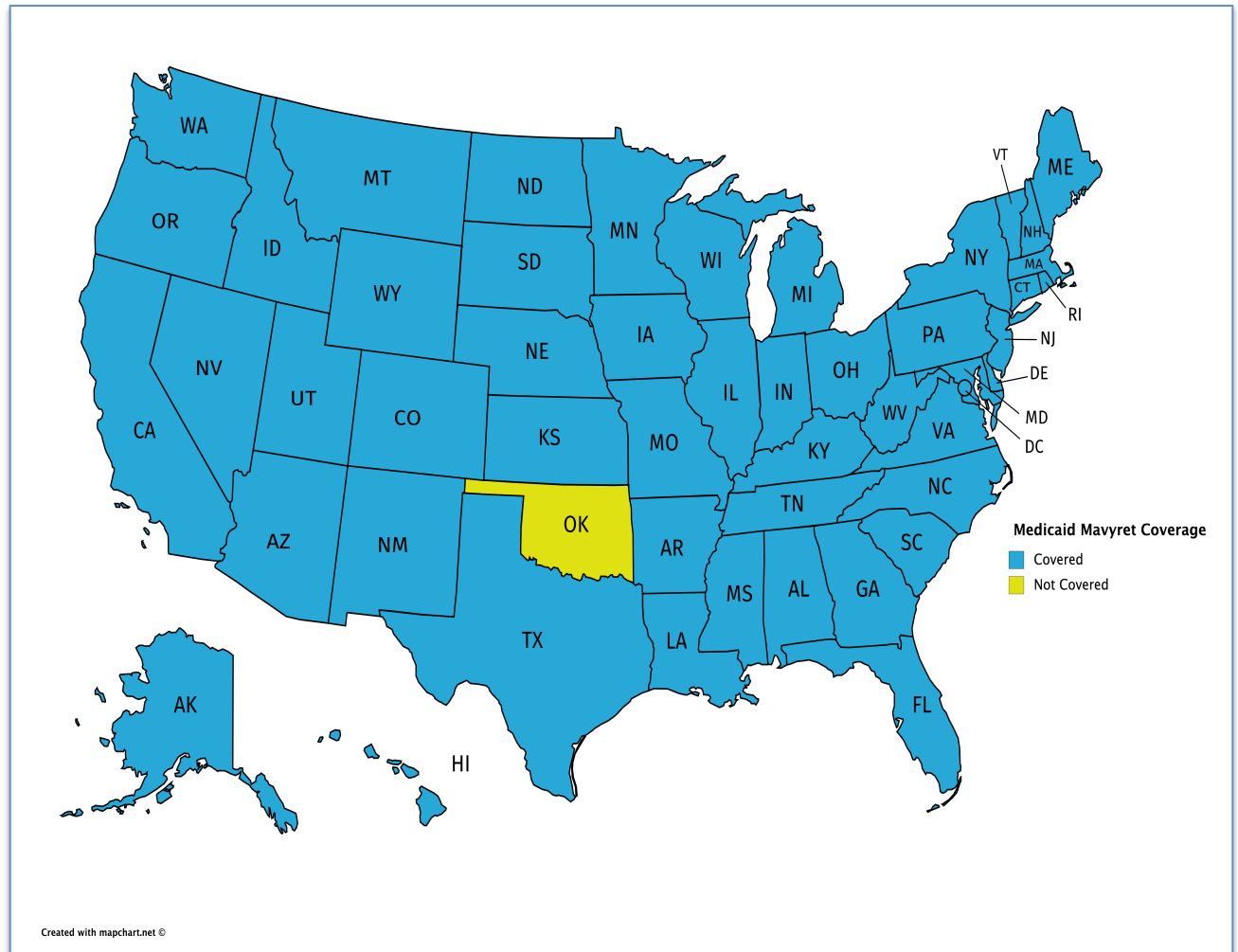
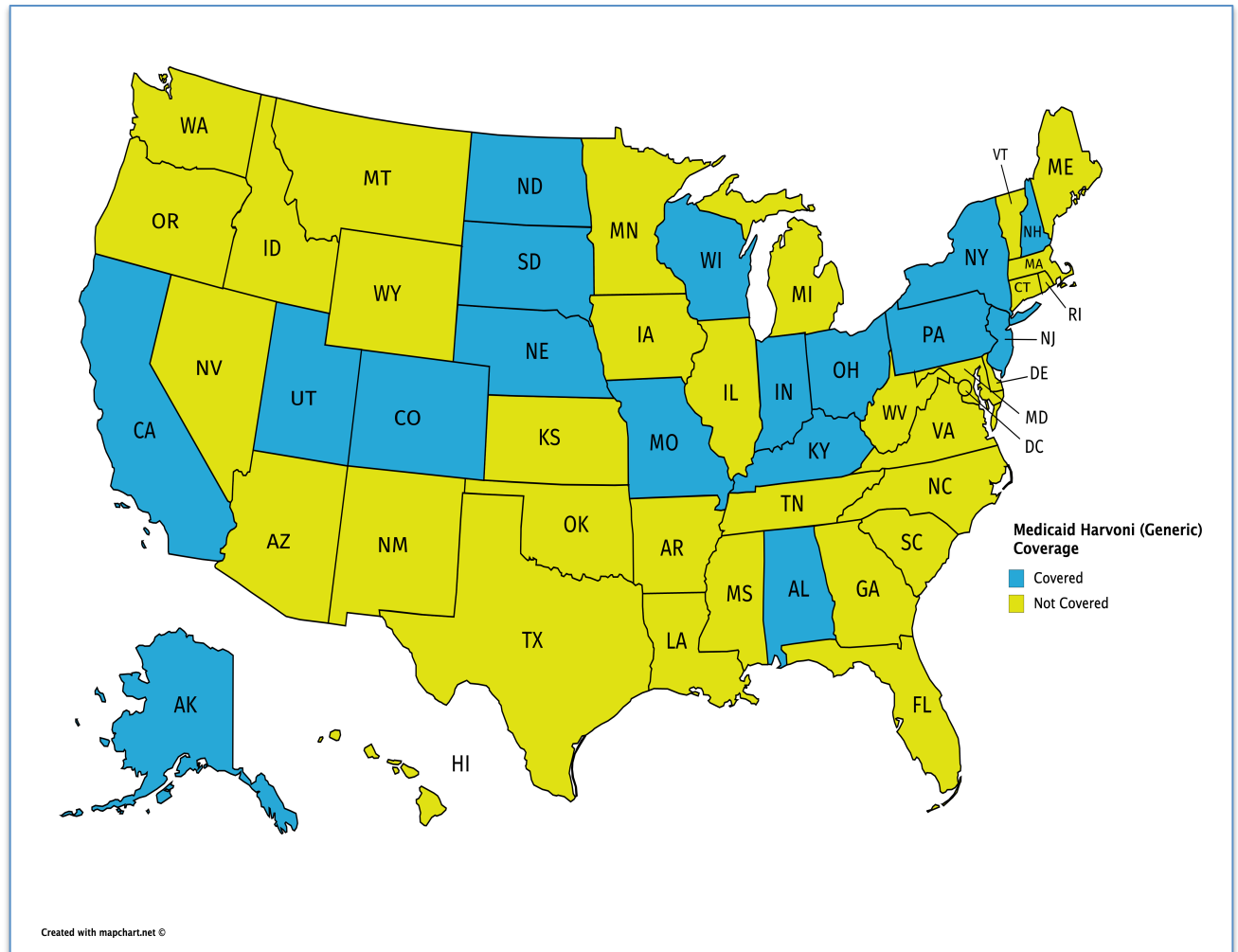# Medicaid Programs & HCV Treatments

Viekira Pak Coverage Map
March 2019

Figure 17.

Viekira Pak Coverage Map Key:
  Light Blue: Covered
  Yellow: Not Covered
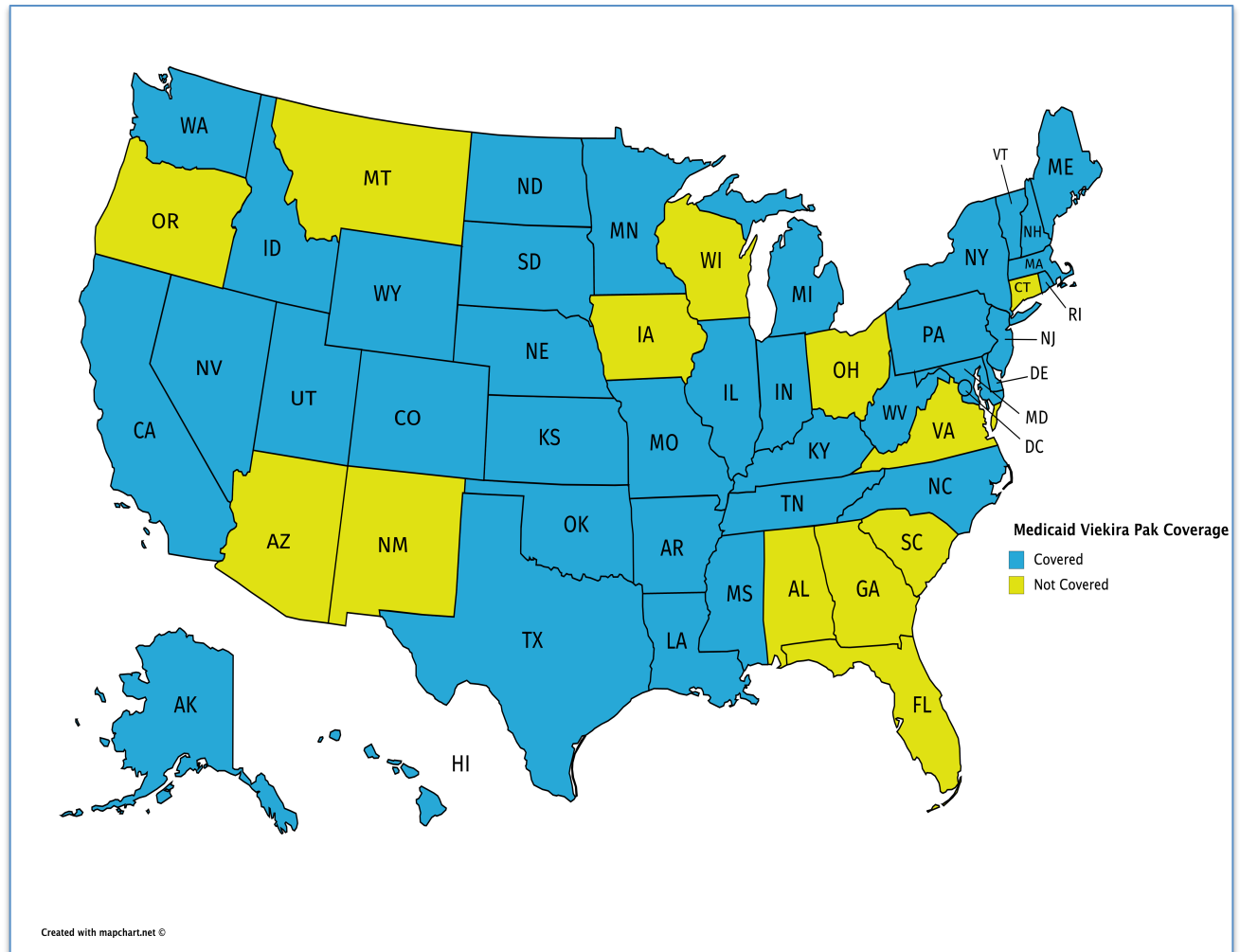
Medicaid Programs & HCV Treatments

Daklinza Coverage Map
March 2019

Figure 18.

Daklinza Coverage Map Key:

Light Blue: Covered
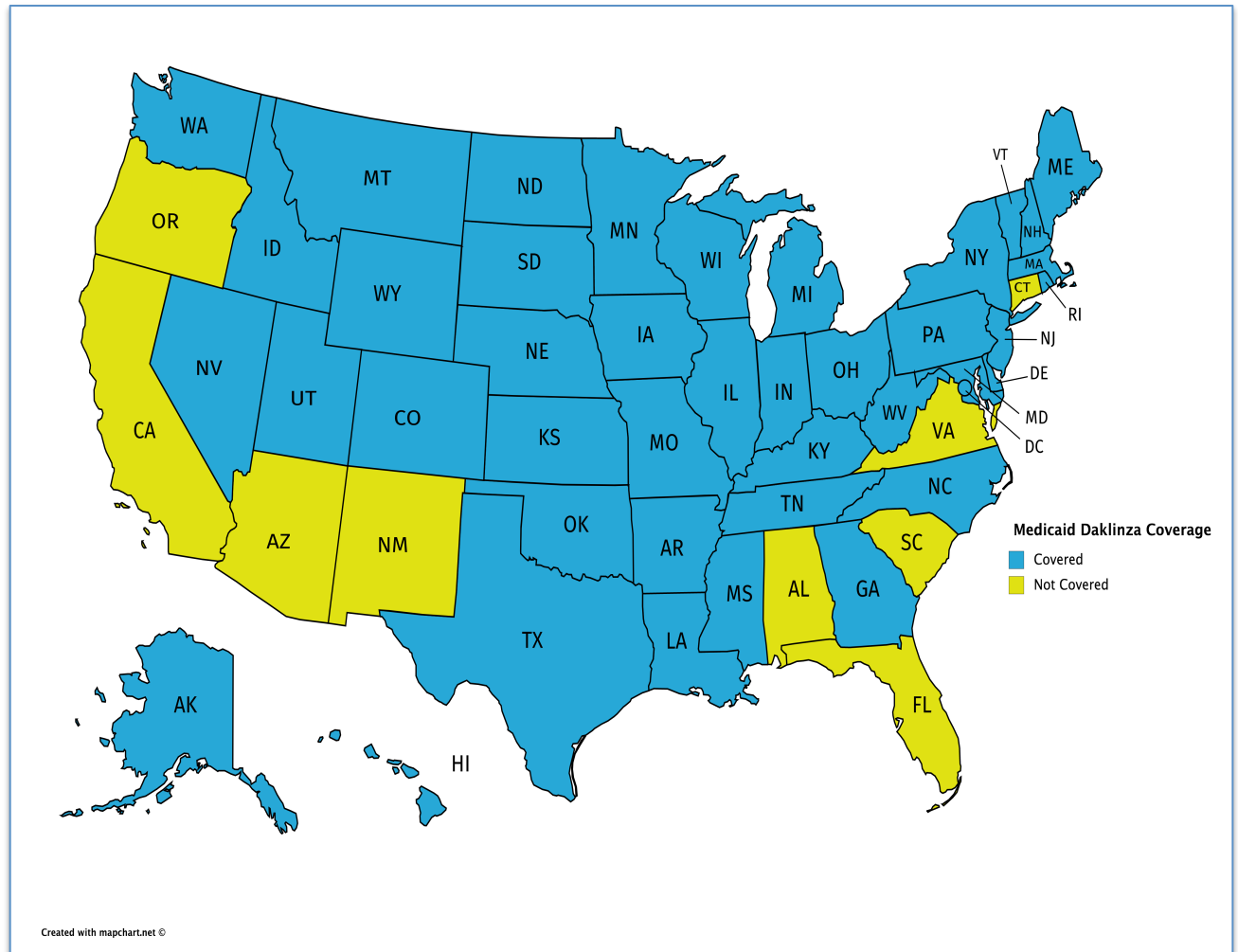
Yellow: Not Covered

Medicaid Programs & HCV Treatments

Zepatier Coverage Map
March 2019

Figure 19.
Zepatier Coverage Map Key:
  Light Blue: Covered
  Yellow: Not Covered

Co-Infection Watch
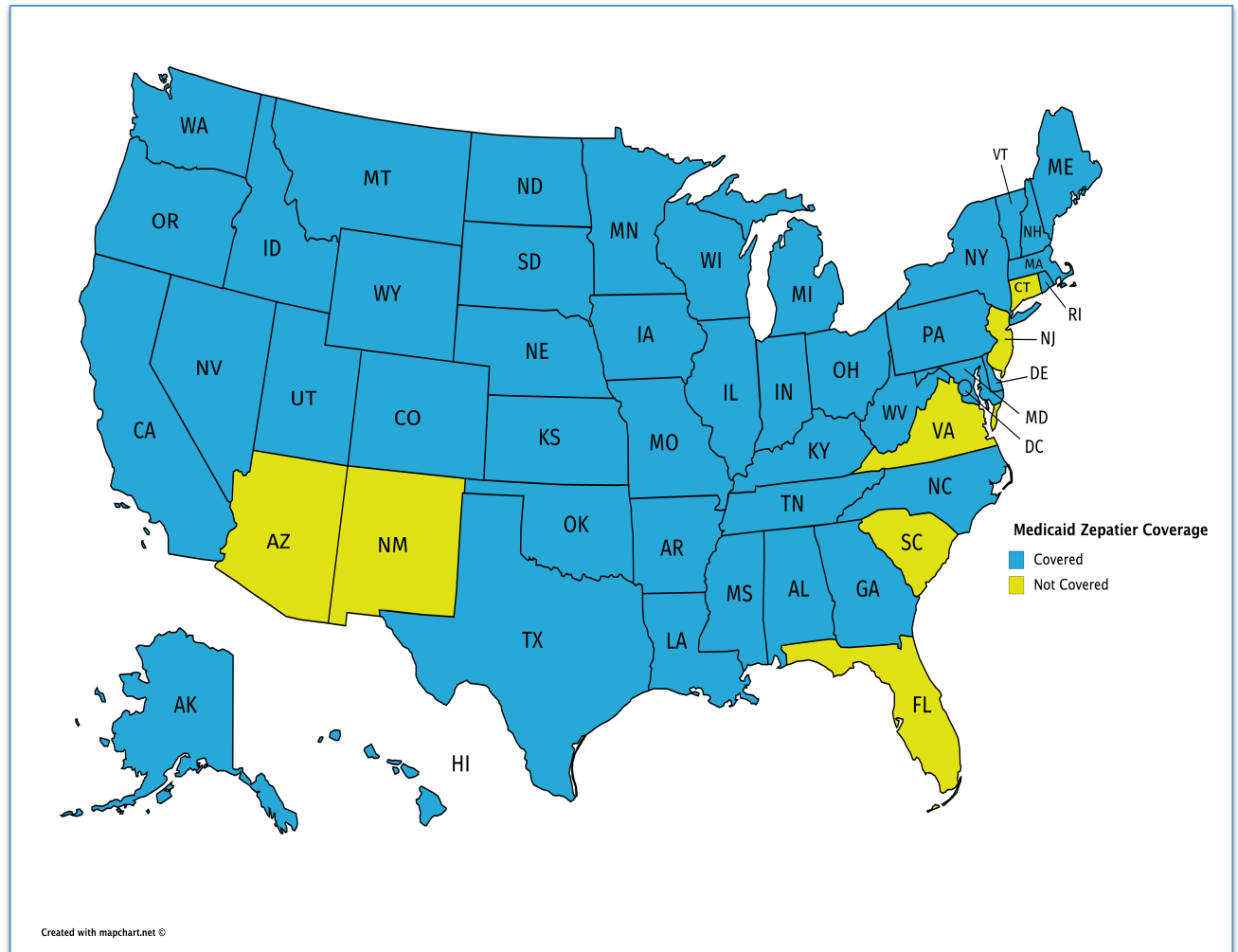
Medicaid Programs & HCV Treatments

Epclusa Coverage Map
March 2019

Figure 20.

Epclusa Coverage Map Key:

Light Blue: Covered
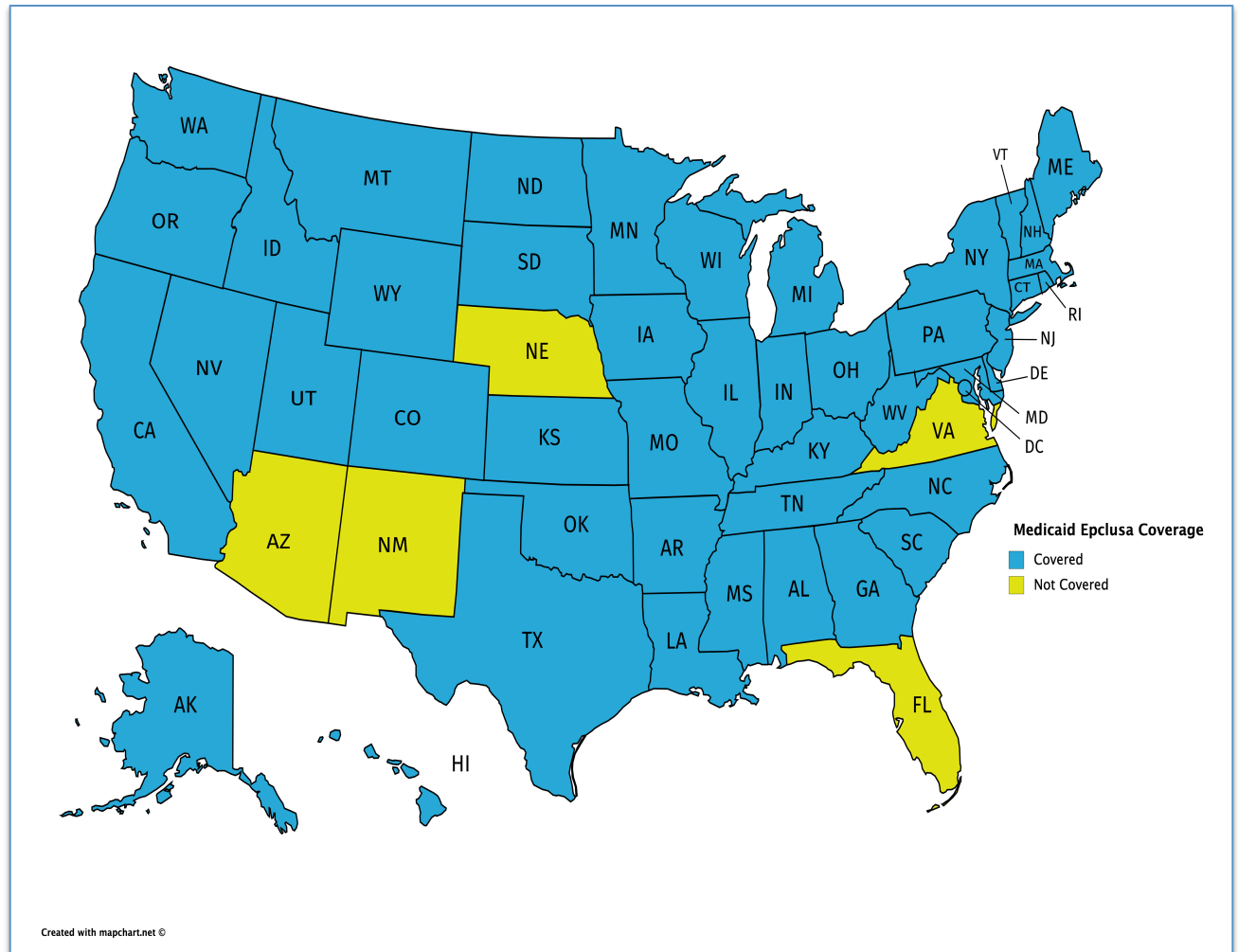
Yellow: Not Covered

Medicaid Programs & HCV Treatments

Vosevi Coverage Map
March 2019

Figure 21.

Vosevi Coverage Map Key:

  Light Blue: Covered

  Yellow: Not Covered

Medicaid Programs & HCV Treatments

Mavyret Coverage Map
March 2019

Figure 22.

Mavyret Coverage Map Key:

Light Blue: Covered

Yellow: Not Covered

Medicaid Programs & HCV Treatments

Harvoni *Generic* Coverage Map
March 2019

Figure 23.

Harvoni *Generic* Map Key:

Light Blue: Covered

Yellow: Not Covered

Medicaid Harvoni (Generic) Coverage
- Covered
- Not Covered

Created with mapchart.net ©

Co-Infection Watch

Medicaid Programs & HCV Treatments

Epclusa *Generic* Coverage Map
March 2019

Figure 24.

Epclusa *Generic* Coverage Map Key:
  Light Blue: Covered
  Yellow: Not Covered

Medicaid Epclusa (Generic) Coverage
- Covered
- Not Covered

Created with mapchart.net ©
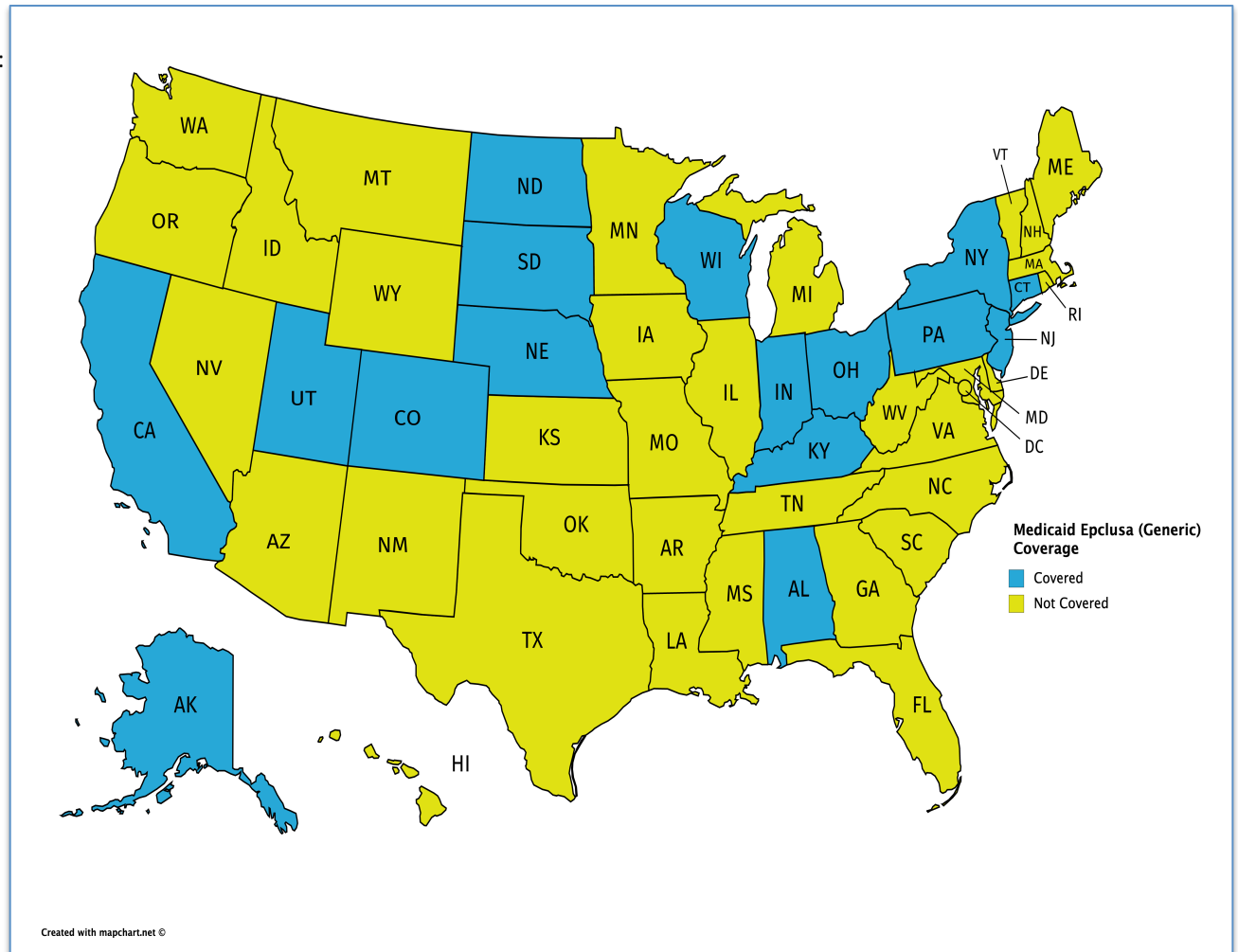
Medicaid Programs & HCV Treatments

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).

March 2019 Updates:
• No updates

March 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.) **Molina Healthcare of New Mexico**; (3.) Presbyterian Centennial Care; (4.) UnitedHealthcare Community Plan of New Mexico
  –Ohio – (1.) Buckeye Health Plan – MyCare Ohio; (2.) CareSource Ohio Medicaid; (3.) **Molina Healthcare of Ohio**; (4.) Paramount Advantage; (5.**)** UnitedHealthcare Community Plan of Ohio.
• No data is has been made available by the Medicaid programs in the U.S. Territories

* Medicaid coverage excludes patients from most drug manufacturer patient assistance programs (PAPs)

Veterans Affairs
& HCV Treatments

Co-Infection Watch

Veterans Affairs & HCV Treatments

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

Abbreviations:

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

 IU/mL – International Units Per Milliliter

 PEG-IFN/IFN – Peginterferon/Interferon

 RAS – Resistance-associated substitutions

 RBV – Ribavirin

Genotype 1:

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

Co-Infection Watch

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

Co-Infection Watch

Veterans Affairs & HCV Treatments

Genotype 2:

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

Genotype 3:

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

Veterans Affairs & HCV Treatments

Genotype 3 (Cont.):

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

Genotype 4:

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

Co-Infection Watch

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)

Co-Infection Watch

Patient Assistance Programs (PAPs)

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

Support Path (Gilead Sciences):

- Financial Assistance
    - Provides Co-Pay Coupons for Sovaldi, Harvoni, Harvoni (Generic), Epclusa, Epclusa (Generic), and Vosevi
    - Co-Pay Coupons cover out-of-pocket costs up to 25% of the catalog price of a 12-week regimen (3 bottles/packages) of Sovaldi, Harvoni, Harvoni (Generic), Epclusa, Epclusa (Generic), or Vosevi
    - Excludes patients enrolled in Medicare Part D or Medicaid
- Insurance Support
    - Researches and verifies patient's benefits, and gives information they need about coverage options and policies
    - Explain Prior Authorization process and works with HCV Specialist's office so they can submit PA forms to a patient's insurance company
    - May be able to provide assistance with appeals process
- Website: http://www.mysupportpath.com/

AbbVie Mavyret Co-Pay Savings Card:

- Financial Assistance
    - Patient may be eligible to pay as little as $5
    - Excludes patients enrolled in Medicare Part D, Medicare Advantage, Medigap, Medicaid, TRICARE, Department of Defense, or Veterans Affairs programs)
- Website: https://www.mavyret.com/copay-savings-card

Patient Assistance Programs (PAPs)

NeedyMeds:

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

The Assistance Fund:

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

Patient Advocate Foundation Co-Pay Relief:

- Status: Open
- Maximum award of $15,000
- Eligibility Requirements:
    - Patient must be insured, and insurance must cover prescribed medication
    - Confirmed HCV diagnosis
    - Reside and receive treatment in the U.S.
    - Income falls below 400% of FPL with consideration of the Cost of Living Index (COLI) and the number in the household
- Website: https://www.copays.org/diseases/hepatitis-c

Patient Assistance Programs (PAPs)

Patient Access Network (PAN) Foundation:

- Status: Closed

- Co-Pay Assistance with a maximum award of $7,200

  – Patients may apply for a second grant during their eligibility period subject to availability of funding

- Eligibility Requirements:

  – Must be being treated for HCV

  – Have insurance that covers HCV prescribed medication

  – Medication must be listed on PAN's list of covered medications: https://www.panfoundation.org/index.php/en/patients/medications-covered

  – Income falls below 500% of FPL

  – Residing and receiving treatment in the U.S. (citizenship NOT required)

- Website: https://www.panfoundation.org/index.php/en/patients/assistance-programs/hepatitis-c

HealthWell Foundation:

- Status: Open

- Co-Pay Assistance with a maximum award of $30,000

- Minimum Co-Pay Reimbursement Amount: None

- Minimum Premium Reimbursement Amount: None

- Eligibility Requirements:

  – Must be being treated for HCV

  – Have insurance that covers HCV prescribed medication

  – Income falls below 500% of FPL

  – Receiving treatment in the U.S.

- Website: https://www.healthwellfoundation.org/fund/hepatitis-c/

Harm Reduction Programs

Figure 25. – Figure 34.

Co-Infection Watch

Harm Reduction Programs

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

- **Syringe Exchange:**

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

- **Expanded Naloxone:**

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

- **Good Samaritan Laws**:

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

- **Mandatory PDMP Reporting:**

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

- **Doctor Shopping Laws**:

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

- **Physical Exam Required:**

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

Harm Reduction Programs

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

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

- **Prescriber Education Required/Recommended**:

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

- **Lock-In Program:**

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

Harm Reduction Programs

Figure 27.

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

Harm Reduction Programs

Figure 27.

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

Co-Infection Watch

Harm Reduction Programs

Figure 27.

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

Harm Reduction Programs

Syringe Exchange Coverage Map
March 2019

Figure 28.

Syringe Exchange Map Key:

Purple: Syringe Exchange(s)

Red: No Syringe Exchange(s)

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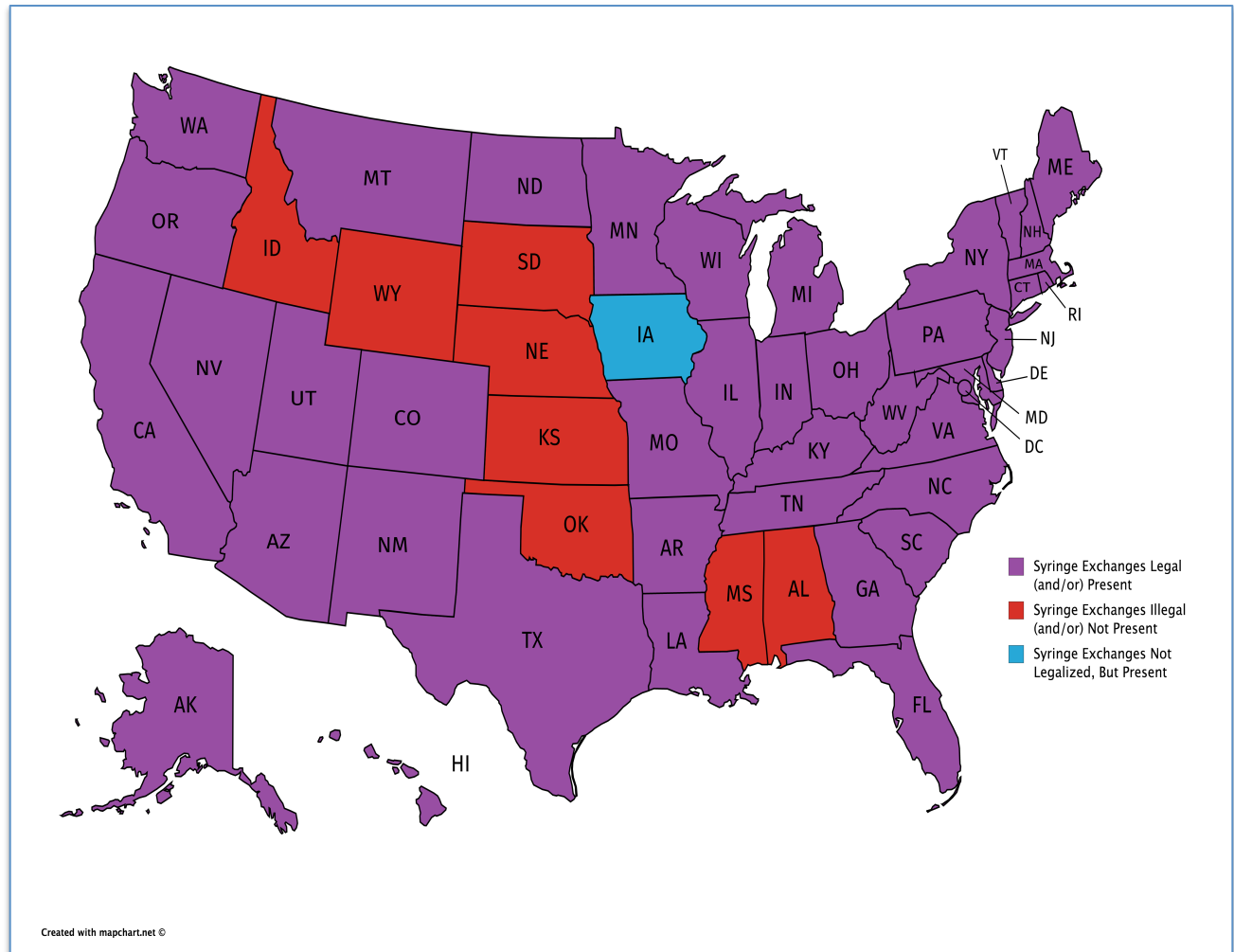
Harm Reduction Programs

Expanded Naloxone Coverage Map
March 2019

Figure 29.

Expanded Naloxone Map Key:
  Purple: Expanded Naloxone
  Red: Restricted Naloxone

Created with mapchart.net ©

Co-Infection Watch

Harm Reduction Programs

Good Samaritan Laws Coverage Map
March 2019

Figure 30.

Good Samaritan Laws Map Key:

Purple: Good Samaritan Laws

Red: No Good Samaritan Laws
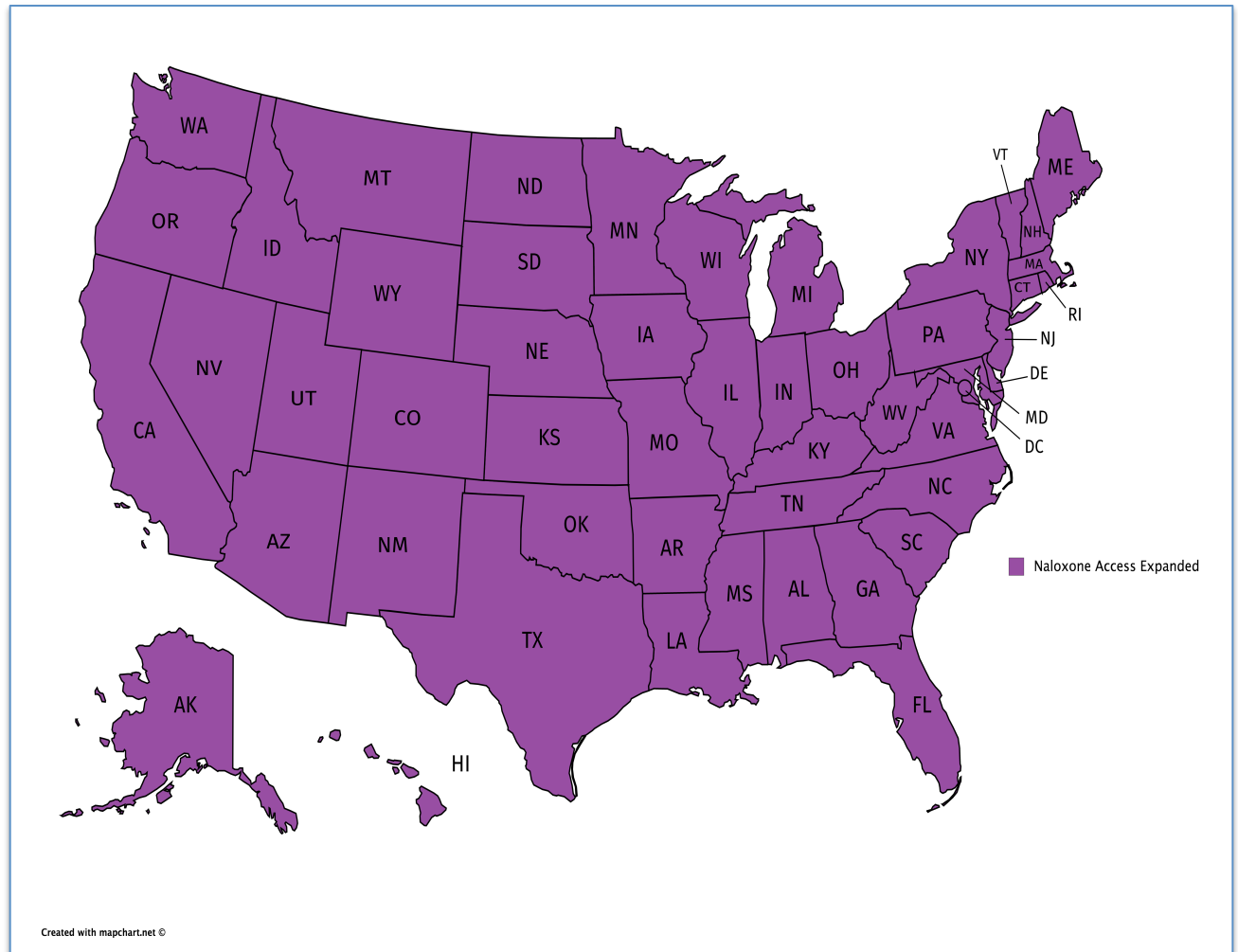
Harm Reduction Programs

Prescription Drug Monitoring Programs (PDMPs) Coverage Map
March 2019

Figure 31.

PDMPs Map Key:

  Purple: Mandatory PDMPs

  Red: No Mandatory PDMPs

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Co-Infection Watch
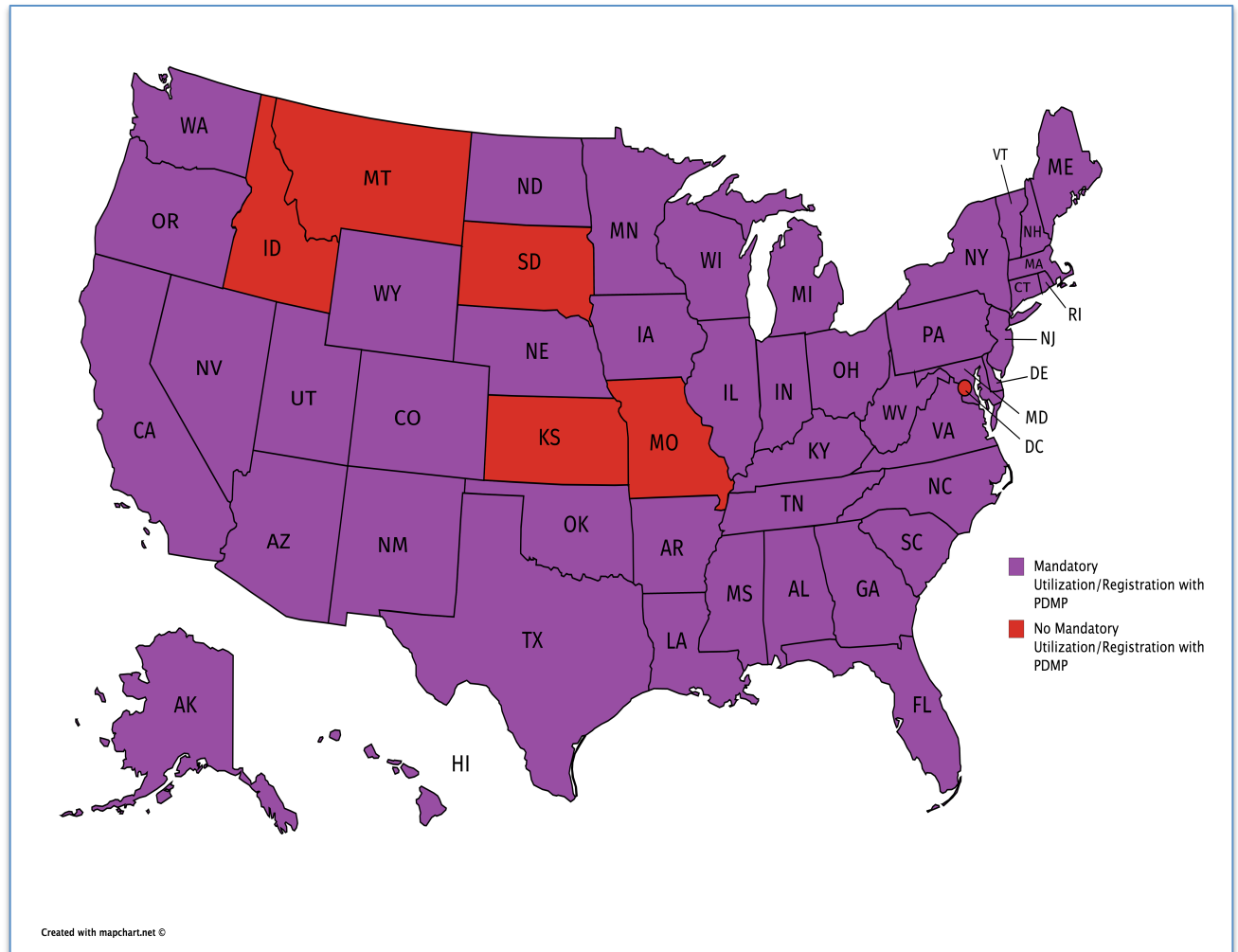
Harm Reduction Programs

Doctor Shopping Laws Coverage Map
March 2019

Figure 32.

Doctor Shopping Laws Map Key:

Purple: Doctor Shopping Laws

Red: No Doctor Shopping Laws
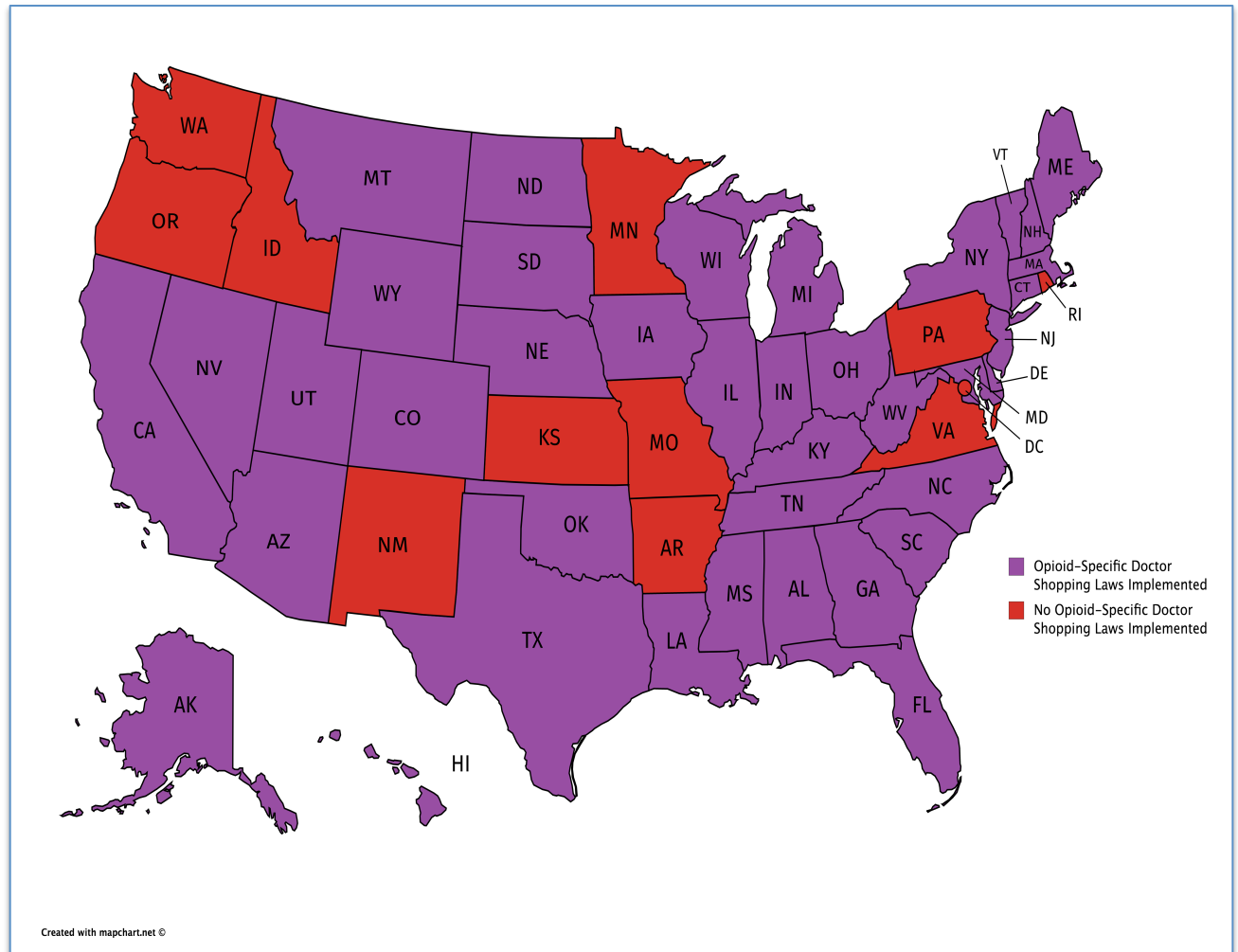
Harm Reduction Programs

Physical Exam Required Coverage Map
March 2019

Figure 33.

Physical Exam Required Map Key:

  Purple: Physical Exam Required

  Red: No Physical Exam Required

Map Legend:
- Physical Exam Required for Opioid Prescription (Purple)
- No Physical Exam Required for Opioid Prescription (Red)

Created with mapchart.net ©

Co-Infection Watch

Harm Reduction Programs

I.D. Required Coverage Map
March 2019

Figure 34.

I.D. Requirement Map Key:
  Purple: I.D. Required
  Red: No I.D. Required

Photo ID Required for Purchase of Prescription Opioid Drugs

No Photo ID Required for Purchase of Prescription Opioid Drugs

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Co-Infection Watch

Harm Reduction Programs

Prescriber Education Required Coverage Map
March 2019

Figure 35.

Prescriber Ed Required Map Key:

Purple: Prescriber Ed Required
Red: No Prescriber Ed Required

Legend:
- Prescriber Education Required for All Prescribers of Opioid Drugs
- No Prescriber Education Required for All Prescribers of Opioid Drugs

Created with mapchart.net ©

Co-Infection Watch

Harm Reduction Programs

Lock-In Program Coverage Map
March 2019

Figure 36.

Lock-In Program Map Key:

  Purple: Lock-In Program

  Red: No Lock-In Program

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Opioid–Specific Lock–In Program Enacted

No Opioid–Specific Lock–In Program Enacted

Co-Infection Watch

Harm Reduction Programs

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

March 2019 Updates:
- No updates

March 2019 Notes:
- The following state has pending legislation that would legalize state-sponsored Syringe Exchanges – **(None)**
- The following states have pending legislation requiring Mandatory PDMP reporting – **(None)**
- The following state has pending legislation implementing Doctor Shopping Laws – **PA**
- The following state has pending legislation requiring a Physical Examination before Opioid Prescribing – **MA**
- The following state has pending legislation requiring Prescriber Education – **(None)**

Regional Trends
District 02 – Mid-Atlantic
(NJ, NY, PA):

Co-Infection Watch

Regional Trends

District 02 – Mid-Atlantic (NJ, NY, PA):

HIV (2016 National Rate – 12.3):
- Two states in this region have rates of new HIV infections above the national rate - New York (14.6) and New Jersey (12.8)

HBV (2016 National Rate – 1.0):
- This region has a low burden of HBV, with no state having a rate of new infections above the national rate. New Jersey has the highest rate of 0.7 (per 100,000)

HCV (2016 National Rate – 1.0):
- This region has a relatively high burden of HCV, with two of the three states (Pennsylvania and New Jersey) being in the top ten with rates of 1.8 and 1.4, respectively

Overdose Deaths (2016 National Rate – 21.7):
- This region has a high burden over overdose deaths, with two states (Pennsylvania and New Jersey) having rates well above the national overdose death rate with rates of 44.3 and 30.0, respectively. New York is the only state with a rate below the national average with a rate of 19.4

ADAP HCV Coverage:
- All three state ADAP programs have expanded their coverage to include Direct-Acting Agents for the treatment of HCV

Correctional Hepatitis Testing:
- All but one state – New Jersey – responded to our request for testing information
- New York tests for HIV, HBV, and HCV on a compulsory basis during intake using an opt-out delivery model
- Pennsylvania tests for HIV, HBV, and HCV on a compulsory basis post-intake using an opt-out delivery model

Latest News

Latest News

- **A Netflix Model for Hepatitis C: One Price, Unlimited Meds**

Two states fighting an escalating hepatitis C crisis will soon pay a flat fee for unlimited drugs — Netflix style — to treat prisoners and low-income residents suffering from the deadly liver disease, with the goal of all but eliminating the infection.

Netflix, the popular DVD and video streaming service, charges customers a monthly fee that entitles them to view all the movies they want. Louisiana and Washington state want to do something similar with the expensive medications that provide a cure for hepatitis C.

Both states will pay a drugmaker to provide enough medication each year to treat its prisoners and Medicaid patients. Washington also plans to buy the drugs for others, including state employees, retirees and teachers.

The new design illustrates how states are trying to think creatively to tackle one of their costliest but most important long-term challenges: providing health care access to low-income residents and people in the state's care (Ollove, 2019).

- **Needle-Exchange Programs Cost-Effective Way to Reduce Hepatitis C Among Drug Users: Public Health Watch**

US Surgeon General Jerome M. Adams, MD, raised a few eyebrows last year when he indicated that he supported the use of needle-exchange programs to address the issue of infectious disease outbreaks in the face of the ongoing opioid crisis.

That's because such programs have historically been considered a political non-starter in this country, with objections from those in the "not-in-my-backyard" set, as well as those who believe that they encourage drug abuse—the latter in spite of evidence to the contrary.

Now, a new study out of the UK, which will appear in the March issue of the journal Addiction, suggests that needle-exchange may be the most cost-effective way to prevent and/or control hepatitis C outbreaks associated with injection drug use. Several outbreaks of hepatitis C, as well as HIV, in the United States have been linked with illegal opioid use, as Contagion® has reported recently.

The study investigators, from the University of Bristol and the London School of Hygiene & Tropical Medicine, indicate that, perhaps not surprisingly, Britain is experiencing similar problems. They cite data from Public Health England, which estimates that of the 200,000 people living with hepatitis C in the country, some 90% acquired their infections via injection drug use (Dunleavy, 2019).

Latest News

- **DAA therapy after HCV-positive heart transplant results in 100% SVR**

All patients who completed direct-acting antiviral therapy after orthotopic heart transplantation with hepatitis C-positive donor hearts achieved sustained virologic, according to results from a recent study.

"The transplantation of HCV-infected hearts was nearly abandoned in the era of interferon-based HCV treatment regimens," Rhondalyn C. McLean, MD, from the Perelman School of Medicine at the University of Pennsylvania, and colleagues wrote. "DAAs for HCV subsequently prompted reconsideration of transplanting HCV-infected hearts. Taken together with other studies, [our] results provide further evidence that wider use of HCV-infected organs should be a priority."

Of the 20 patients who completed informed consent and were activated for HCV-positive heart offers, 10 patients underwent transplantation. The median recipient age was 52.5 years and all donors were under age 40 years. All donor organs were infected with HCV genotype 1a.

The patients all had detectable HCV at 3 days posttransplant and initiated treatment with Zepatier (elbasvir/grazoprevir, Merck) while in hospital (McLean, 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.

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