

HIV/HCV Co-Infection Watch: January 2020



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 January 2020:

- **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, 44 have expanded their HCV coverage to include the Direct-Acting Antiviral (DAA) regimens that serve as the current Standard of Care (SOC) for Hepatitis C treatment. 3 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.

- **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 and the District of Columbia offer Expanded Coverage. A state-by-state PDL breakdown of coverage is included in Figure 13, with accompanying drug-specific maps in Figures 14 – 24.

- **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.). 47 States and Territories currently have Syringe Services Programs (SSPs) in place, regardless of the legality. 50 states and the District of Columbia have expanded access to Naloxone to avert opioid drug overdoses. 50 states and the District of Columbia have Good Samaritan laws or statutes that provide some level of protection for those rendering emergency services during drug overdoses. 38 states make reporting to Prescription Drug Monitoring Programs (PDMPs) mandatory, requiring physicians and/or pharmacists to report prescriptions written or filled to a state agency for monitoring. 40 states have Opioid-Specific Doctor Shopping Laws preventing patients from attempting to receive multiple prescriptions from numerous physicians, and/or from withholding information in order to receive prescriptions. 40 states mandate a Physical Exam Requirement in order for patients to receive a prescription for opioid drugs. 27 states have in place an ID Requirement mandating that people filling opioid prescriptions present a state-issued ID prior to receiving their prescription. 45 states require prescribing physicians to attend mandatory and continuing opioid prescribing education sessions. 44 states 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 28 – 36.

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	N	N	X
Alaska	Y	N	N	N	N	N	N	N	N	N	N	X
Arizona	Y	Y	Y	N	Y	Y	Y	N	Y	N	N	X
Arkansas	Y	N	Y	N	N	Y	Y	N	Y	N	N	X
California	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	X
Colorado	Y	Y	Y	Y	Y	Y	Y	N	Y	N	N	X
Connecticut	Y	N	Y	N	N	N	Y	Y	Y	N	N	X
Delaware	Y	N	Y	N	N	N	N	N	N	N	N	X
Florida	Y	N	Y	N	N	Y	N	N	Y	N	N	X
Georgia	Y	Y	Y	Y	Y	Y	Y	N	Y	N	N	X
Hawaii	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	X
Idaho	N	N	N	N	N	N	N	N	N	N	N	X
Illinois	N	N	N	N	N	N	N	N	N	N	N	X
Indiana	Y	Y	Y	N	N	N	Y	N	Y	N	N	X
Iowa	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X
Kansas	N	N	N	N	N	N	N	N	N	N	N	X
Kentucky	N	N	N	N	N	N	N	N	N	N	N	X
Louisiana	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	X
Maine	Y	N	N	N	N	N	N	N	N	Y	Y	X

AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

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

State	Basic	Sovaldi	Harvoni	Viekira Pak	Daklinza	Zepatier	Epclusa	Vosevi	Mavyret	Harvoni <i>Generic</i>	Epclusa <i>Generic</i>	X
Maryland	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	X
Massachusetts	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X
Michigan	Y	N	Y	N	N	Y	Y	N	Y	N	N	X
Minnesota	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X
Mississippi	Y	N	Y	N	N	Y	Y	N	Y	N	N	X
Missouri	Y	N	N	N	N	Y	N	N	Y	N	N	X
Montana	Y	N	N	N	N	N	N	N	Y	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	N	N	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	Y	Y	Y	Y	N	N	Y	N	N	X
North Carolina	Y	N	Y	Y	Y	Y	N	N	Y	N	N	X
North Dakota	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X
Ohio	N	N	N	N	N	N	N	N	N	N	N	X
Oklahoma	Y	Y	Y	N	N	N	Y	N	N	N	N	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	N	N	X
South Carolina	Y	N	N	N	N	N	N	N	N	N	N	X
South Dakota	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	X
Tennessee	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	X
Texas	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	X
Utah	N	N	N	N	N	N	N	N	N	N	N	X
Vermont	N	N	N	N	N	N	N	N	N	N	N	X
Virginia	Y	Y	Y	N	Y	Y	Y	N	Y	N	N	X
Washington	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X
West Virginia	Y	N	N	N	N	Y	N	N	N	N	N	X
Wisconsin	Y	N	N	Y	N	Y	Y	N	N	N	N	X
Wyoming	Y	Y	Y	N	Y	Y	Y	Y	Y	N	N	X
Washington, DC	Y	Y	Y	Y	Y	Y	N	N	Y	N	N	X
												X
Fed. St. Micronesia	Y	N	N	N	N	N	N	N	N	N	N	X
Guam	N	N	N	N	N	N	N	N	N	N	N	X
Palau	N	N	N	N	N	N	N	N	N	N	N	X
Puerto Rico	Y	Y	Y	N	Y	Y	N	Y	Y	N	N	X
U.S. Virgin Islands	N	N	N	N	N	N	N	N	N	N	N	X

AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

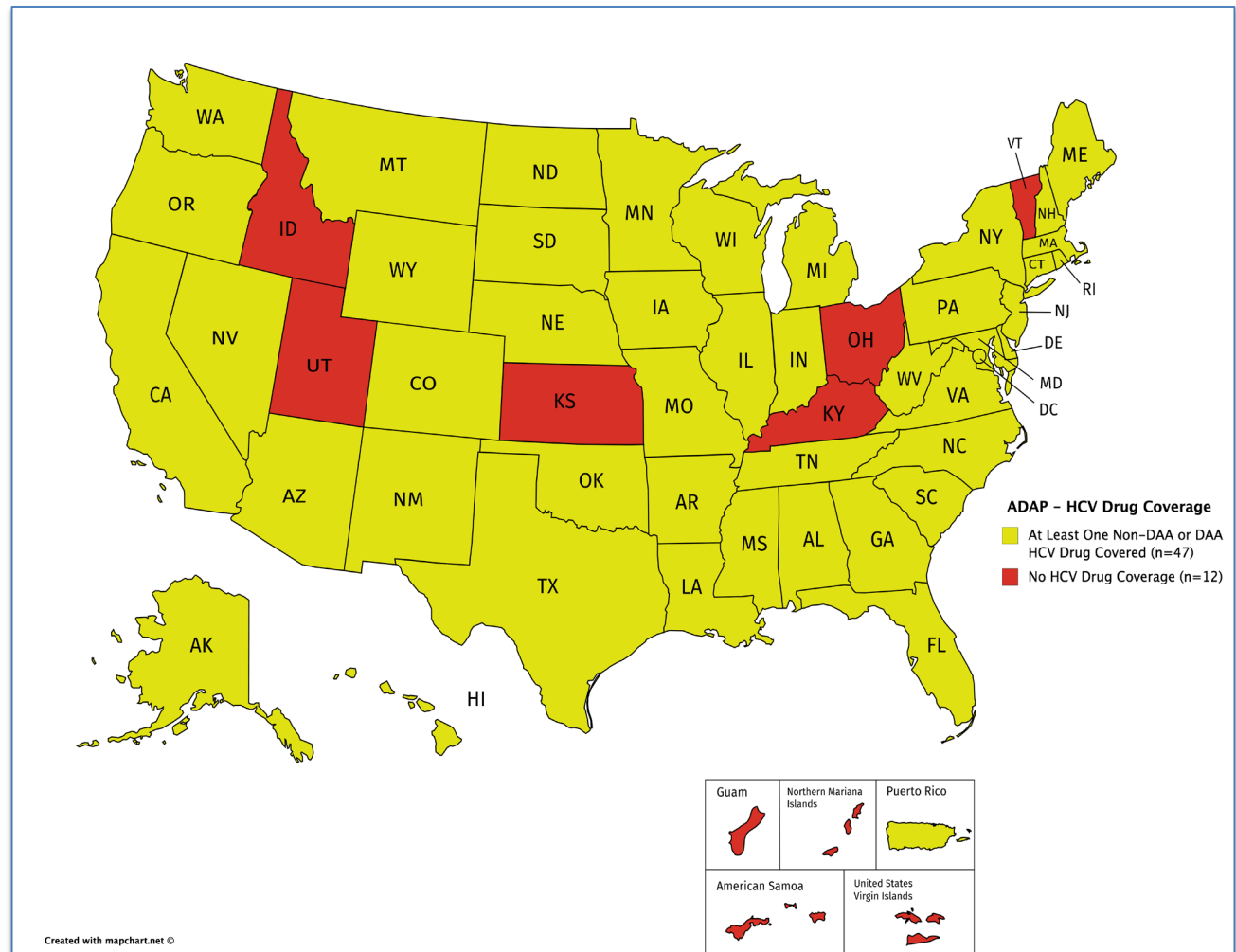
There are currently 46 AIDS Drug Assistance Programs (ADAPs) that cover some form of HCV drug therapies as part of their approved drug formularies. To learn more about ADAPs or their approved drug formularies, please visit <http://adap.directory>.

Figure 2.

Basic Coverage Map Key:

Lime Green: Basic Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

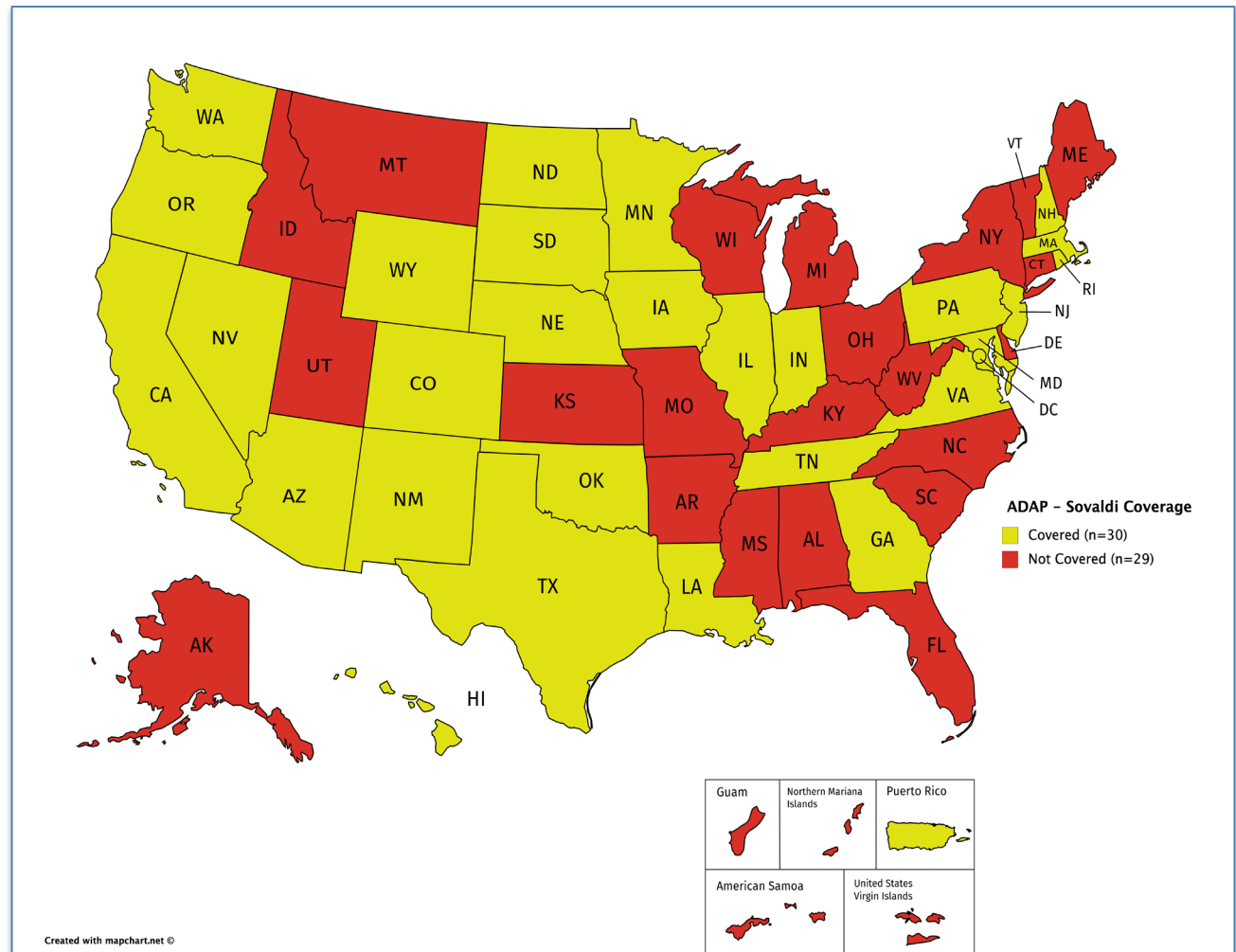
Sovaldi Coverage Map
January 2020

Figure 3.

Sovaldi Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

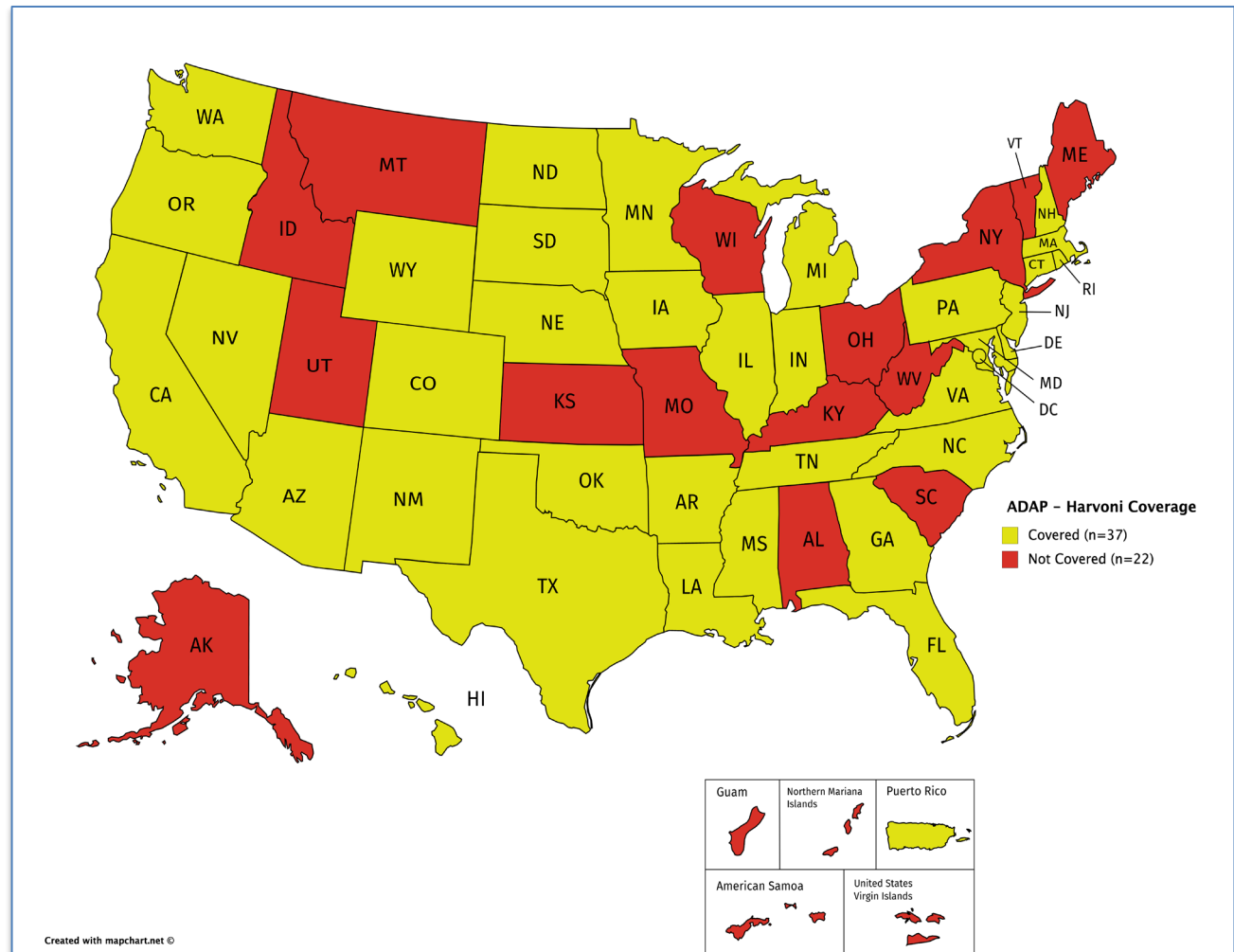
Harvoni Coverage Map
January 2020

Figure 4.

Harvoni Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

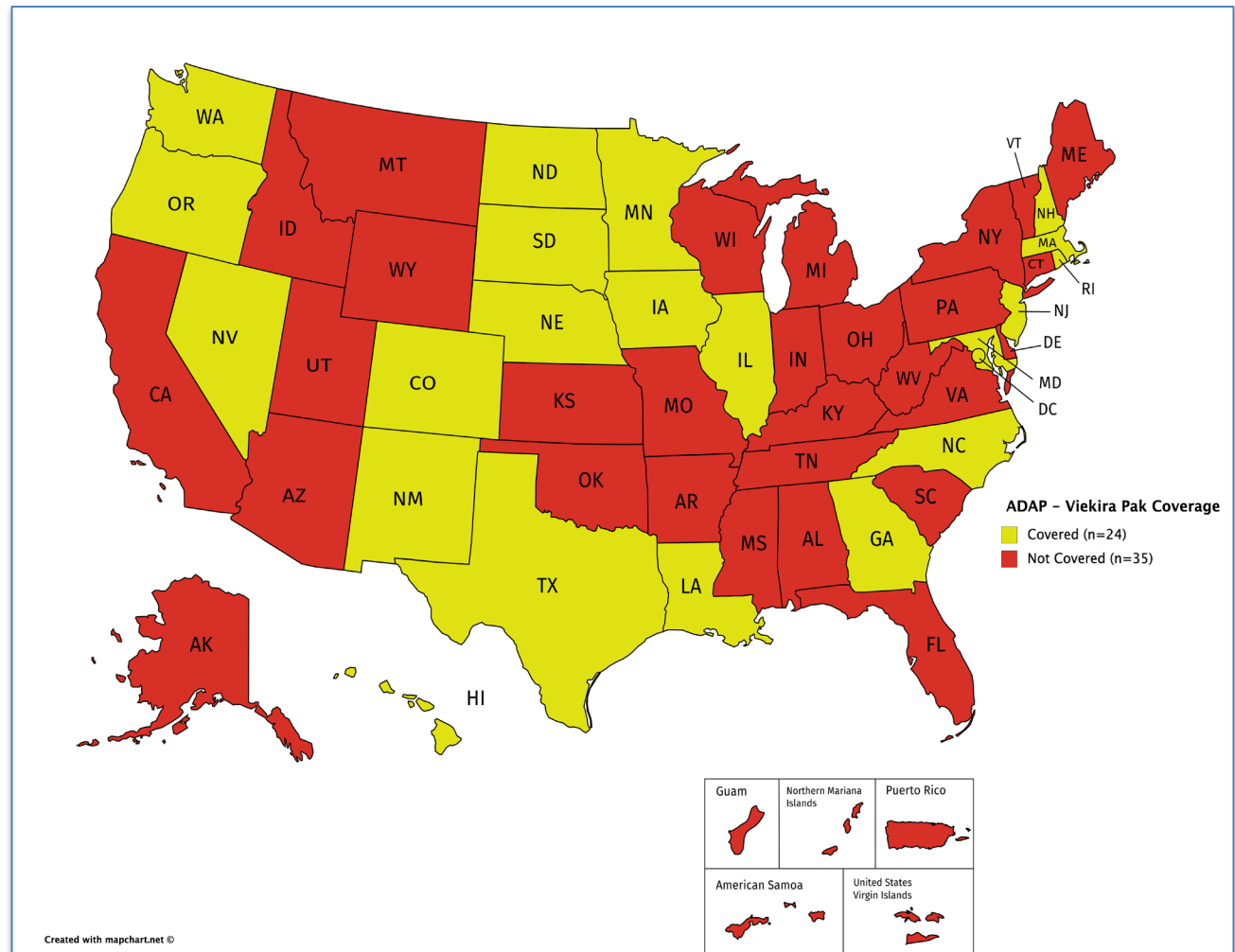
Viekira Pak Coverage Map
January 2020

Figure 5.

Viekira Pak Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

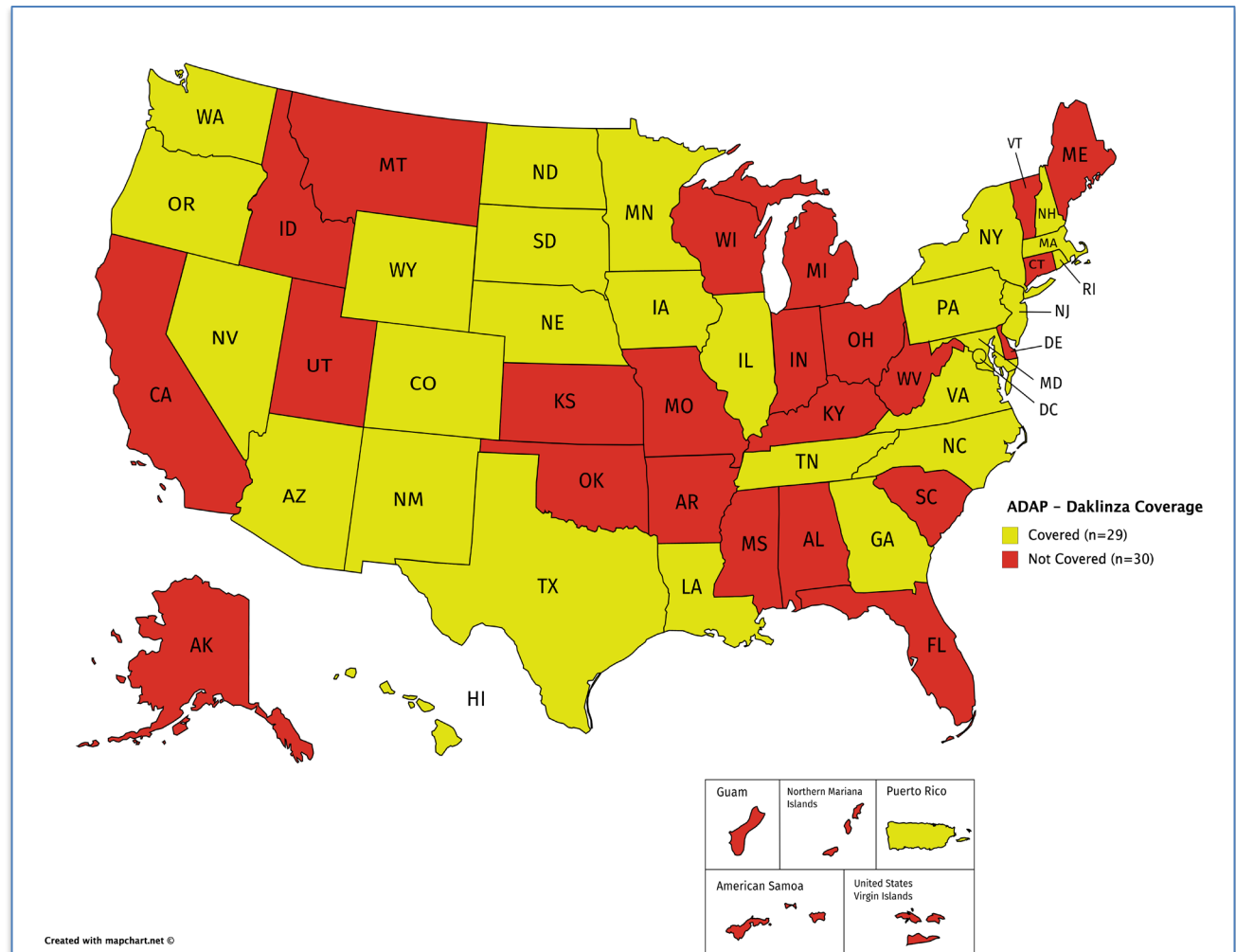
Daklinza Coverage Map
January 2020

Figure 6.

Daklinza Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

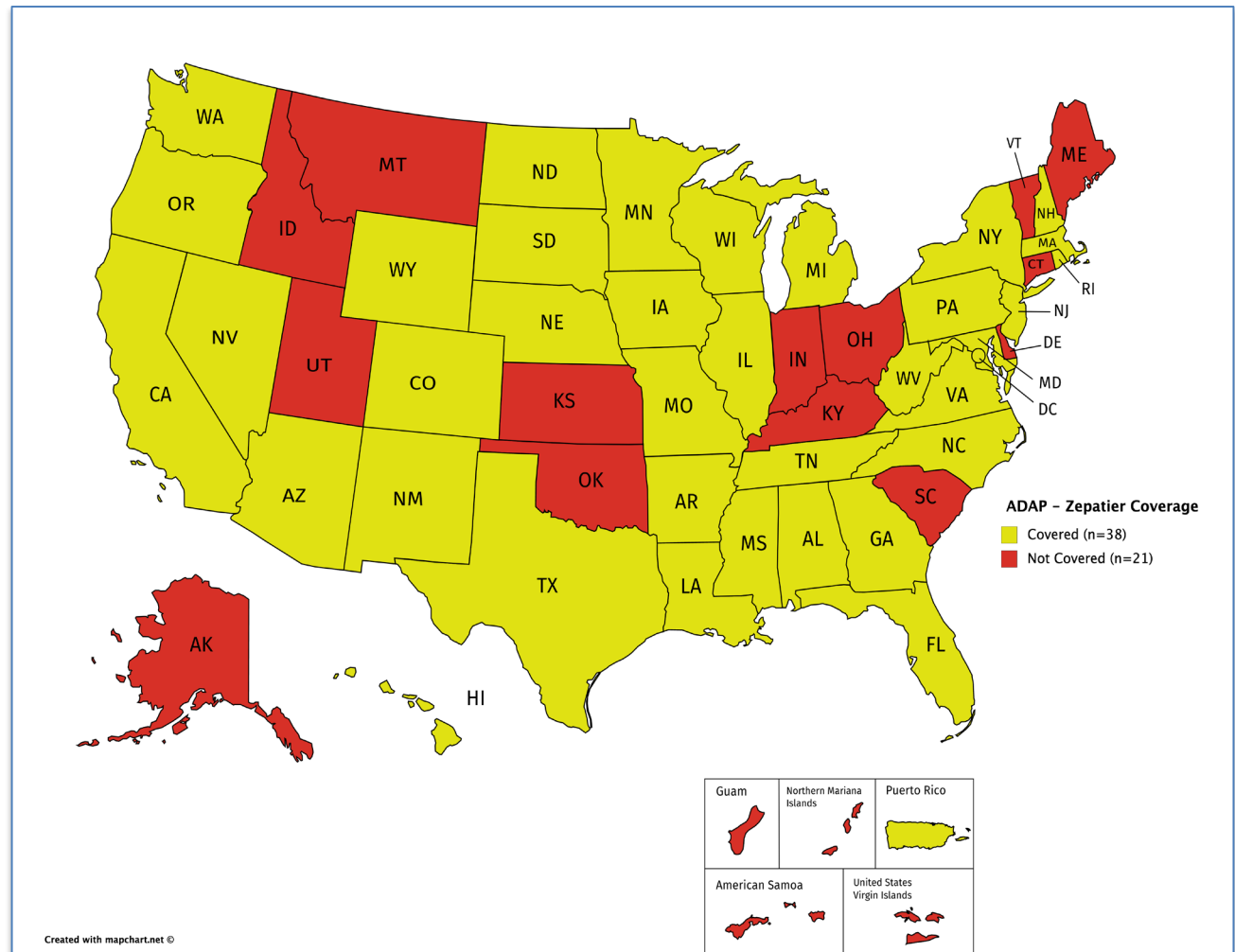
Zepatier Coverage Map
January 2020

Figure 7.

Zepatier Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

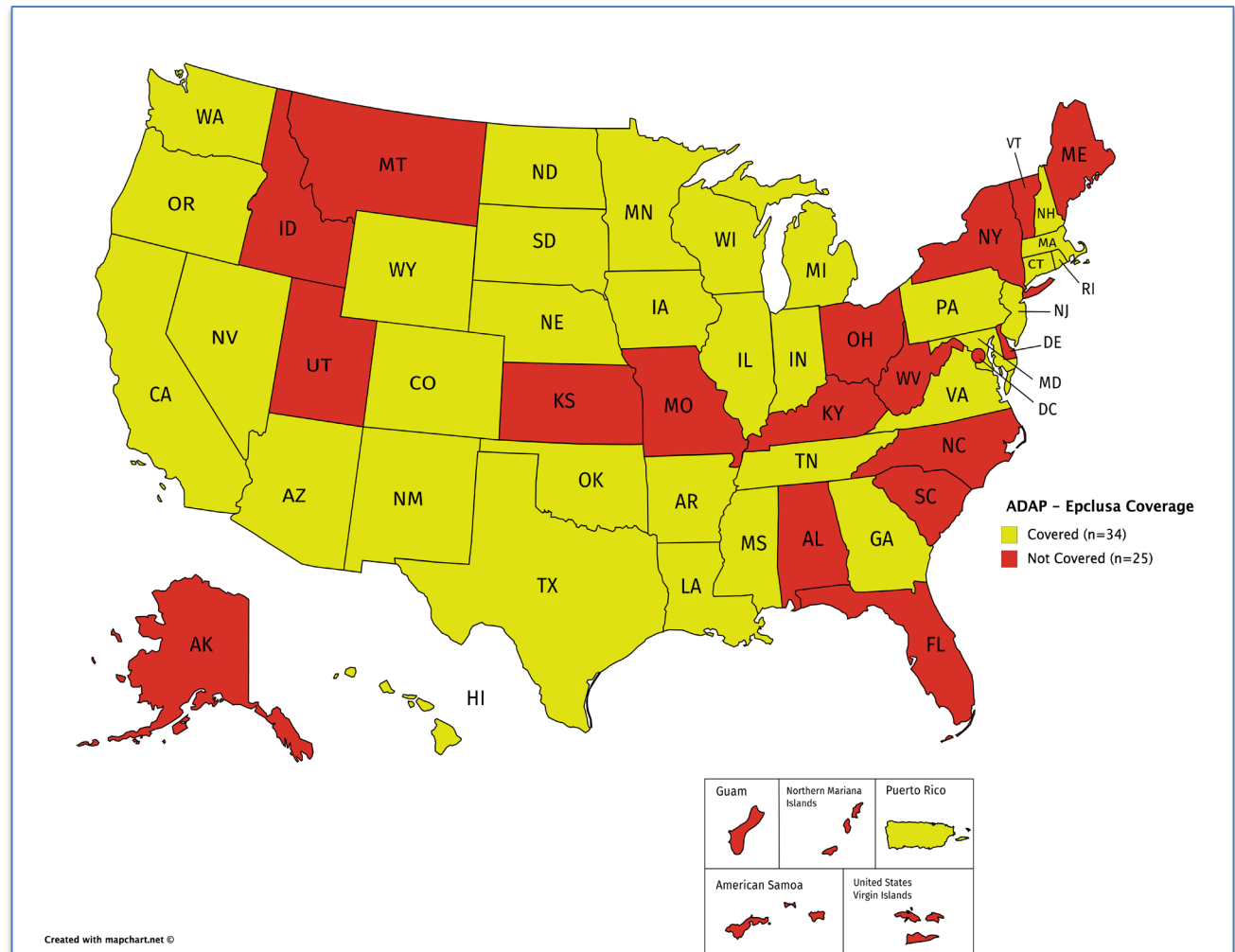
Epclusa Coverage Map
January 2020

Figure 8.

Epclusa Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

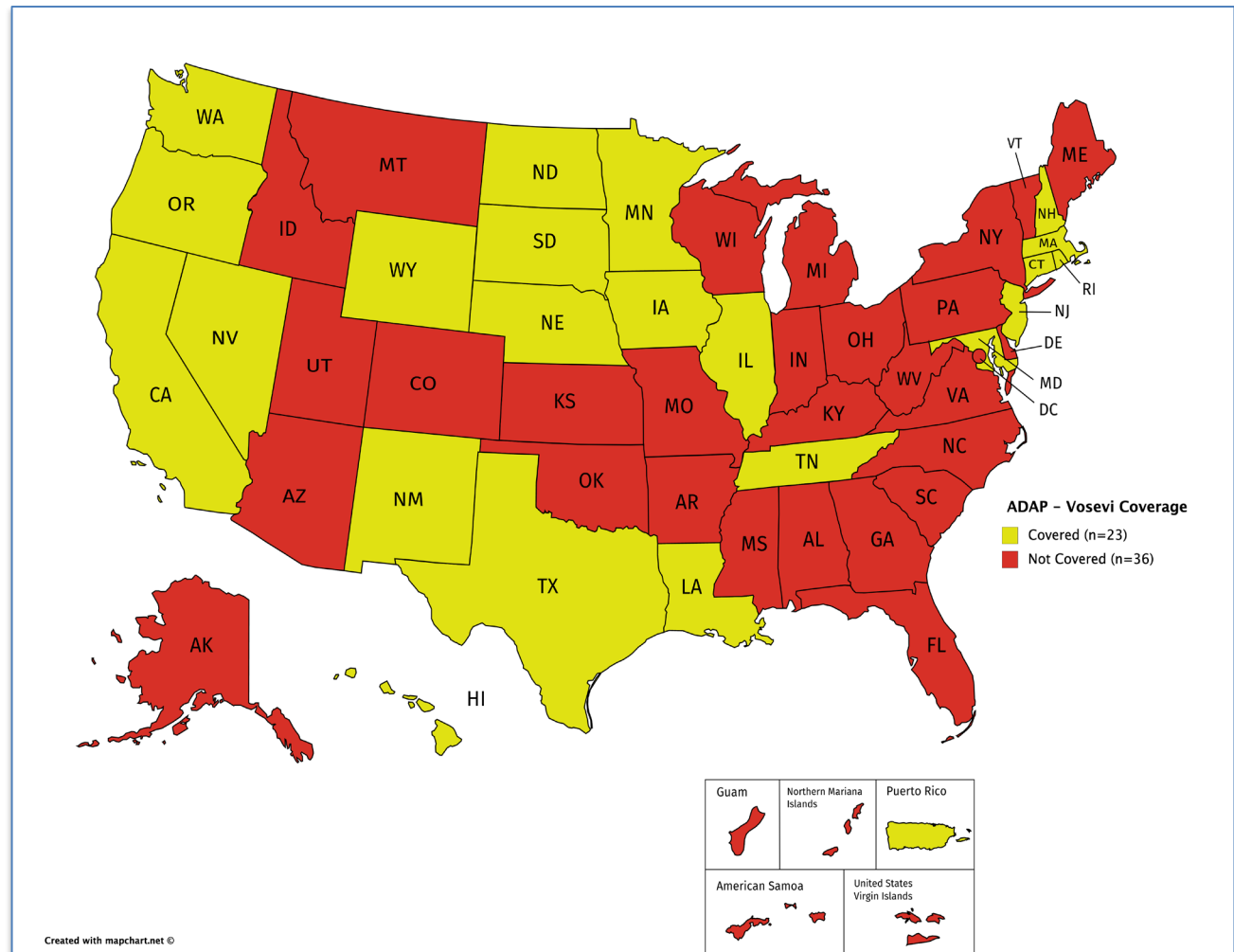
Vosevi Coverage Map
January 2020

Figure 9.

Vosevi Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

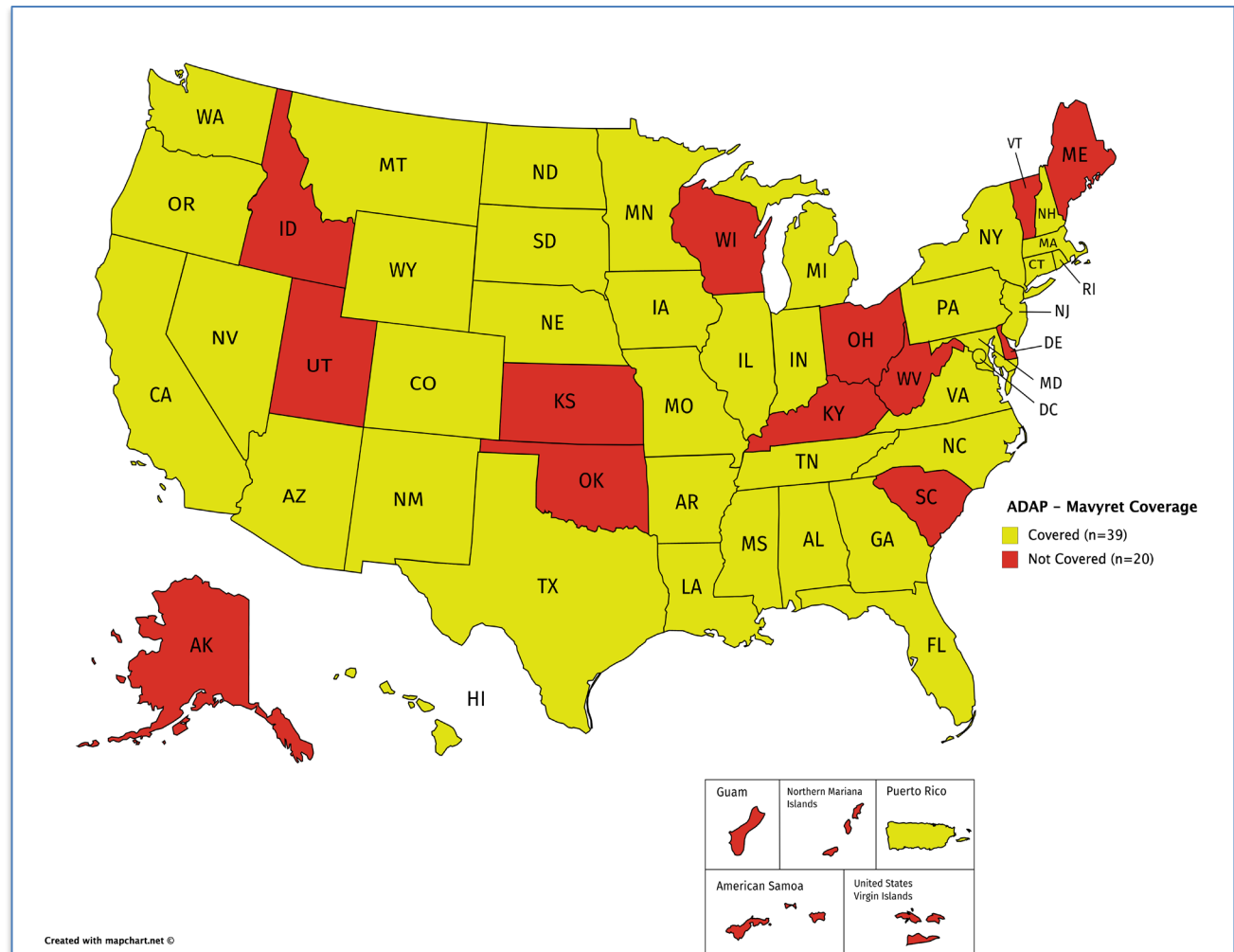
Mavyret Coverage Map
January 2020

Figure 10.

Mavyret Coverage Map Key:

Lime Green: Coverage

Red: No Coverage



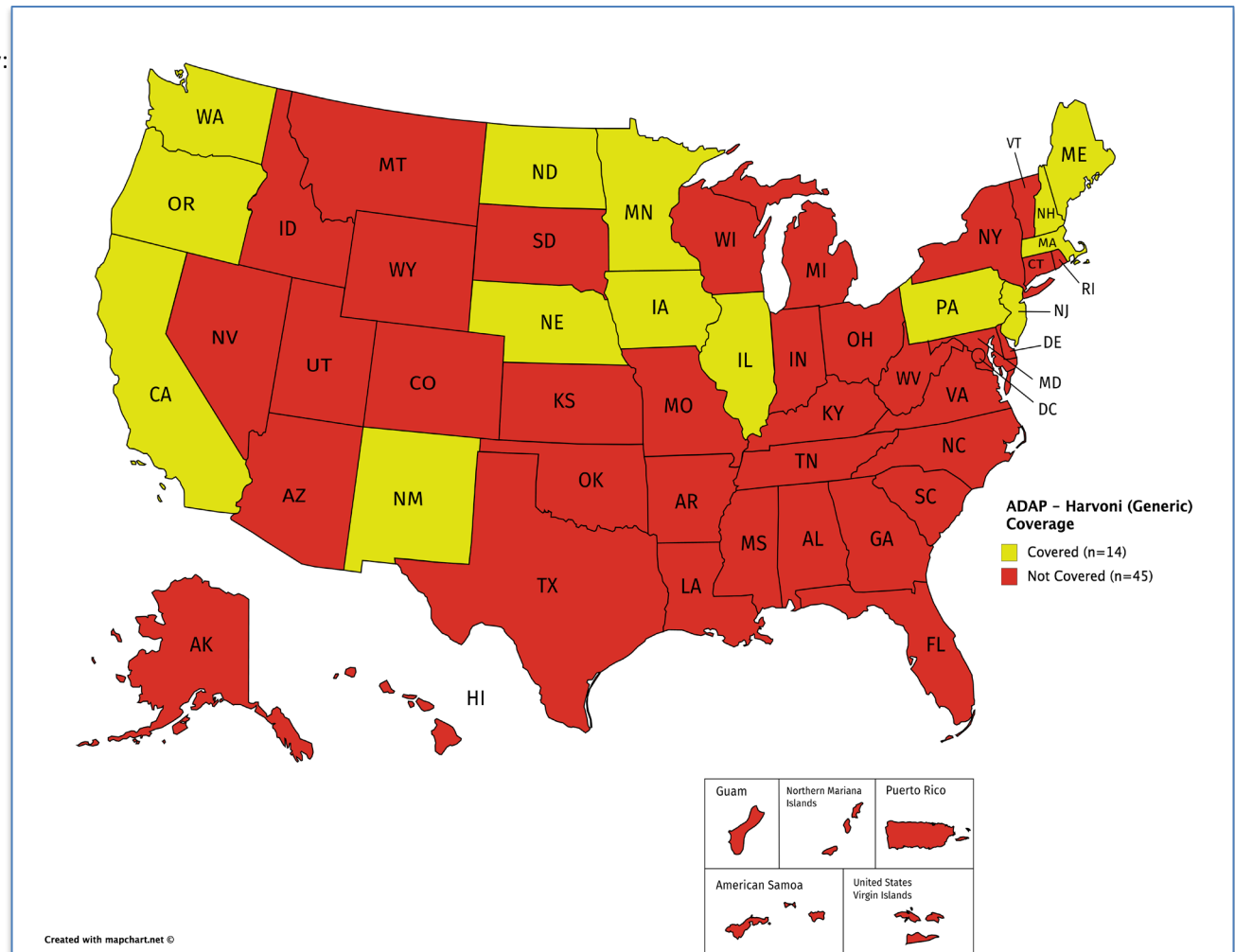
AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

Harvoni *Generic* Coverage Map
January 2020

Figure 11.

Harvoni *Generic* Coverage Map Key:

Lime Green: Coverage
Red: No Coverage



AIDS Drug Assistance Programs (ADAPs) & HCV Treatments

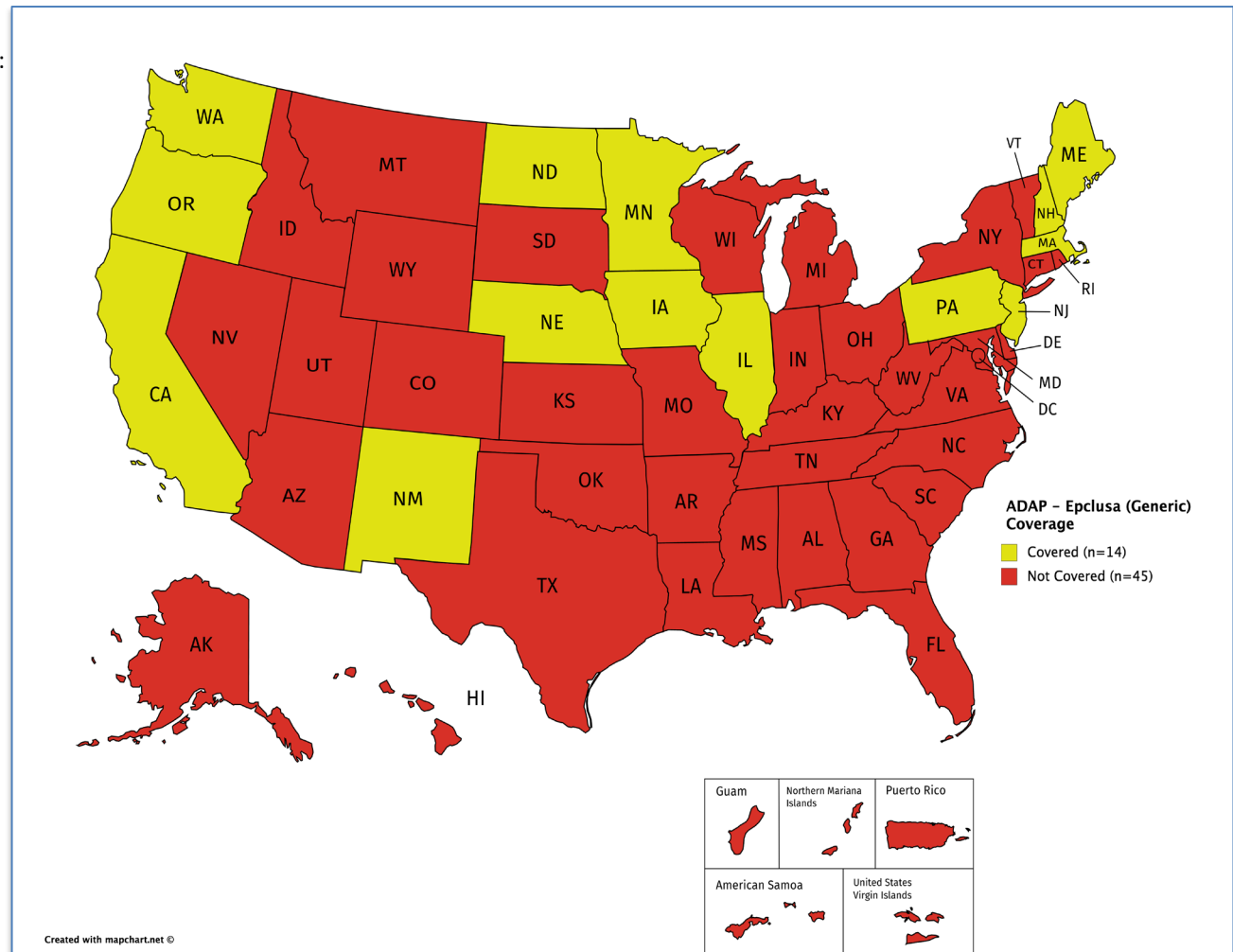
Epclusa *Generic* Coverage Map
January 2020

Figure 12.

Epclusa *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 January 15, 2020.

January 2020 Updates:

- No Updates

January 2020 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*	N	Y*	X
Arkansas	Y	Y	Y	Y	Y	Y*	Y*	Y	Y*	N	N	X
California	Y	Y*	Y*	Y*	N	Y*	Y*	N	Y*	Y*	Y*	X
Colorado	Y	Y	Y*	Y	N	Y	Y*	Y	Y*	Y	Y	X
Connecticut	Y	N	N	N	N	N	Y*	Y*	Y*	N	N	X
Delaware	Y	Y	N	Y	Y	Y	N	Y	Y*	Y	Y*	X
Florida	Y	N	N	N	N	N	N	Y*	Y*	N	N	X
Georgia	Y	Y	Y	N	Y	Y	Y*	Y*	Y*	N	N	X
Hawaii	Y	Y	Y	N	N	Y	Y	Y	Y	N	Y	X
Idaho	Y	Y	Y	Y	Y	Y	Y*	Y*	Y*	Y	Y	X
Illinois	Y	Y	Y	Y	N	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*	N	N	X
Kentucky	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X
Louisiana	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y*	X
Maine	Y	Y	Y	Y	Y	Y	Y*	Y	Y*	N	N	X

Medicaid Programs & HCV Treatments

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

State	Basic	Sovaldi	Harvoni	Viekira Pak	Daklinza	Zepatier	Eplusa	Vosevi	Mavyret	Harvoni <i>Generic</i>	Eplusa <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*	Y*	Y*	X
Michigan	Y	Y	Y	Y	Y	Y*	Y*	Y*	Y*	Y	Y	X
Minnesota	Y	Y	Y	Y	Y	Y	Y	Y*	Y*	Y	Y	X
Mississippi	Y	Y	Y	Y	Y	Y	Y	Y	Y*	Y	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	Y	Y	Y	Y	N	Y*	Y*	Y*	Y	X
Nevada	Y	Y*	Y*	Y	Y	Y*	Y*	Y	Y*	Y*	Y*	X
New Hampshire	Y	Y	Y*	N	N	Y	Y*	Y*	Y*	Y*	Y*	X
New Jersey	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X
New Mexico	Y	N	N	N	N	N	N	N	Y	Y	Y	X
New York	Y	Y	Y	Y	Y	Y	Y	Y*	Y*	Y	Y*	X
North Carolina	Y	Y	Y	Y	Y	Y	Y	Y*	Y*	Y	Y*	X
North Dakota	Y	Y	Y	Y	N	Y*	Y*	Y	Y*	Y	Y	X
Ohio	Y	Y	N	N	Y	Y	N	Y	Y*	Y	Y*	X
Oklahoma	Y	Y*	Y*	Y	Y*	Y*	Y*	Y*	Y*	Y*	Y*	X
Oregon	Y	N	N	N	N	N	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*	Y	Y	X
South Carolina	N	N	N	N	N	N	Y*	Y*	Y*	N	N	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*	N	N	X
Washington, DC	Y	Y	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

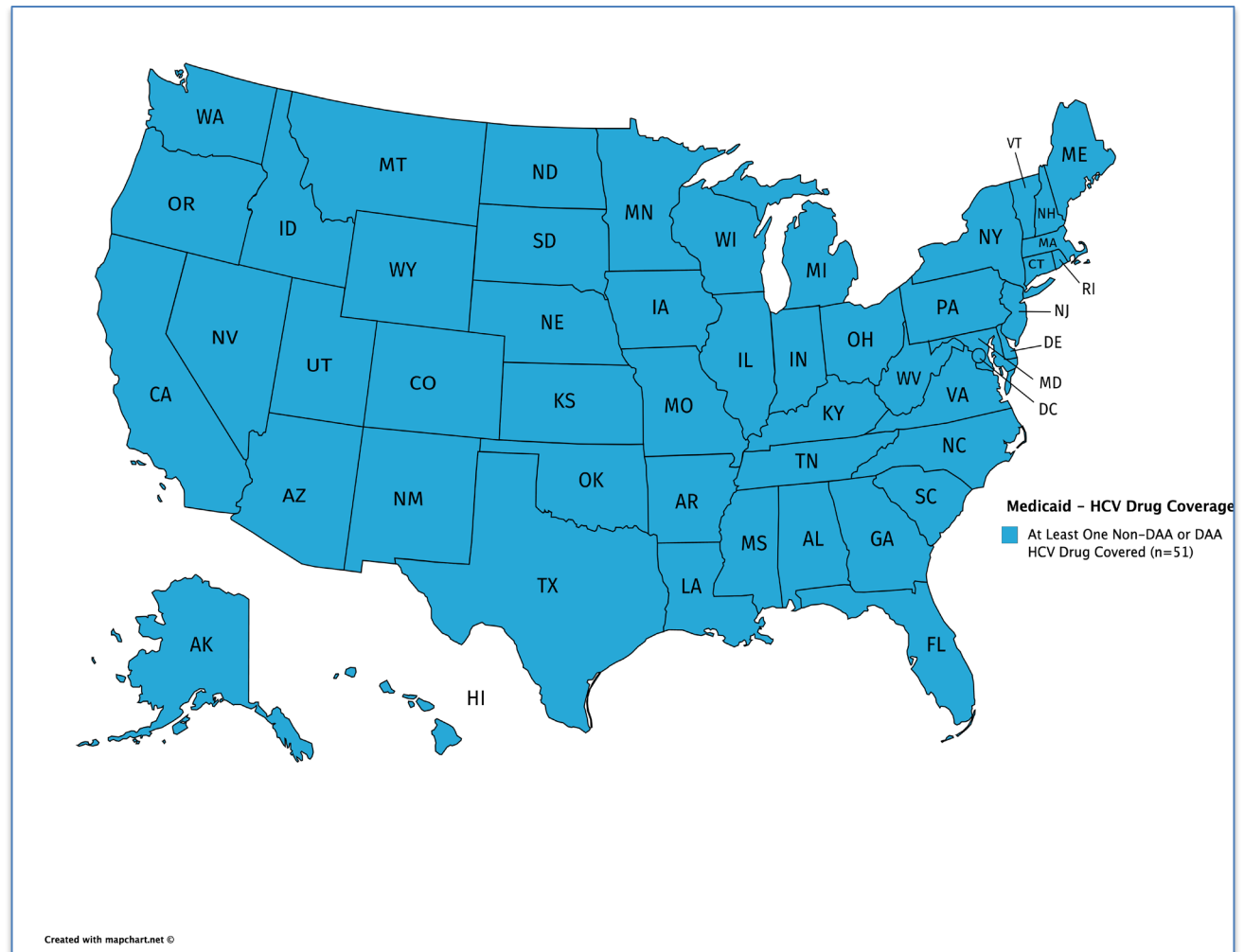
There are currently 51 Medicaid programs that cover some form of HCV-related drug therapies as part of their Preferred Drug Lists. To learn more about Medicaid or their Preferred Drug Lists, please visit <http://medicaiddirectors.org>.

Figure 14.

Basic Coverage Map Key:

Light Blue: Covered

Yellow: Not Covered



Sovaldi Coverage Map January 2020

Sovaldi Coverage Map Key:

Medicaid - Sovaldi Coverage

- Covered (n=44)
- Not Covered (n=7)

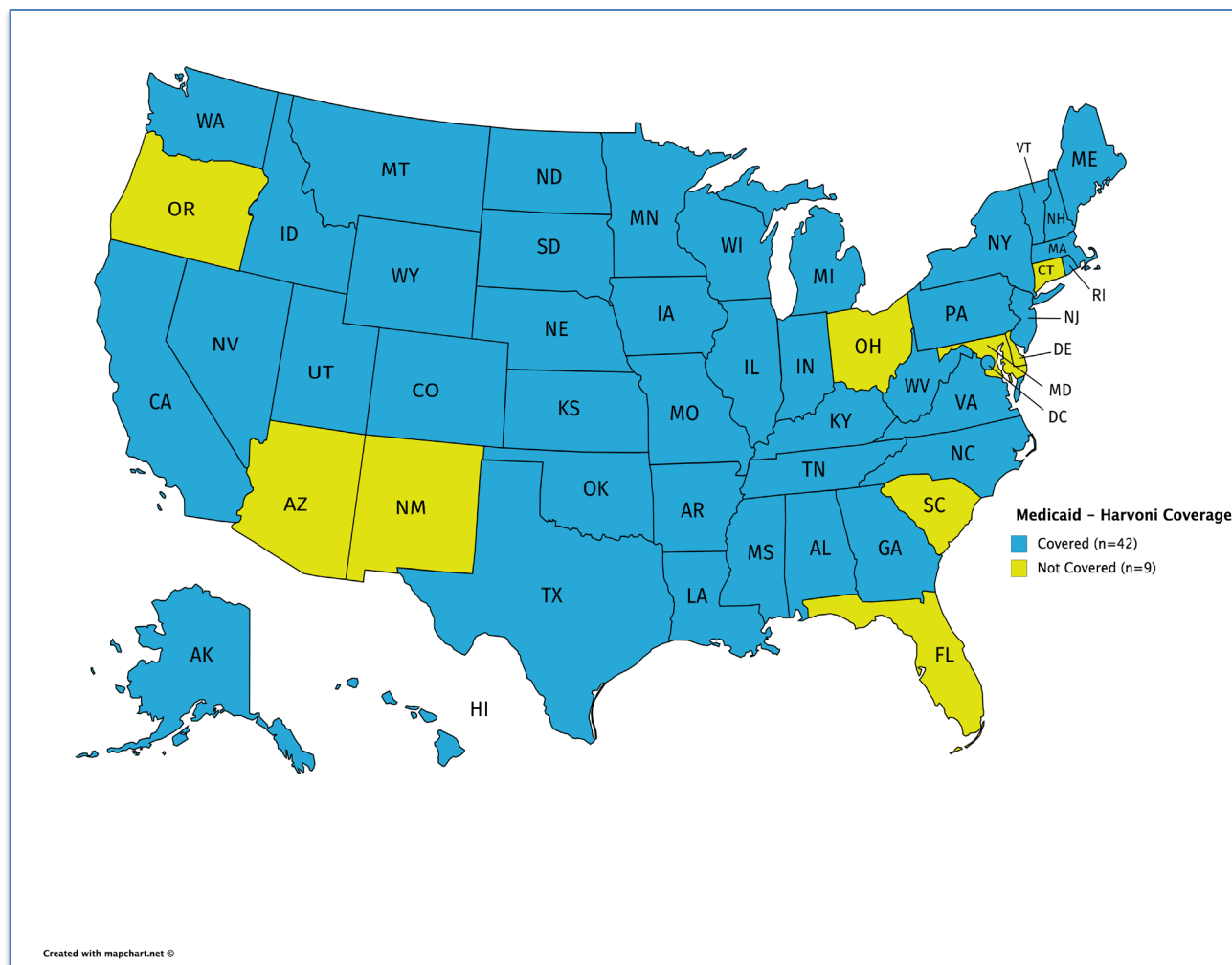
State	Coverage Status
AK	Covered
AL	Not Covered
AR	Covered
AZ	Not Covered
CA	Covered
CO	Covered
CT	Not Covered
DE	Covered
FL	Not Covered
GA	Covered
HI	Covered
ID	Covered
IL	Covered
IN	Covered
IOWA	Covered
KS	Covered
KY	Covered
LA	Covered
MA	Covered
MD	Covered
ME	Covered
MI	Covered
MN	Covered
MO	Covered
MS	Covered
MT	Covered
NC	Covered
ND	Covered
NE	Covered
NH	Covered
NJ	Covered
NM	Not Covered
NV	Covered
NY	Covered
OH	Covered
OK	Covered
OR	Not Covered
PA	Covered
RI	Covered
SC	Not Covered
SD	Covered
TN	Covered
TX	Covered
UT	Covered
VA	Covered
VT	Covered
WA	Covered
WV	Covered
WI	Covered
WY	Covered

Harvoni Coverage Map

January 2020

Harvoni Coverage Map Key:

Light Blue: Covered
Yellow: Not Covered

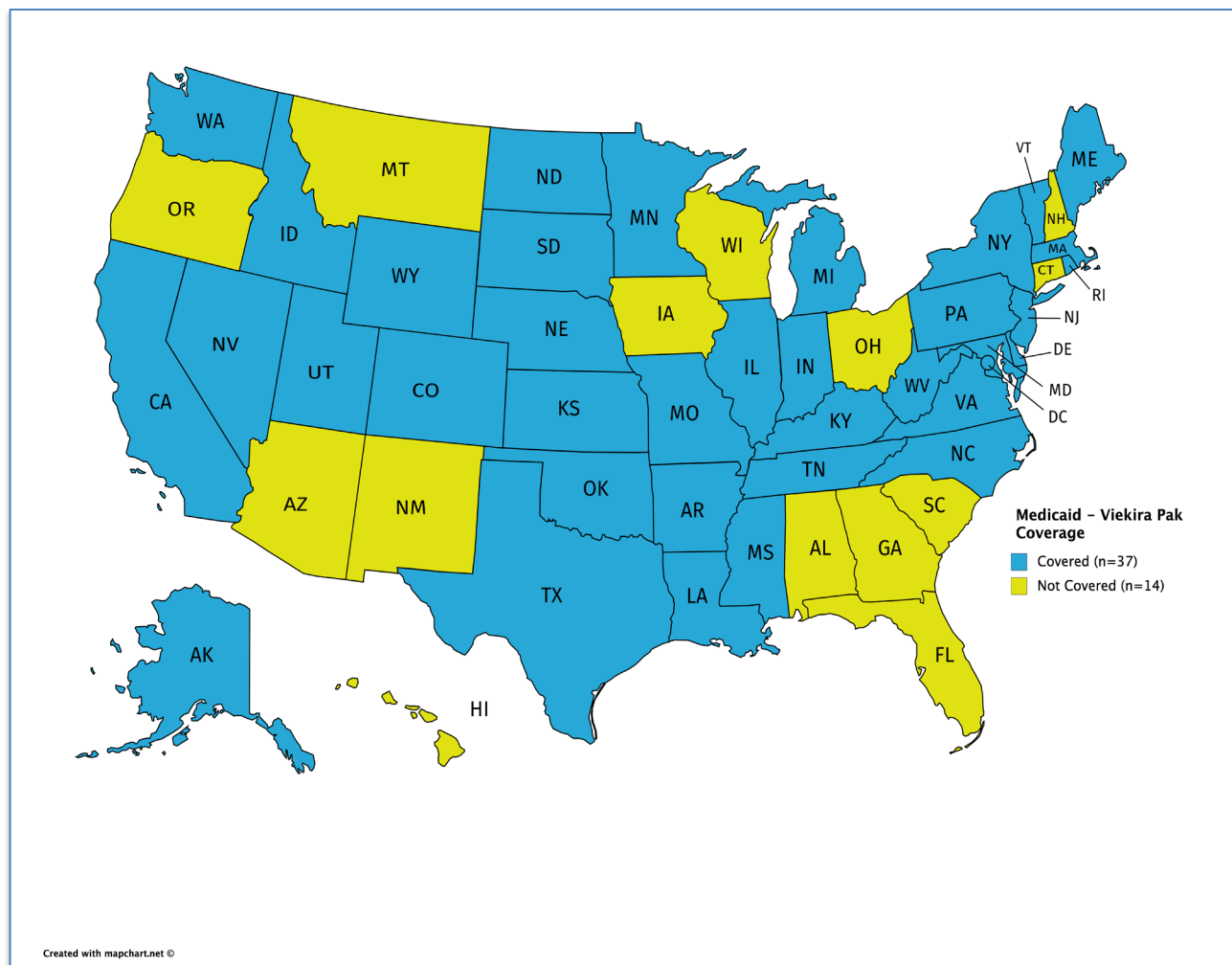


Viekira Pak Coverage Map

January 2020

Viekira Pak Coverage Map Key:

Light Blue: Covered
Yellow: Not Covered



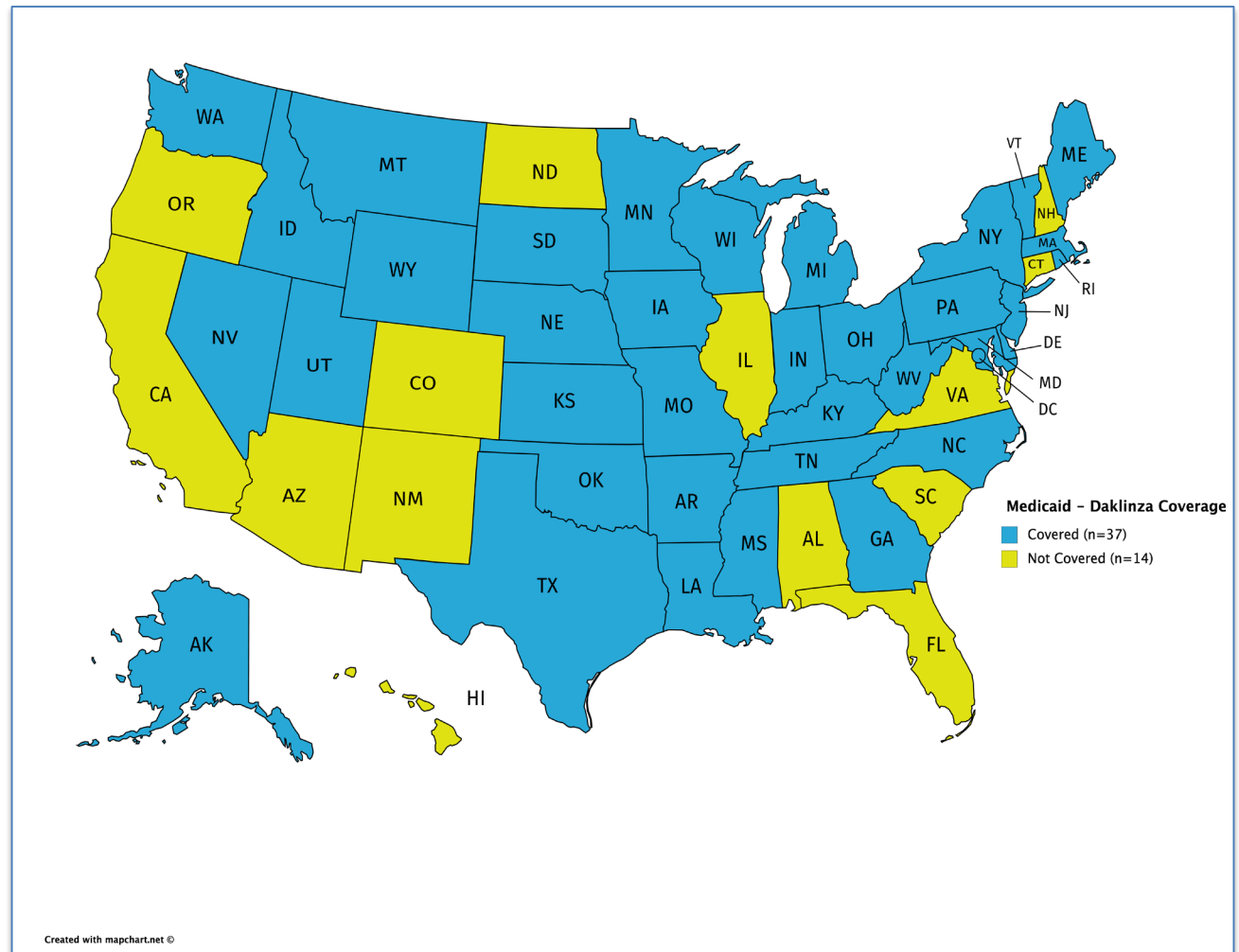
Medicaid Programs & HCV Treatments

Daklinza Coverage Map
January 2020

Figure 18.

Daklinza Coverage Map Key:

Light Blue: Covered
Yellow: Not Covered



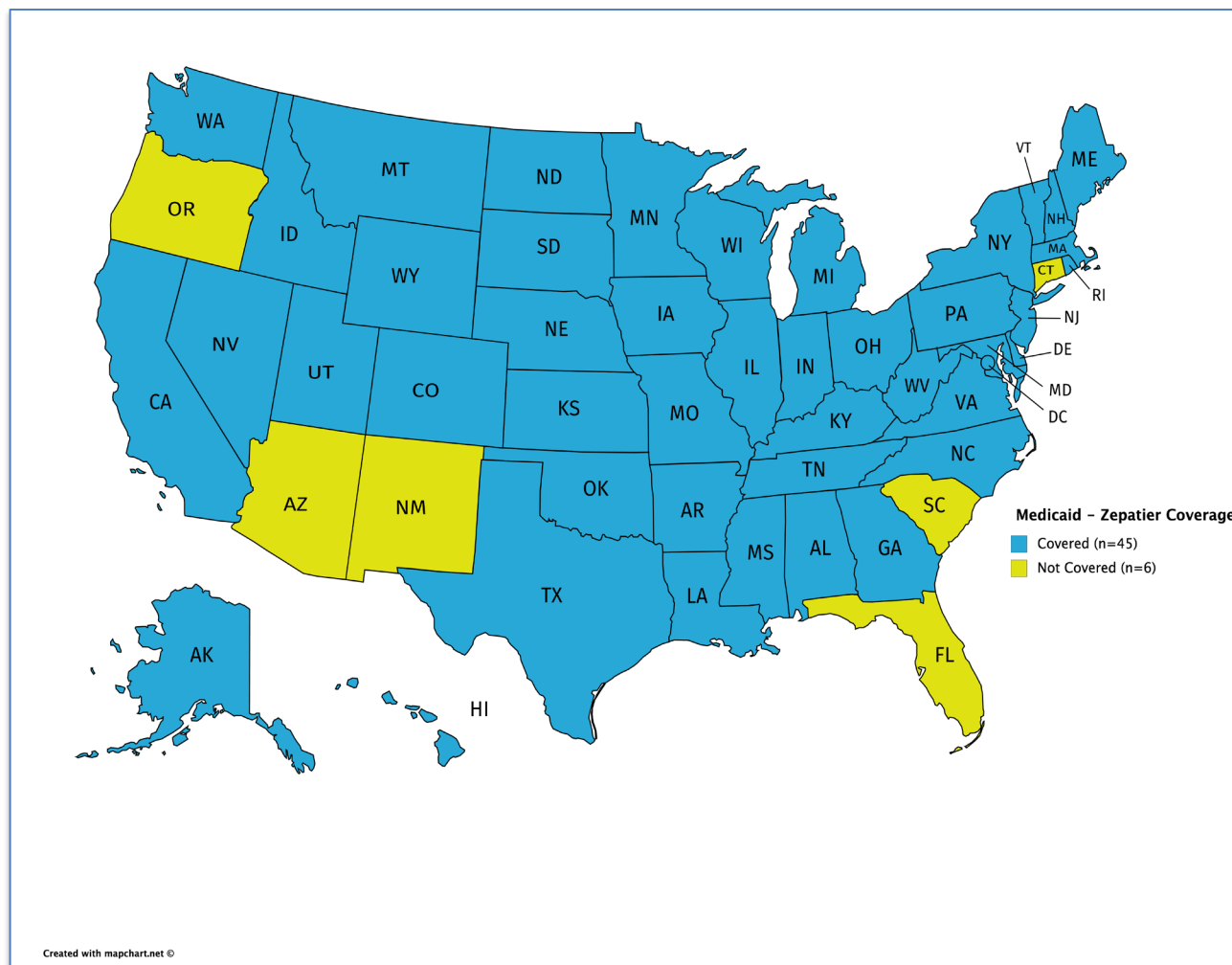
Zepatier Coverage Map January 2020

Figure 19.

Zepatier Coverage Map Key:

Light Blue: Covered

Yellow: Not Covered



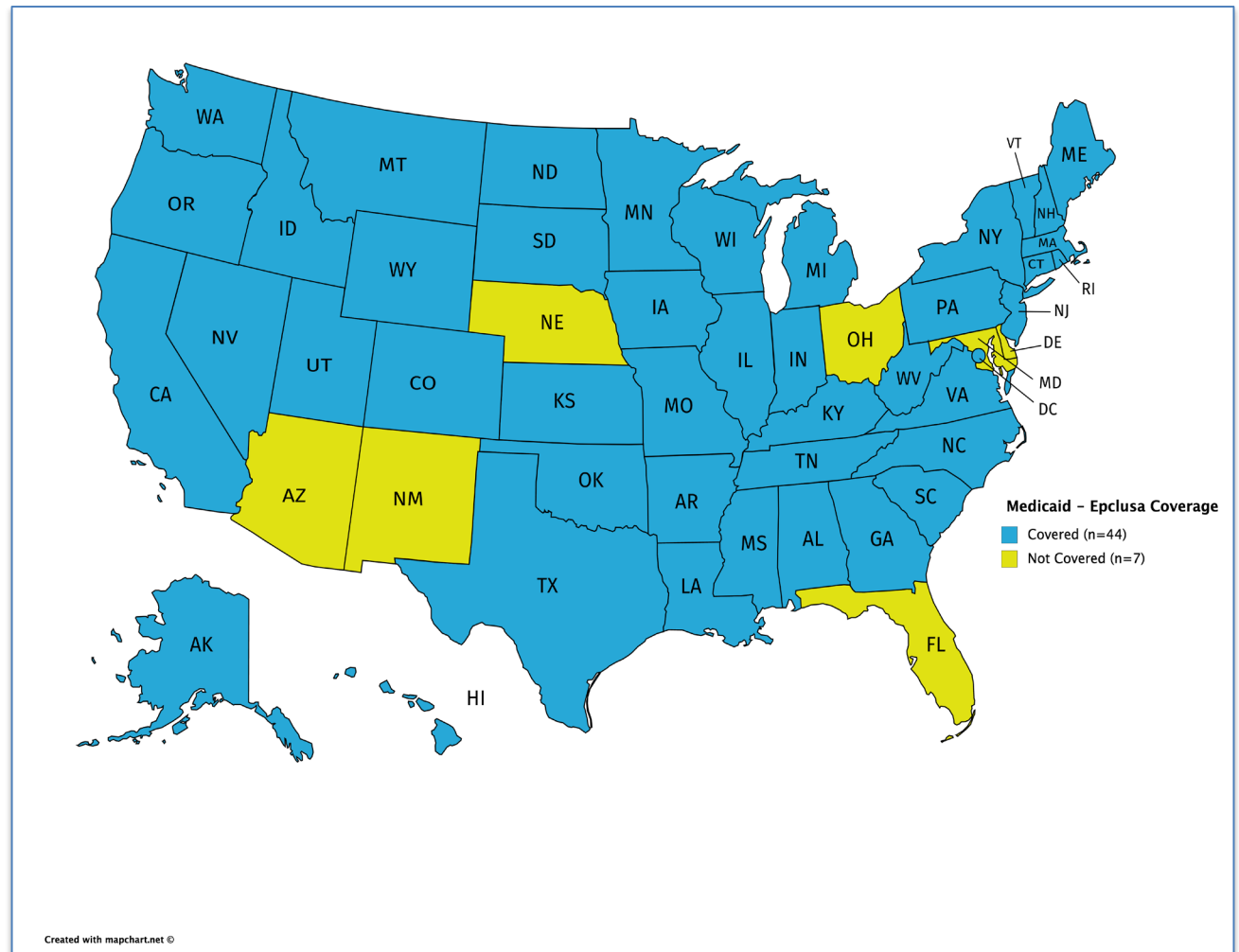
Medicaid Programs & HCV Treatments

Epclusa Coverage Map
January 2020

Figure 20.

Epclusa Coverage Map Key:

Light Blue: Covered
Yellow: Not Covered



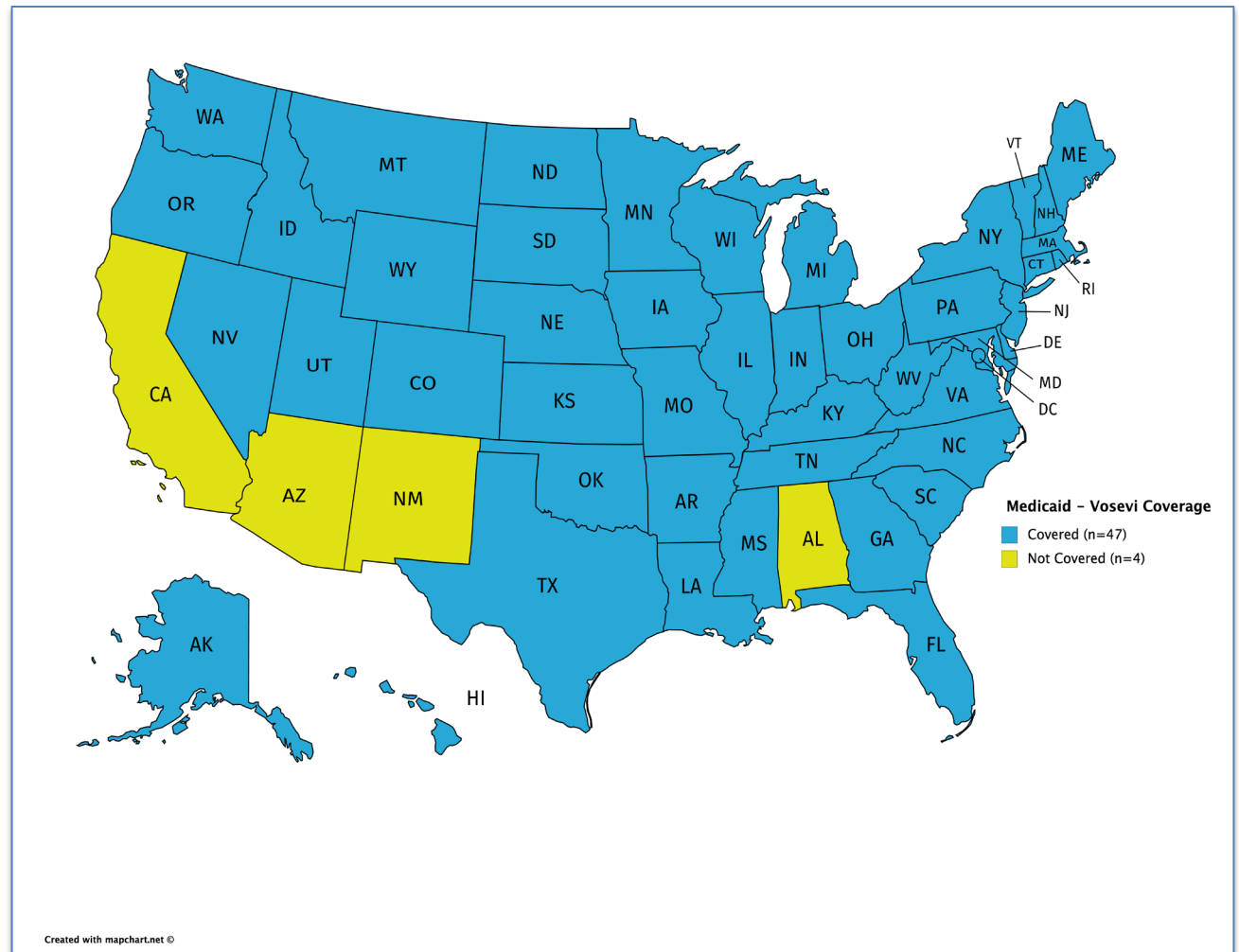
Vosevi Coverage Map January 2020

Figure 21.

Vosevi Coverage Map Key:

Light Blue: Covered

Yellow: Not Covered



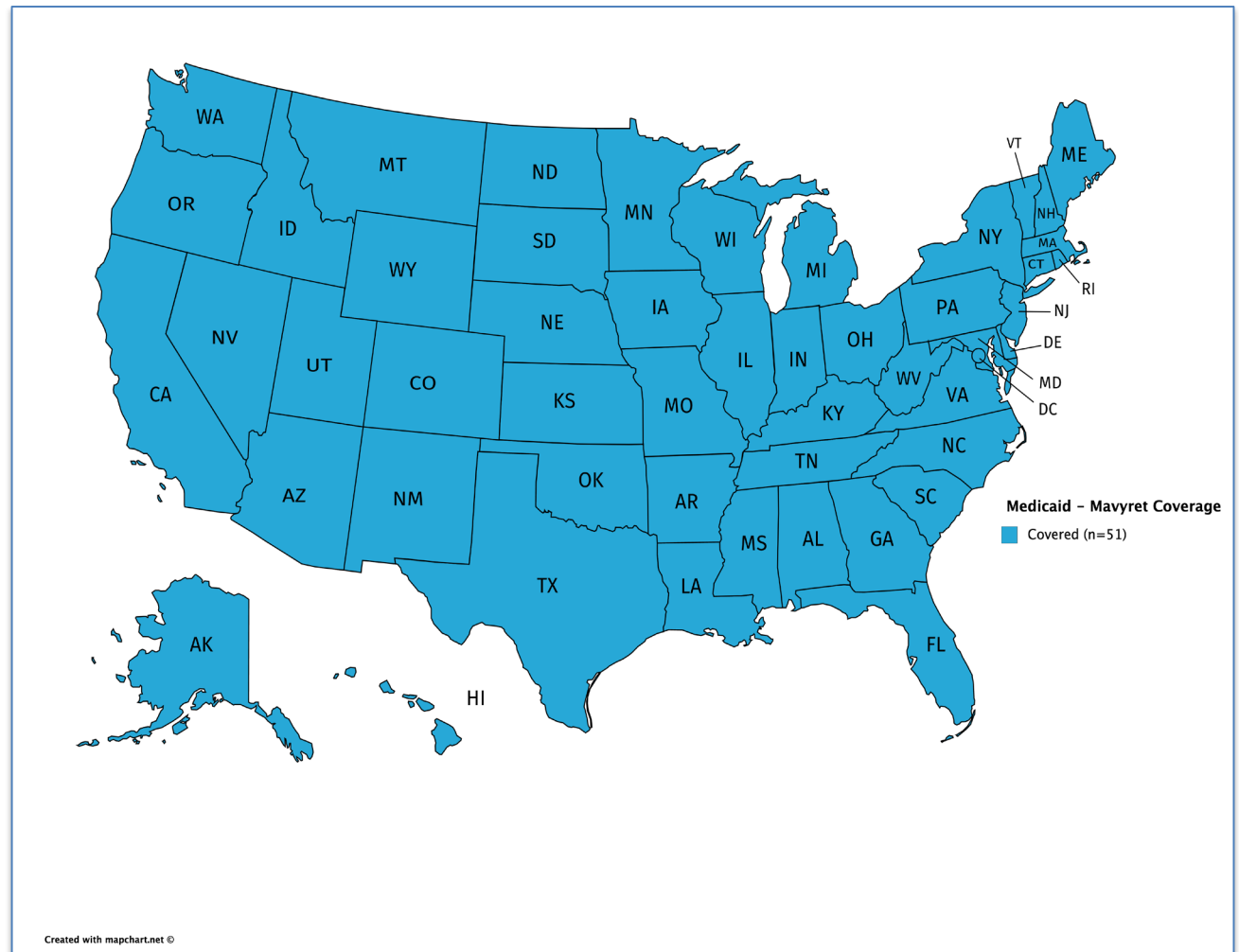
Medicaid Programs & HCV Treatments

Mavyret Coverage Map
January 2020

Figure 22.

Mavyret Coverage Map Key:

Light Blue: Covered
Yellow: Not Covered



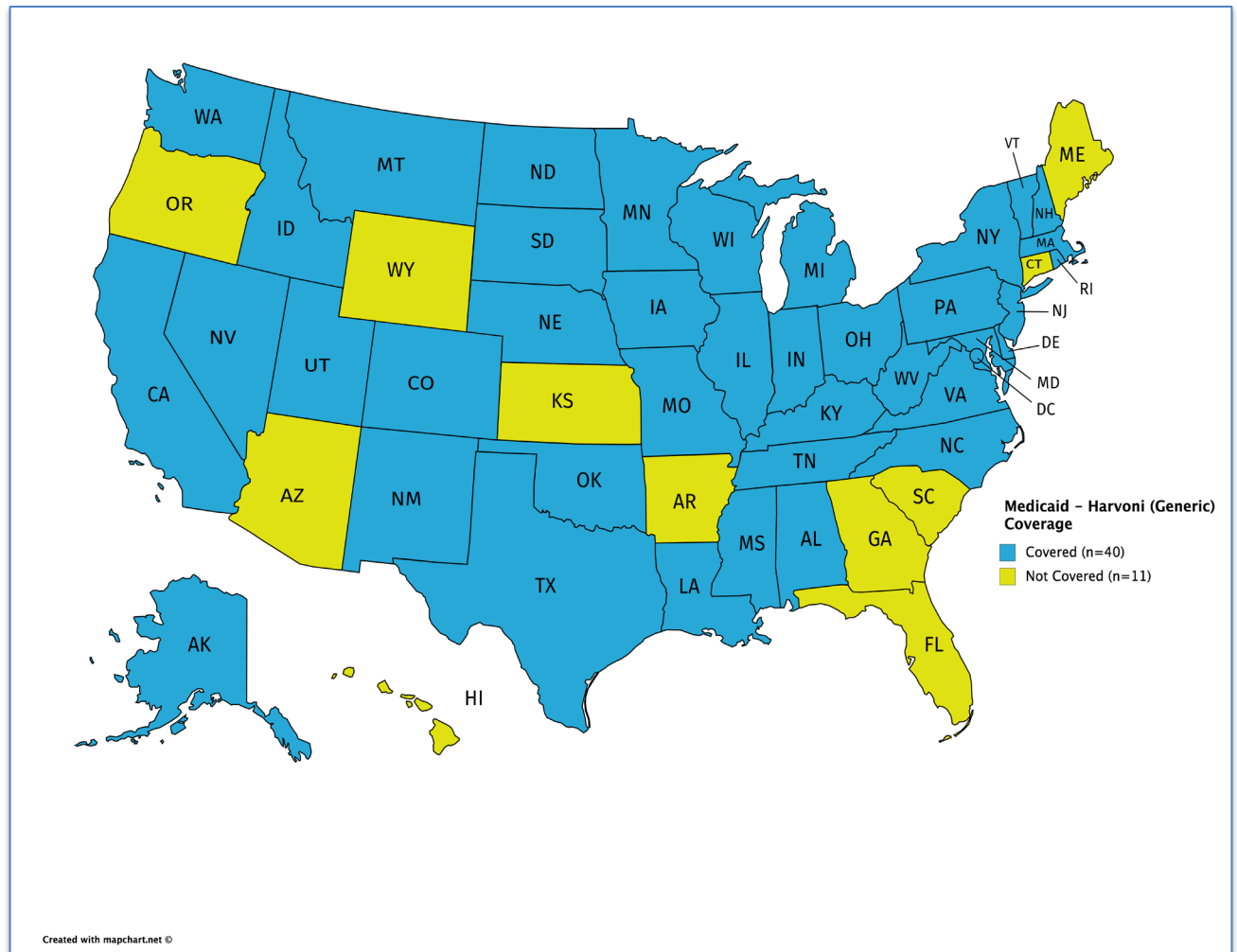
Medicaid Programs & HCV Treatments

Harvoni *Generic* Coverage Map
January 2020

Figure 23.

Harvoni *Generic* Map Key:

Light Blue: Covered
Yellow: Not Covered



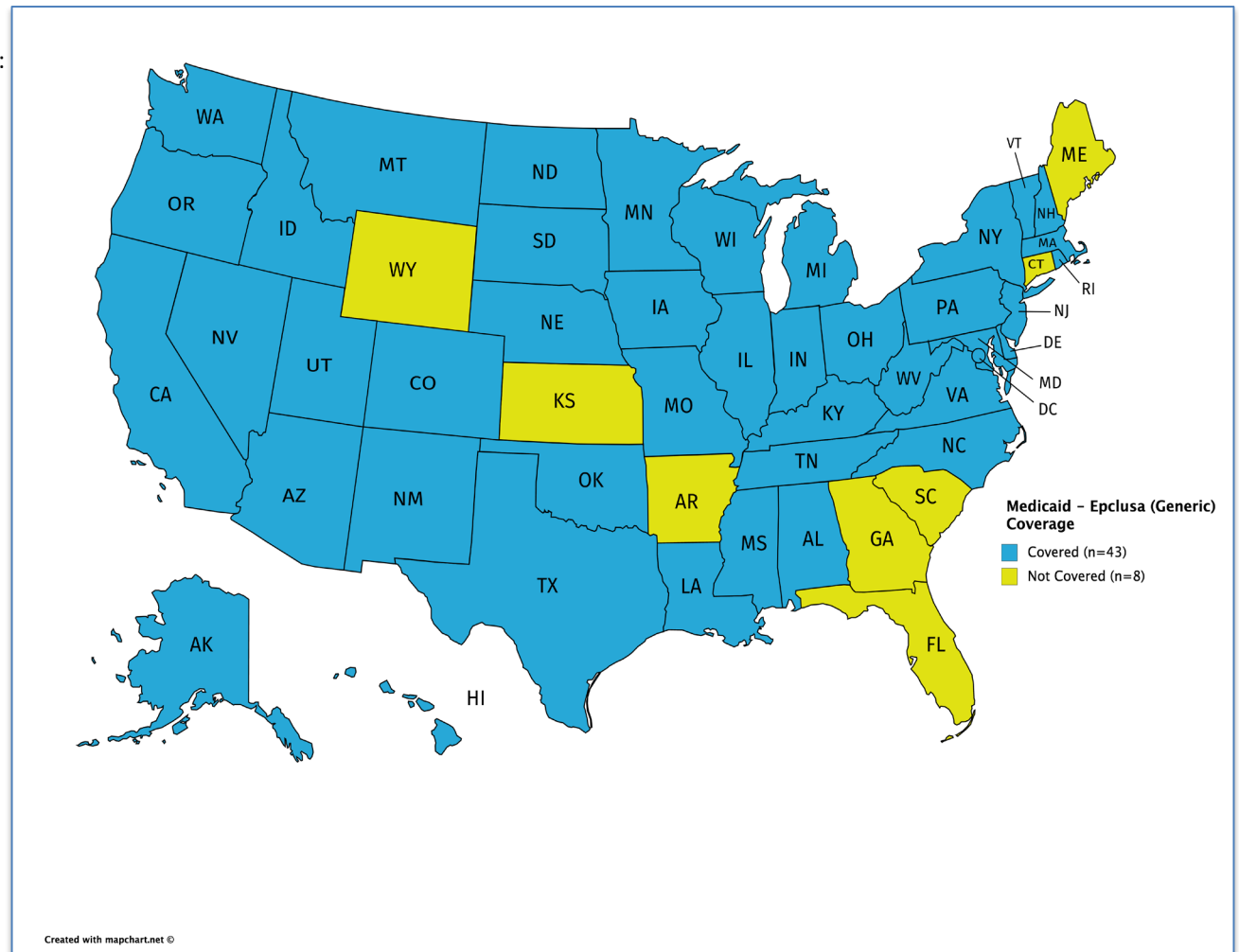
Medicaid Programs & HCV Treatments

Epclusa *Generic* Coverage Map
January 2020

Figure 24.

Epclusa *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).

January 2020 Updates:

- No Updates

January 2020 Notes:

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

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

Veterans Affairs & HCV Treatments

Veterans Affairs & HCV Treatments

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

Abbreviations:

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

IU/mL – International Units Per Milliliter

PEG-IFN/IFN – Peginterferon/Interferon

RAS – Resistance-associated substitutions

RBV – Ribavirin

Genotype 1:

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

Veterans Affairs & HCV Treatments

Genotype 1 (Cont.):

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

Veterans Affairs & HCV Treatments

Genotype 2:

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

Genotype 3:

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

Veterans Affairs & HCV Treatments

Genotype 3 (Cont.):

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

Genotype 4:

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

Veterans Affairs & HCV Treatments

Genotype 4 (Cont.):

- Treatment-experienced (Sovaldi-experienced and NS5A-naïve) without or with cirrhosis (CTP A)
 - Mavyret: 3 tablets orally daily with food for 12 weeks
 - Epclusa: 1 tablet orally daily + RBV for 12 weeks; start at lower RBV doses as clinically indicated (e.g., baseline Hgb)
- Treatment-experienced (NS5A-experienced) without or with cirrhosis (CTP A)
 - Vosevi: 1 tablet orally daily with food for 12 weeks
- Treatment-experienced with decompensated cirrhosis (CTP B or CTP C)
 - Epclusa: 1 tablet orally daily + RBV; start at lower RBV doses as clinically indicated (e.g., baseline Hgb)
 - » If NS5A-naïve: 12 weeks
 - » If NS5A-experienced: 24 weeks; NOT FDA approved for 24 weeks

Patient Assistance Programs (PAPs)

Patient Assistance Programs (PAPs)

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

Support Path (Gilead Sciences):

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

AbbVie Mavyret Co-Pay Savings Card:

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

Patient Assistance Programs (PAPs)

NeedyMeds:

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

The Assistance Fund:

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

Patient Advocate Foundation Co-Pay Relief:

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

Patient Assistance Programs (PAPs)

Patient Access Network (PAN) Foundation:

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

HealthWell Foundation:

- Status: **Open**
- Co-Pay Assistance with a maximum award of \$30,000
- Minimum Co-Pay Reimbursement Amount: None
- Minimum Premium Reimbursement Amount: None
- Eligibility Requirements:
 - Must be being treated for HCV
 - Have insurance that covers HCV prescribed medication
 - Income falls below 500% of FPL
 - Receiving treatment in the U.S.
- Website: <https://www.healthwellfoundation.org/fund/hepatitis-c/>

Harm Reduction Programs

Figure 25. – Figure 34.

Harm Reduction Programs

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

- **Syringe Exchange:**

Syringe Services Programs (SSPs) exist to provide injection drug users (or those whose prescriptions require injection) with clean syringes and/or in exchange for used ones. (N.b. – states listed as "Y" indicate only that a Syringe Services Program (SSP) exists within the state, regardless of the legality of SSPs under state law).

- **Expanded Naloxone:**

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

- **Good Samaritan Laws:**

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

- **Mandatory PDMP Reporting:**

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

- **Doctor Shopping Laws:**

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

- **Physical Exam Required:**

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

Harm Reduction Programs

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

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

- **Prescriber Education Required/Recommended:**

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

- **Medicaid 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	N	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	Y
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	N	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	N
Georgia – GA	Y	Y	Y	Y	Y	Y	Y	Y	Y
Hawaii – HI	Y	Y	Y	Y	Y	Y	Y	Y	N
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	N
Iowa – IA	N	Y	Y	Y	Y	Y	N	Y	N
Kansas – KS	Y	Y	Y	N	N	N	N	N	Y
Kentucky – KY	Y	Y	Y	Y	Y	Y	N	Y	N
Louisiana – LA	Y	Y	Y	Y	Y	Y	Y	Y	Y
Maine – ME	Y	Y	Y	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	N	N	Y	Y	Y	Y
Mississippi – MS	N	Y	Y	N	Y	Y	N	Y	Y
Missouri – MO	Y	Y	Y	N	N	Y	N	N	Y
Montana – MT	Y	Y	Y	N	Y	N	Y	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	N	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	Y	Y	Y	Y	Y	Y	Y	Y	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	Y	Y	Y	Y	Y	Y	Y
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	N	Y	Y	Y	Y	N
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	N	Y	Y	Y	Y
Washington – WA	Y	Y	Y	N	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	N	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

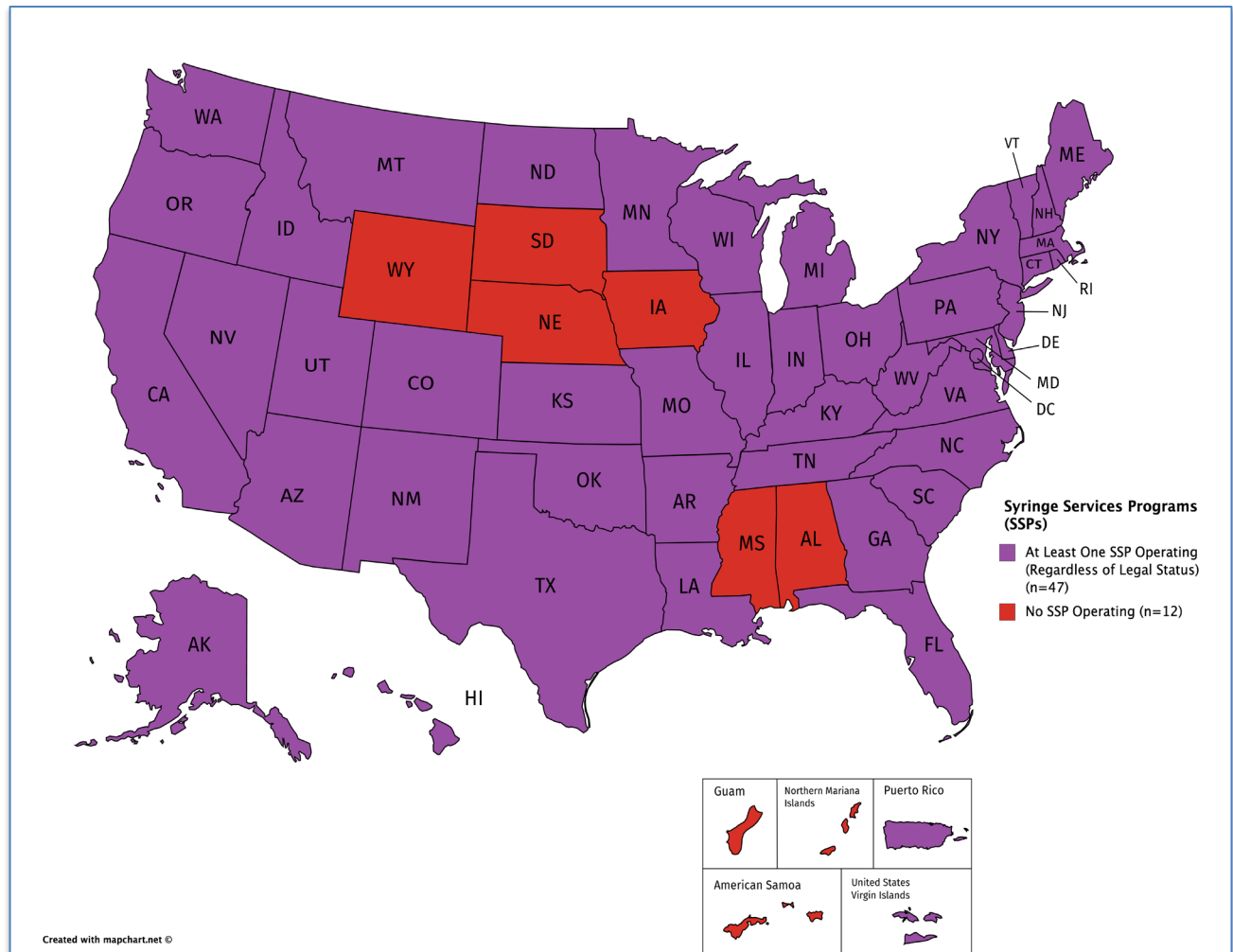
Syringe Exchange Coverage Map
January 2020

Figure 28.

Syringe Exchange Map Key:

Purple: Syringe Exchange(s)

Red: No Syringe Exchange(s)



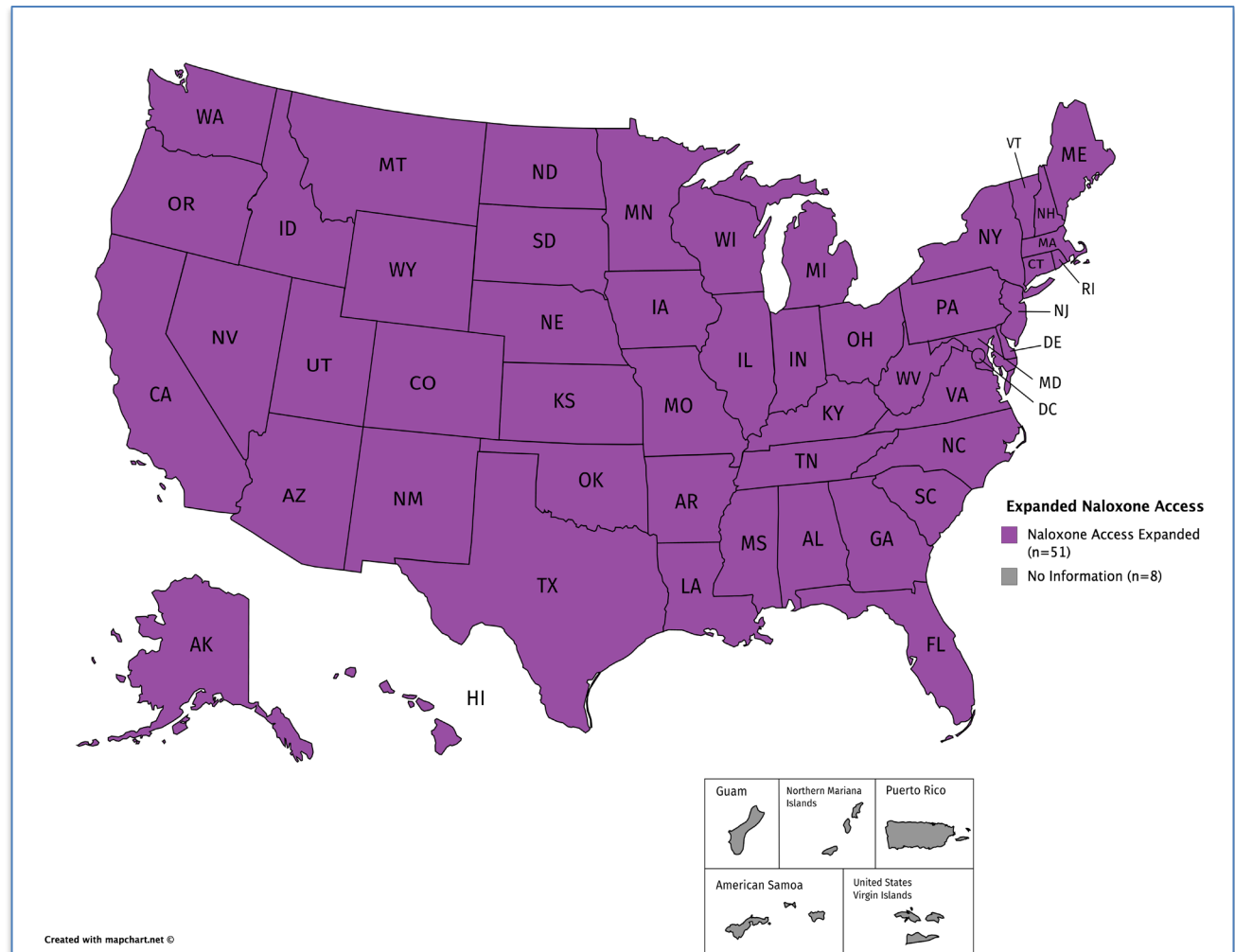
Harm Reduction Programs

Expanded Naloxone Coverage Map
January 2020

Figure 29.

Expanded Naloxone Map Key:

Purple: Expanded Naloxone
Red: Restricted Naloxone



Harm Reduction Programs

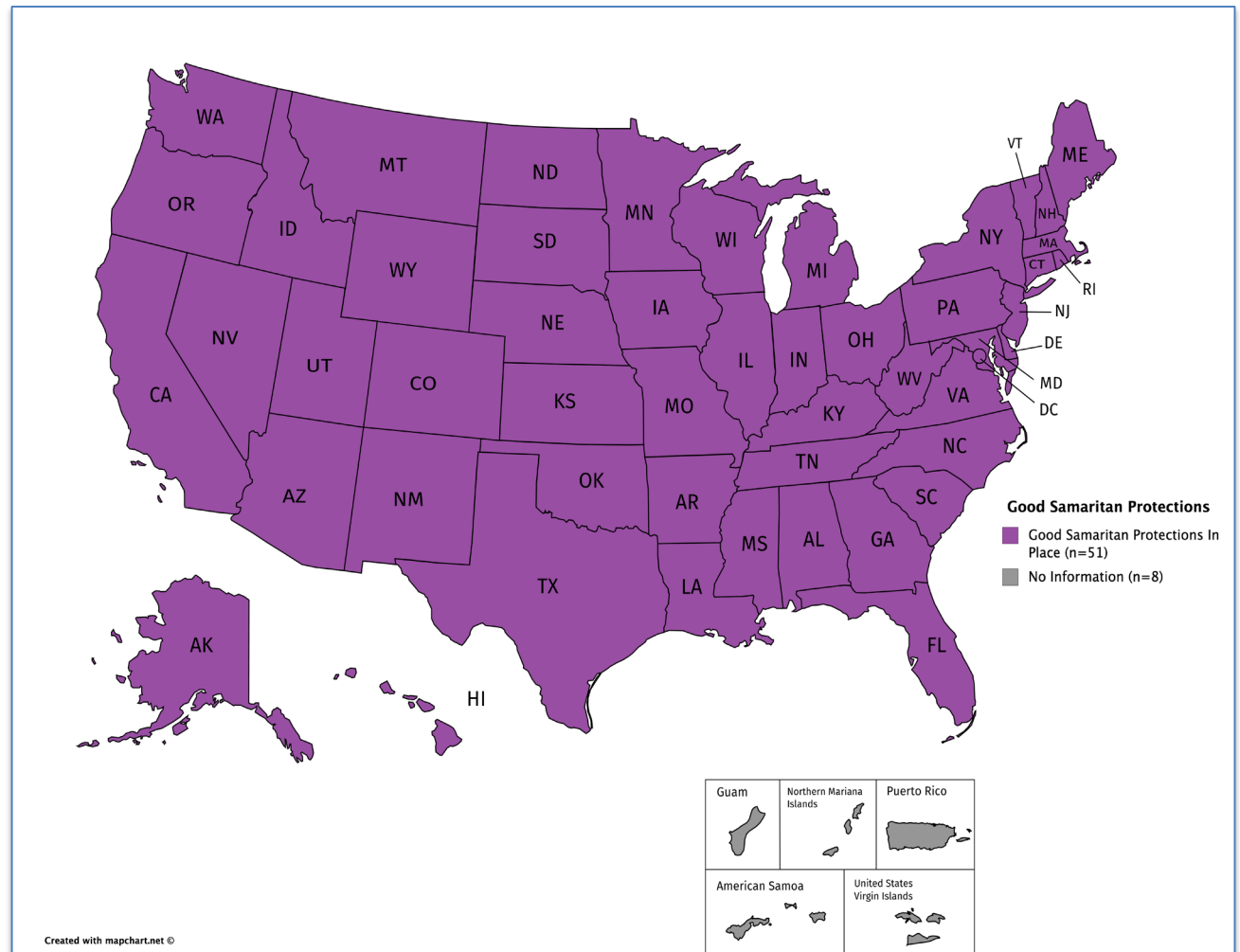
Good Samaritan Laws Coverage Map
January 2020

Figure 30.

Good Samaritan Laws Map Key:

Purple: Good Samaritan Laws

Red: No Good Samaritan Laws



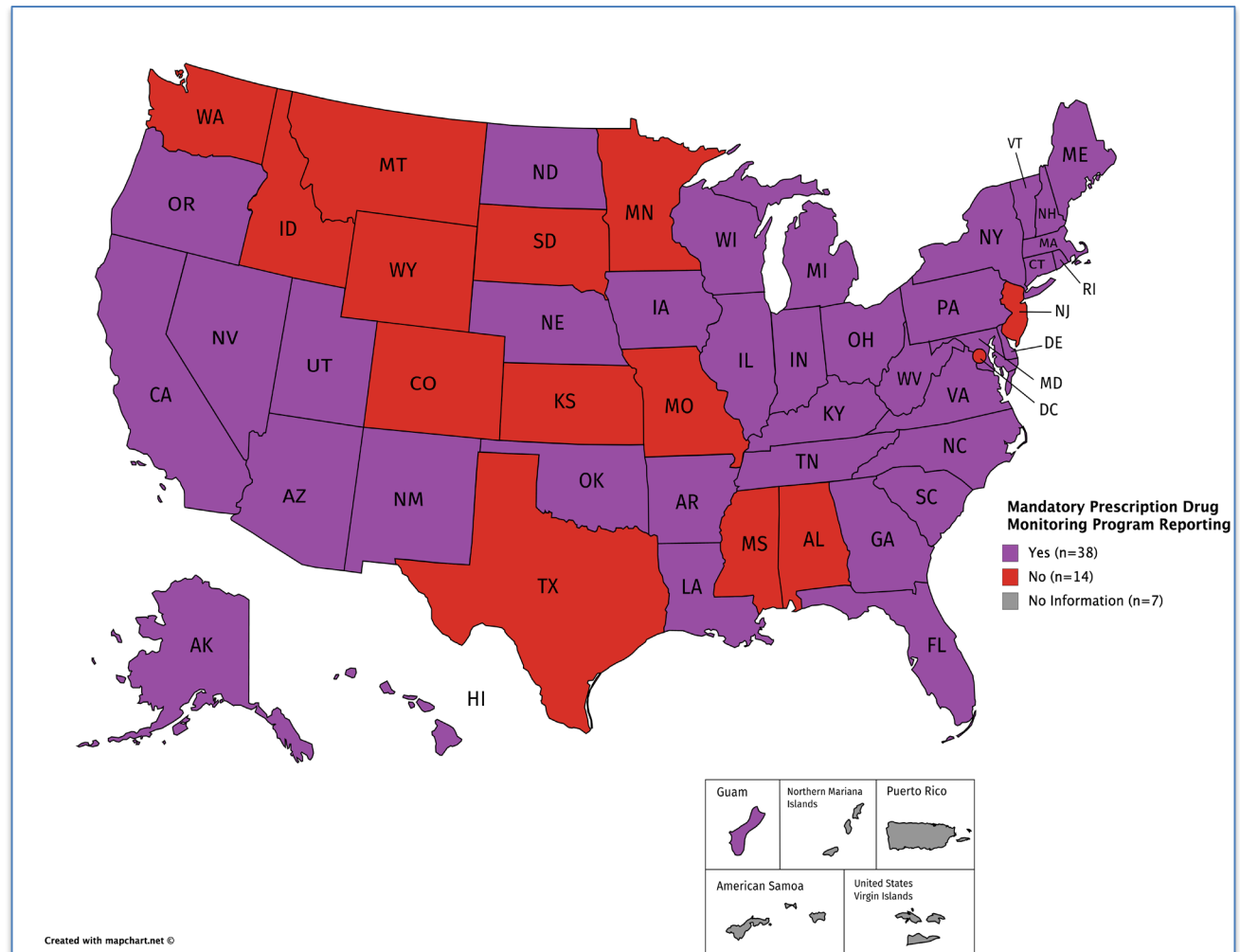
Harm Reduction Programs

Prescription Drug Monitoring Programs (PDMPs) Coverage Map
January 2020

Figure 31.

PDMPs Map Key:

Purple: Mandatory PDMPs
Red: No Mandatory PDMPs



Harm Reduction Programs

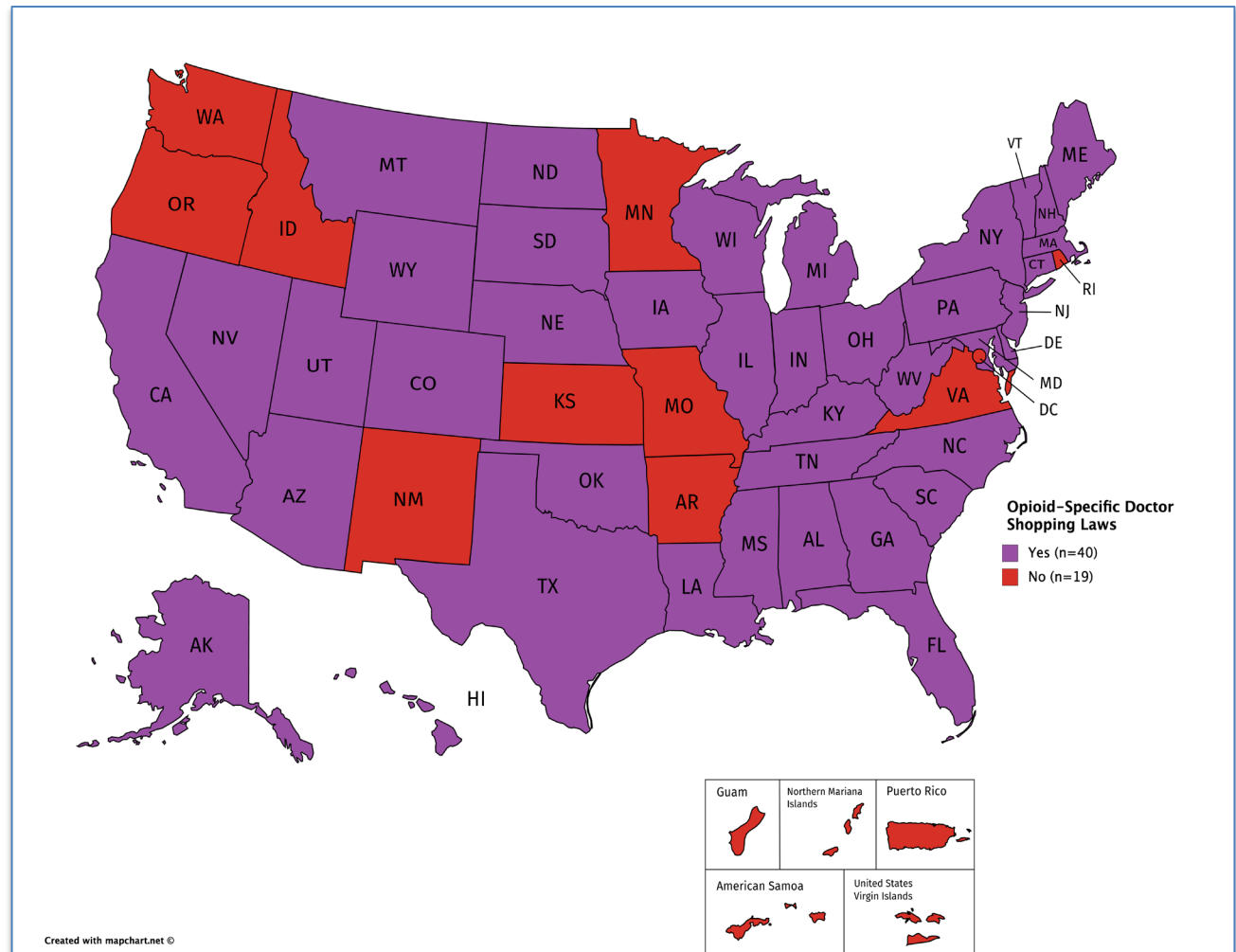
Doctor Shopping Laws Coverage Map
January 2020

Figure 32.

Doctor Shopping Laws Map Key:

Purple: Doctor Shopping Laws

Red: No Doctor Shopping Laws



Harm Reduction Programs

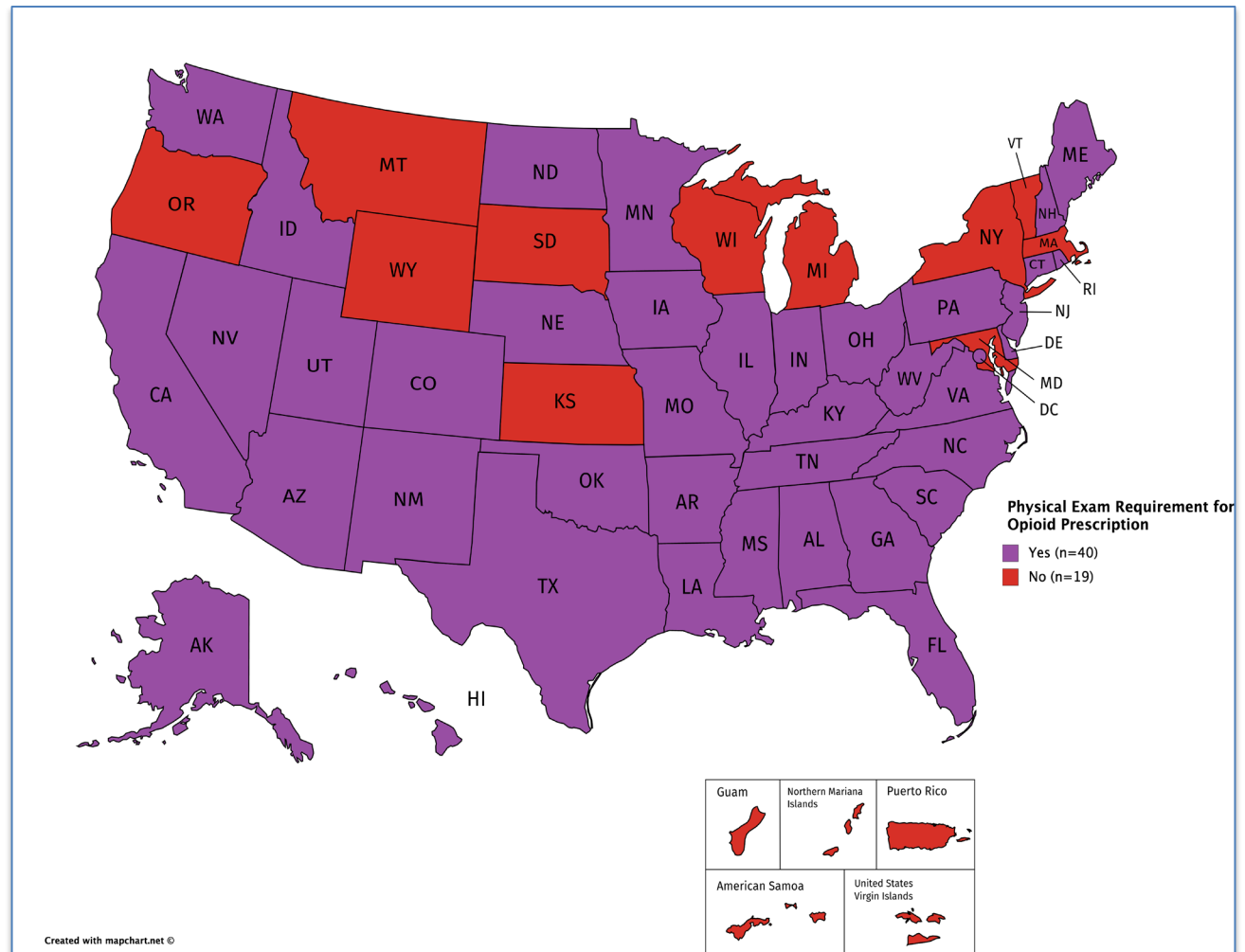
Physical Exam Required Coverage Map
January 2020

Figure 33.

Physical Exam Required Map Key:

Purple: Physical Exam Required

Red: No Physical Exam Required



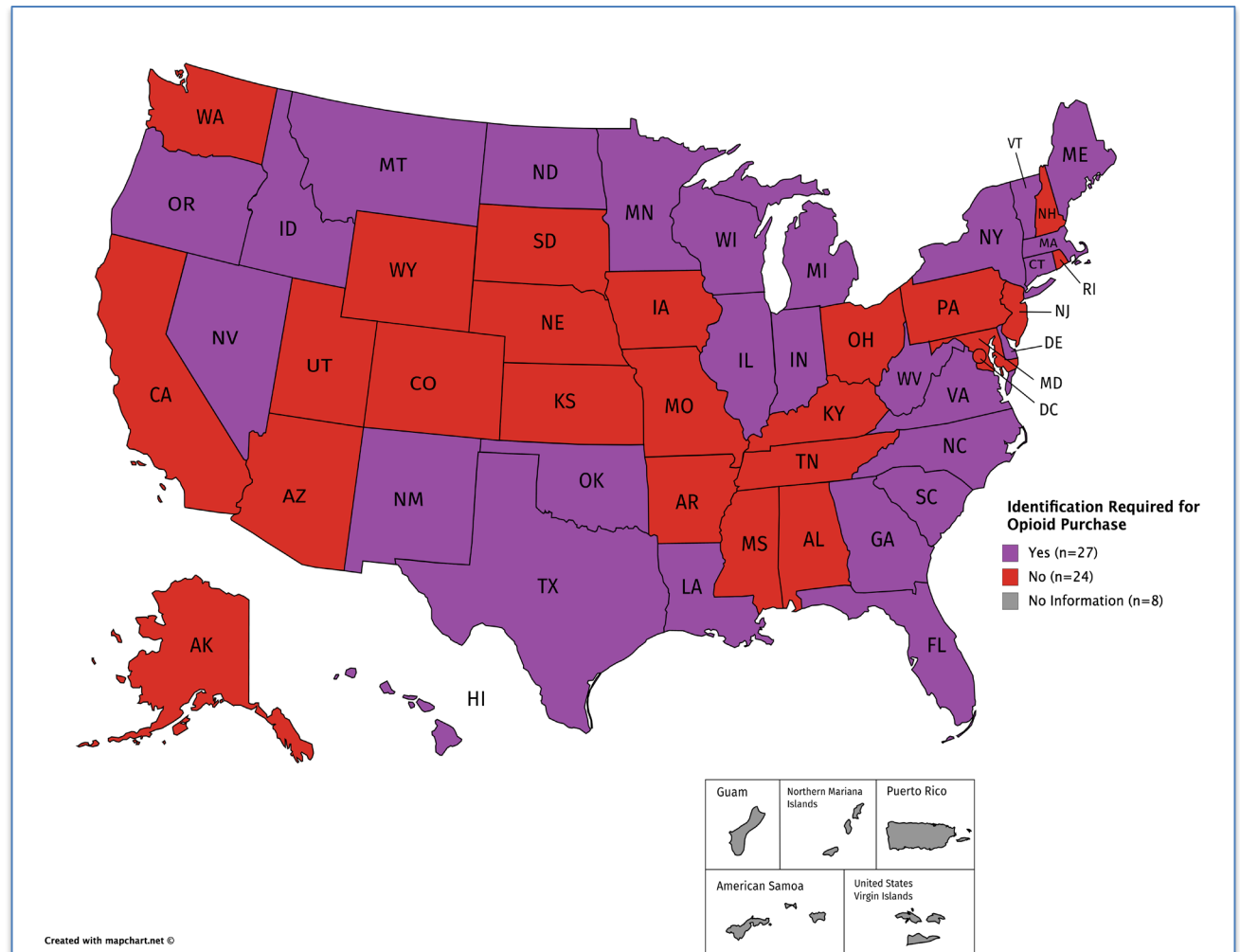
Harm Reduction Programs

I.D. Required Coverage Map
January 2020

Figure 34.

I.D. Requirement Map Key:

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

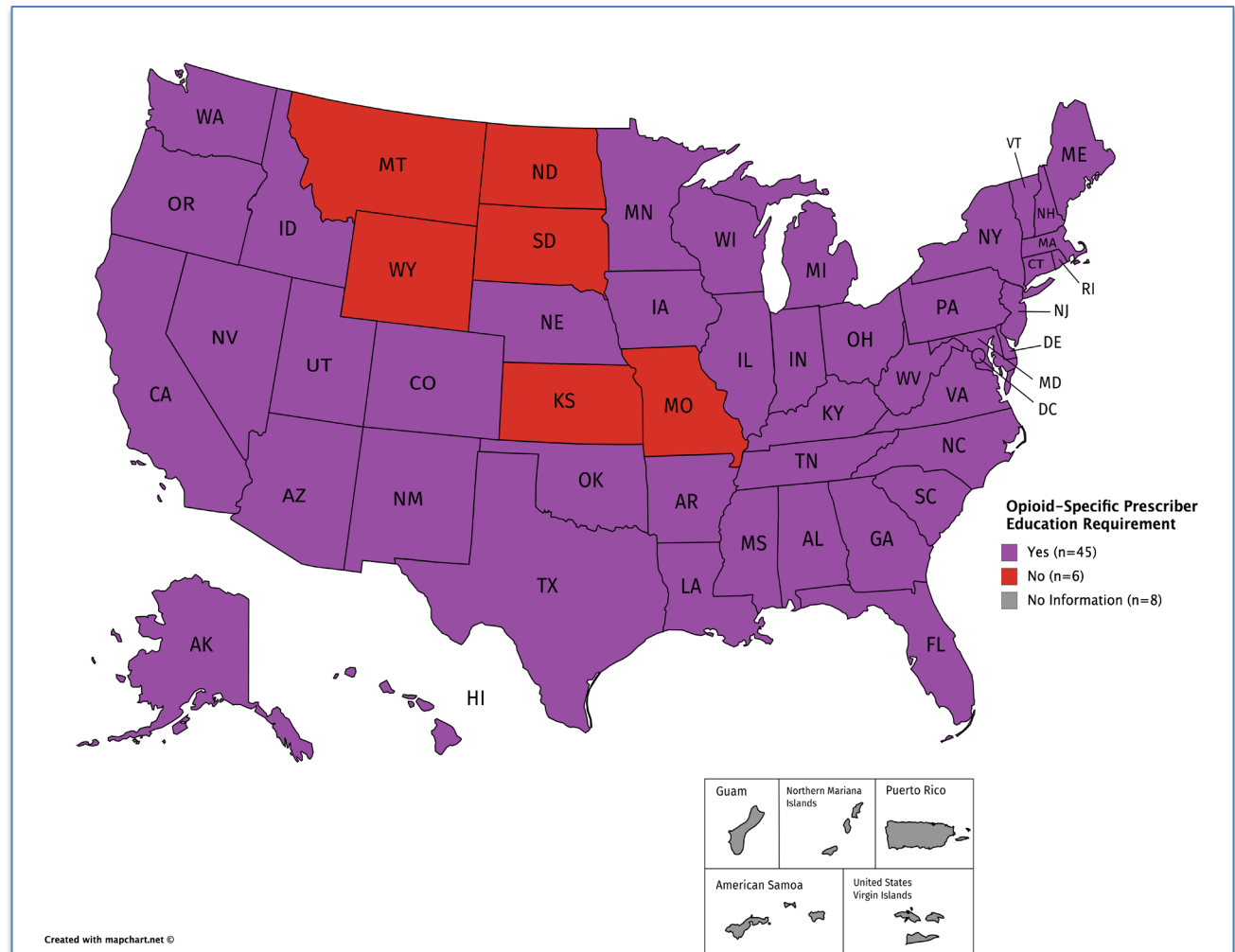


Harm Reduction Programs

Prescriber Education Required Coverage Map
January 2020

Figure 35.

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



Lock-In Program Coverage Map January 2020

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.

January 2020 Updates:

- Legislation has been introduced in the West Virginia legislature to outlaw Syringe Services Programs (SSPs) in the state

January 2020 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

Regional Districts 1 – 3

Regional Trends Con't.

District 01 - New England (CT, ME, MA, NH, RI, VT)

HIV – New Diagnoses (2018 Preliminary National Rate – 11.4):

- This district has a low burden of HIV, with all six states in District 01 having rates of new HIV diagnoses well below the national rate of 11.4 (per 100,000)
- Massachusetts has the highest rate of new HIV diagnoses in District 01 with a rate of 9.5 and is ranked 20th in the nation for new HIV diagnoses
- Only two states – Massachusetts and New Hampshire – saw an increase in new HIV diagnoses from 2017 to 2018 (MA – 8.7 to 9.5; NH – 2.5 to 2.7).

HBV (2017 National Rate – 1.1):

- This district has a relatively low burden of HBV, with only one state in District 01 having a rate of new HBV diagnoses above the 2017 national rate of 1.1 (per 100,000)
- Maine has the highest rate of new HBV diagnoses in District 01 and the 2nd-highest rate in the nation with a rate of 5.8. This represents two consecutive years of increases in new HBV diagnoses since 2015 (0.7 in 2015 à 4.0 in 2016 à 5.8 in 2017). The increase in new diagnoses is likely the result of both increased Hepatitis testing efforts, and Injection Drug Use (IDU)
- Both CT and MA have seen two consecutive years of slight increases in new HBV diagnoses since 2015. VT has seen two consecutive years of decreases in new HBV diagnoses. NH has seen no change for two years
- Rhode Island does not track HBV

HCV – New Diagnoses (2017 National Rate – 1.0):

- This district has a high burden of HCV, with three states in District 01 – Massachusetts, Maine, and Vermont – having rates of new HCV diagnoses above the national rate of 1.0
- Massachusetts has the highest rate of new diagnoses in District 01 with a rate of 4.8 and is ranked 2nd in the nation behind West Virginia. Maine has the 2nd-highest rate in District 01 and is ranked 9th in the nation with a rate of 1.6 and Vermont has the 3rd-highest rate in District 01 and is ranked 11th (tied with NJ and OH)
- The high rates of new diagnoses in District 01 is likely the result of both increased Hepatitis testing, and Injection Drug Use (IDU)
- Neither NH, nor RI track HCV

Regional Trends Con't.

District 01 - New England (CT, ME, MA, NH, RI, VT)

Total Drug Overdose Deaths (2017 National Rate – 21.7):

- This district has an extremely high burden of drug overdose deaths, with all six states in District 01 having rates of overall drug overdose deaths significantly higher than the national rate of 21.7
- New Hampshire has the highest rate in District 01 with a rate of 37.0 and is ranked 6th in the nation for overall drug overdose death rates. Maine (34.4), Massachusetts (31.8), Rhode Island (31.0), and Connecticut (31.0) have the next highest rates in District 01 and are ranked 8th, 9th, 10th, and 11th in the nation, respectively
- Vermont has the lowest rate in District 01 with a rate of 23.2 and is ranked 21st in the nation

Total Opioid-Related Overdose Deaths (2017 National Rate – 14.5):

- This district has an extremely high burden of opioid-related overdose deaths, with all six states in District 01 having rates of opioid-related overdose deaths significantly higher than the national rate of 14.5, and all six are ranked within the top twelve in the nation for opioid-related overdose death rates
- New Hampshire has the highest rate in District 01 with a rate of 34.0 and is ranked 4th in the nation for opioid-related overdose death rates. Opioid-related overdose deaths accounted for 90.8% of all drug overdose deaths in New Hampshire
- Maine (29.9), Massachusetts (28.2), Connecticut (27.7), and Rhode Island (26.9) have the next highest rates in District 01 and are ranked 6th, 7th, 9th, and 10th in the nation, respectively
- Vermont has the lowest rate in District 01 with a rate of 20.0 and is ranked 12th in the nation after Michigan

Regional Trends Con't.

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

HIV – New Diagnoses (2018 Preliminary National Rate – 11.4):

- This district has a moderate burden of HIV, with two states in District 02 having rates of new HIV diagnoses above the national rate of 11.4 (New York – 12.6; New Jersey – 11.8)
- New York is ranked 10th in the nation for new HIV diagnoses, with New Jersey ranked 12th
- All three states in this district have seen two successive years of decreasing HIV diagnoses since 2016 (NJ – 13.0 to 12.7 to 11.8; NY – 14.3 to 13.9 to 12.6; PA – 8.9 to 8.5 to 7.8)

HBV – New Diagnoses (2017 National Rate – 1.1):

- This district has a low burden of HBV, with all three states in District 02 having rates of new HBV diagnoses well below the 2017 national rate of 1.1
- New Jersey has the highest rate of new HBV diagnoses in District 02 with a rate of 0.6 – 17th in the nation (tied with CO, MA, MI, OR, UT, and WA) – and has seen two consecutive years of decreases in new HBV diagnoses since 2015
- Both NY and PA have seen relatively stable rates of new HBV diagnoses since 2015

HCV – New Diagnoses (2017 National Rate – 1.0):

- This district has a high burden of HCV, with all three states in District 02 having rates of new HCV diagnoses above the national rate of 1.0
- Pennsylvania has the highest rate in District 01 with a rate of 1.7 and is ranked 8th in the nation (tied with Florida). New Jersey has the 2nd-highest rate in District 02 with a rate of 1.4 and is ranked 11th in the nation (tied with OH and VT) and New York has the lowest rate in District 02 with a rate of 0.9 and is ranked 16th in the nation
- The high rate of new diagnoses in PA is likely the result of both increased Hepatitis testing, and Injection Drug Use (IDU)

Regional Trends Con't.

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

Total Drug Overdose Deaths (2017 National Rate – 21.7):

- This district has a high burden of drug overdose deaths, with all but New York in District 02 having rates of overall drug overdose deaths above the national rate of 21.7
- Pennsylvania has the highest rate in District 02 with a rate of 44.3 and is ranked 3rd in the nation for overall drug overdose death rates. New Jersey has the 2nd-highest rate in District 02 with a rate of 30.0 and is ranked 12th in the nation
- New York has the lowest rate in District 02 with a rate of 19.4, below the national rate of 21.7, and is ranked 29th in the nation

Total Opioid-Related Overdose Deaths (2017 National Rate – 14.5):

- This district has a variable burden of opioid-related overdose deaths, with only New York meeting the criteria for data inclusion established in a report released in the CDC's Morbidity and Mortality Weekly Report (MMWR), with a rate of 16.1 (Scholl, Seth, Kariisa, Wilson, & Baldwin, 2019), ranking 19th in the nation for opioid-related overdose deaths
- Neither New Jersey, nor Pennsylvania were included in Scholl, et al's MMWR report. As such, opioid-specific overdose death reporting is not reliable

Regional Trends Con't.

District 03 – East-North Central (IL, IN, MI, OH, WI)

HIV – New Diagnoses (2018 Preliminary National Rate – 11.4):

- This district has a low burden of HIV, with all five states in District 03 having rates of new HIV diagnoses below the national rate of 11.4
- Illinois has the highest rate of new HIV diagnoses in District 03 with a rate of 10.7 and is ranked 17th in the nation for new HIV diagnoses
- All five states in this district saw either no statistically significant changes, or decreases in new HIV diagnoses from 2017 to 2018 (Illinois – No Change; Indiana – 7.8 to 7.7; Michigan – 7.8 to 7.2; Ohio – No Change; Wisconsin – 4.5 to 3.6)

HBV – New Diagnoses (2017 National Rate – 1.1):

- This district has a relatively high burden of HBV, with two states – Indiana and Ohio – in District 03 having rates of new HBV diagnoses above the 2017 national rate of 1.1
- After two consecutive years of increases in new HBV diagnoses, Indiana has the highest rate of new HBV diagnoses in District 03 with a rate of 2.5 and is ranked 6th in the nation for new diagnoses
- After two consecutive years of decreases in new HBV diagnoses, Ohio has the 2nd-highest rate of new diagnoses in District 03 with a rate of 2.4 and is ranked 7th in the nation
- IL, MI, and WI all have rates of new HBV diagnoses well below the national rate of 1.1

HCV – New Diagnoses (2017 National Rate – 1.0):

- This district has a high burden of HCV, with all states but Illinois in District 03 having rates of new HCV diagnoses above the national rate of 1.0
- Indiana has the highest rate in District 03 with a rate of 2.9 and is ranked 3rd in the nation. Wisconsin has the 2nd-highest rate in District 03 with a rate of 1.6 and is ranked 9th in the nation and Michigan has the 3rd-highest rate with a rate of 1.5 and is ranked 10th in the nation
- Illinois has the lowest rate in District 03 with a rate of 0.3 and has the 7th-lowest rate in the nation
- Indiana's high rate of HCV is likely the result of both increased Hepatitis testing, and Injection Drug Use (IDU)

Regional Trends Con't.

District 03 – East-North Central (IL, IN, MI, OH, WI)

Total Drug Overdose Deaths (2017 National Rate – 21.7):

- This district has a high burden of drug overdose deaths, with all but two states in District 03 – Illinois and Wisconsin – having overall drug overdose death rates above the national rate of 21.7
- Ohio has the highest rate in District 03 with a rate of 46.3 and is ranked 2nd in the nation for overall drug overdose death rates
- Indiana and Michigan also have rates above the national rate with rates of 29.4 and 27.8 and are ranked 13th and 14th in the nation, respectively
- Illinois and Wisconsin have rates just below the national rate with rates of 21.6 and 21.2 and are ranked 24th and 25th in the nation, respectively

Total Opioid-Related Overdose Deaths (2017 National Rate – 14.5):

- This district has an extremely high burden of opioid-related overdose deaths with every state in District 03, except for Indiana, being included in Scholl, et al, with rates above the national rate of 14.5
- Ohio has the highest rate of opioid-related overdose deaths in District 03 with a rate of 39.2 and is ranked 2nd in the nation for opioid-related overdose death rates. Opioid-related overdose deaths accounted for 84.0% of all drug overdose deaths in Ohio
- Michigan, Illinois, and Wisconsin all have rates of opioid-related overdose deaths above the national rate with rates of 21.2, 17.2, and 16.9 and ranked 11th, 15th, and 16th, respectively
- Indiana was not included in Scholl, et al's MMWR report. As such, opioid-specific overdose death reporting is not reliable

Latest News

Latest News

- **HepVu Launches New Data Visualizing Hepatitis C's Impact on Americans of Different Ages, Sexes, and Races**

HepVu today launched new interactive maps illustrating the prevalence of Hepatitis C in the United States between 2013 and 2016, stratified at the state-level by age, sex, and race. Published in Hepatology Communications, the data demonstrate that of the estimated 2.3 million people living with Hepatitis C infection in the U.S. during this time, the epidemic continued to disproportionately impact males, the Baby Boomer population (those born between 1945 and 1969), Black Americans, and, increasingly, young persons in states highly affected by the opioid epidemic – a result of injection drug use.

"The data highlight health disparities among certain populations and areas of the country and underscore the continuing need for consistent, well-grounded data that can help public health decision-makers develop tailored strategies to address Hepatitis C," said Patrick Sullivan, PhD, DVM, Professor of Epidemiology at Emory University's Rollins School of Public Health and Principal Scientist for HepVu. "Knowing there is a cure for Hepatitis C, it is even more critical to use data to identify areas where we should strengthen surveillance, screening, and treatment to stop this epidemic." (HepVu, 2020)

- **Mandated hep C treatment for SC inmates gets initial consent**

A federal judge granted preliminary approval Tuesday of a proposed settlement mandating testing and treatment for hepatitis C of all inmates in South Carolina correction facilities.

Plaintiffs Russell Geissler, Bernard Bagley and Willie James Jackson filed a lawsuit in 2017 against the Department of Corrections over a lack of treatment for hepatitis C. A proposed class-action settlement was submitted after the lawsuit was filed.

"This is a major step toward eliminating a point source for hepatitis C," class counsel Reuben Guttman, with the law firm Guttman, Buschner & Brooks, said in a press release. (Associated Press, 2020)

- **Wiener Introduces bill requiring master plan to end HIV, HCV, STDs**

State Sen. Scott Weiner (D-San Francisco) announced new legislation on Wednesday, Jan. 15 that would require state agencies to create a master plan to drive down infection rates in HIV, HPV and other STDs across California.

The comprehensive proposal, SB 859, would aim to bring new infections down dramatically across all STDs, specifically within the LGBTQ, African American and Latinx community who are affected disproportionately, largely due to a lack of access to proper health care and education. The legislation argues this is unacceptable, particularly in recent years when the wide distribution of drugs like PrEP have made the end of HIV a possible reality. (Collins, 2020)

Latest News Con't.

- **'Major milestone': Governor's budget targets hepatitis C epidemic in prisons**

Nearly half of the people in New Mexico's state prisons are infected with hepatitis C, and for years, the Corrections Department has only purchased enough medicine to treat a fraction of them. But that may be about to change.

The executive budget proposal Gov. Michelle Lujan Grisham released Jan. 6 recommends \$30 million in new funding for the Corrections Department for treatment of hepatitis C, with the expectation of curing most inmates by the end of 2024. This parallels an expansion of treatment taking place in other prison systems across the country and would eliminate a focal point of New Mexico's epidemic.

It appears the money will pass muster with state lawmakers. Last week, the Legislative Finance Committee recommended a slightly smaller appropriation of \$25 million.

Observing that both budget proposals acknowledged the issue, state Sen. John Arthur Smith said it was likely additional funds would be appropriated. "When I say very likely, at this stage, I'm willing to say 100%," he said. (Alcorn, 2020)

- **Mandated hep C treatment for SC inmates gets initial consent**

A federal judge granted preliminary approval Tuesday of a proposed settlement mandating testing and treatment for hepatitis C of all inmates in South Carolina correction facilities. Plaintiffs Russell Geissler, Bernard Bagley and Willie James Jackson filed a lawsuit in 2017 against the Department of Corrections over a lack of treatment for hepatitis C. A proposed class-action settlement was submitted after the lawsuit was filed. "This is a major step toward eliminating a point source for hepatitis C," class counsel Reuben Guttman, with the law firm Guttman, Buschner & Brooks, said in a press release. (Associated Press, 2020)

- **Mental and Cognitive Impairment in Hepatitis C Virus**

Although the care of patients with hepatitis C virus (HCV) infection has radically improved since the US Food and Drug Administration approved the first direct-acting antiviral medication for HCV treatment in 2013, the burden associated with the disease remains high, and the opioid epidemic has led to a surge in new cases. Chronic HCV infection is estimated to affect 3.5 million people in the United States and 71 million people worldwide. In this population, health outcomes and quality of life are greatly affected by a range of common comorbidities, including various types of psychological and cognitive disorders.

Studies have shown that approximately one-third of patients with chronic HCV infection experience depression and anxiety, whereas other findings indicate that neuropsychiatric dysfunction occurs in up to 50% of patients. Symptoms of fatigue and "brain fog" are also commonly reported by individuals with chronic HCV infection. "Neurocognitive impairment, one of the most common extrahepatic manifestations of HCV, can lead to subtle changes in processing speed, memory, attention, fatigue, and cognitive performance," according to a review published January 9, 2019, in *Frontiers in Psychology*. (Rodriguez, 2020)

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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.

Marcus also serves as the West Virginia Policy Coordinator for the Community Education Group. He is also a Guest Blog Contributor for the ADAP Advocacy Association.

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 (2020, January 01). Formulary Guide – January, 2020. Louisville, KY: Aetna Better Health® of Kentucky. Retrieved from: https://www.aetnabetterhealth.com/kentucky/assets/pdf/Pharmacy/monthly-formulary/ABHKY_7747_Single%20Tier%20with%20Ref%20Drug_5779.pdf

Aetna Better Health® of New Jersey. (2020, January 01). Formulary. Princeton, NJ: Aetna Better Health® of New Jersey. Retrieved from: https://www.aetnabetterhealth.com/newjersey/assets/pdf/pharmacy/ABH NJ_5322_Single%20Tier%20with%20Ref%20Drug_5780.pdf

Alabama Department of Public Health. (2019, September 04). ALABAMA DEPARTMENT OF PUBLIC HEALTH RYAN WHITE HIV/AIDS PROGRAM (RWHAP) PART B AIDS DRUG ASSISTANCE PROGRAM (ADAP) FORMULARY. Montgomery, AL: Alabama Department of Public Health: HIV/AIDS Division: Ryan White HIV/AIDS Program Part B: Alabama AIDS Drug Assistance Program. Retrieved from: http://www.ramsellcorp.com/PDF/AL_Drug_Class_Formulary.pdf

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

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

Alaska Department of Health and Social Services. (2019, November 01). Alaska Medicaid Pharmacy Winter 2015 Update. Anchorage, AK: Department of Health and Social Services: Division of Health Care Services: Pharmacy & Ancillary Services Unit. Retrieved from: http://dhss.alaska.gov/dhcs/Documents/pdl/Documents/PDL_REV_20190920.pdf

Alaska Department of Health and Social Services. (2019, April 19). ALASKA MEDICAID Prior Authorization Clinical Criteria for Use. Anchorage, AK: Department of Health and Social Services: Division of Health Care Services: Health and Social Services: Health Care Services: Medication Prior Authorization. Retrieved from: http://dhss.alaska.gov/dhcs/Documents/pharmacy/Criteria/20194.CCFU_ID_HepC_GT-all_APPROVED-20190419_EFFECTIVE-20190610.pdf

Alcorn, T. (2020, January 16). 'Major milestone': Governor's budget targets hepatitis C epidemic in prisons. Albuquerque, NM: New Mexico In Depth, Inc.: New Mexico In Depth. Retrieved from: <http://nminddepth.com/2020/01/16/major-milestone-governors-budget-target-hepatitis-c-epidemic-in-prisons/>

AlohaCare. (2019, October 01). 2020 ALOHACARE ADVANTAGE PLUS FORMULARY (HMO SNP) (List of Covered Drugs). Honolulu, HI: AlohaCare. Retrieved from: https://www.alohacare.org/userfiles/file/PDF/MEDICARE/Member/ACAP/2020_Core_Documents/2020CompFormulary_H5969_CF2001NM_C_POPULATED.pdf

References

Amerigroup. (2020, January 13). New Jersey Medicaid Formulary. Iselin, NJ: Amerigroup New Jersey Inc.: New Jersey Medicaid Formulary: Hepatitis C Agent - Combinations: Hepatitis C Agents. Retrieved from:

https://client.formularynavigator.com/Search.aspx?siteCode=1501420370&targetScreen=3&drugBrandListBaseTC=*hepatitis+c+agent+-+combinations***%257c*hepatitis+c+agent+-+combinations***

Anthem BlueCross BlueShield Medicaid – Kentucky Member. (2020, January 01). Preferred Drug List – English. Retrieved from:

https://fm.formularynavigator.com/FBO/4/Kentucky_PDL_English.pdf

Arizona Department of Health Services. (2019, July 25). AIDS Drug Assistance Program (ADAP) Formulary – Provider Version. Phoenix, AZ: Public Health Preparedness Services: Division of Public Health Services: Arizona Department of Health Services. Retrieved from:

<http://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/disease-integrated-services/adap/adap-formulary-providers.pdf>

Arizona Health Care Cost Containment System (AHCCCS). (2018, July 11). HEPATITIS C VIRUS (HCV) PRIOR AUTHORIZATION REQUIREMENTS FOR DIRECT ACTING ANTIVIRAL MEDICATION TREATMENT. Phoenix, AZ: Arizona Health Care Cost Containment System: AHCCCS Medical Policy Manual: Section 320 – Services with Special Circumstances. Retrieved from: <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320-N.pdf>

Arizona Health Care Cost Containment System (AHCCCS). (2020, January 14). AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE January 1, 2020. Phoenix, AZ: Arizona Health Care Cost Containment System. Retrieved from:

https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCS_DRUG_LIST_012020.pdf

Arkansas Department of Health. (2017, September 06). Ryan White Part B ADAP Formulary. Little Rock, AR: Arkansas Department of Health:

HIV/STD/Hepatitis C: ADAP Division. Retrieved from: http://www.healthy.arkansas.gov/images/uploads/pdf/RWHAP_ADAP_Formulary_09_2017.pdf

Arkansas Department of Human Services. (2018, April 01). Arkansas Medicaid Prescription Drug Program Hepatitis C Virus (HCV) Medication Therapy PA Request Form Effective APRIL 1, 2018. Little Rock, AR: Arkansas Department of Human Services: Arkansas Medicaid: Prescription Drug Prior Authorization (PA) Forms. Retrieved from: <https://arkansas.magellanrx.com/provider/docs/rxinfo/HepCTreatmntForm.pdf>

Arkansas Department of Human Services. (2020, January 01). Arkansas Medicaid Preferred Drug List. Little Rock, AR: Arkansas Department of Human Services: Arkansas Medicaid: Evidence-Based Prescription Drug Program. Retrieved from: <https://arkansas.magellanrx.com/provider/docs/rxinfo/PDL.pdf>

Associated Press. (2020, January 15). Mandated hep C treatment for SC inmates gets initial consent. Retrieved from: <https://www.wspa.com/news/state-news/mandated-hep-c-treatment-for-sc-inmates-gets-initial-consent/>

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

References

Boston Medical Center. (2019, December 10). Improvements needed for hepatitis C testing in youth. Isle of Man: Science X: Medical Xpress. Retrieved from: <https://medicalxpress.com/news/2019-12-hepatitis-youth.html>

California Department of Health Care Services. (2019, May). Drugs: Contract Drugs List Part 4 – Therapeutic Classifications. 11-13. Sacramento, CA: California Department of Health Care Services: Medi-Cal: Contract Drugs List. Retrieved from: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/drugscdlp4_p00.doc

California Department of Public Health. (2020, January 14). California Department of Public Health, Office of AIDS, AIDS Drug Assistance Program (CDPH/OA/ADAP) – Formulary by Class. Sacramento, CA: California Department of Public Health: Office of AIDS: AIDS Drug Assistance Program. Retrieved https://cdph.magellanrx.com/provider/external/commercial/cdph/doc/en-us/CDPH_Formulary.pdf

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>

Centers for Disease Control and Prevention (CDC). (2019, November). HIV Surveillance Report, 2018 (Preliminary). 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 HIV/AIDS Prevention. Retrieved from: <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2018-vol-30.pdf>

Collins, R. (2020, January 16). Wiener introduces bill requiring master plan to end HIV, HCV, STDs. Los Angeles, CA: Los Angeles Blade. Retrieved from: <https://www.losangelesblade.com/2020/01/16/wiener-introduces-bill-requiring-master-plan-to-end-hiv-hcv-stds/>

Colorado Department of Health Care Policy & Financing. (2019, July 11). Hepatitis C Treatment Prior Authorization Request Form. Denver, CO: Colorado Department of Health Care Policy & Financing: For Our Providers: Provider Services: Pharmacy Resources. Retrieved from: https://www.colorado.gov/pacific/sites/default/files/Hep_C_PAR_Forn_2019_Aug_Final_07_19.pdf

References

Colorado Department of Health Care Policy & Financing. (2020, January 01). Colorado Department of Health Care Policy and Financing Preferred Drug List (PDL). Denver, CO: Colorado Department of Health Care Policy & Financing. Retrieved from: https://www.colorado.gov/pacific/sites/default/files/1-1-20_PDL_v2.pdf

Colorado Department of Public Health & Environment. (2019, September 10). 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/file/d/1kFoQZfYDgkBsajBubiF7xIROm8zL6fZu/view>

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

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

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

Connecticut Department of Social Services. (2020, January 15). 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. (2019, November 06). DELAWARE AIDS DRUG ASSISTANCE PROGRAM (ADAP) – FORMULARY BY CLASS – Effective 11/06/2019. Dover, DE: Delaware Health and Social Services: Division of Public Health. Retrieved from: http://www.ramsellcorp.com/PDF/DE_DrugClass.pdf

Delaware Health and Social Services. (2020, January 06). 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/search?Command=Core_Download&EntryId=940

District of Columbia. (2019a, May 16). Drugs Available through DC ADAP (Formulary). Washington, DC: District of Columbia Department of Health: DC ADAP. Retrieved from: [https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/ADAP Formulary- May 2019 %28002%29.pdf](https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/ADAP%20Formulary%20-%20May%202019%2028002%29.pdf)

District of Columbia. (2019b, December 20). 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

References

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

Florida Agency for Health Care Administration. (2019, November 15). Florida Medicaid Preferred Drug List (09-04-2019). Tallahassee, FL: Florida Agency for Health Care Administration: Bureau of Policy: Pharmacy Policy Unit. Retrieved from: http://www.fdhc.state.fl.us/medicaid/Prescribed_Drug/pharm_thera/pdf/PDL.pdf

Georgia Department of Community Health. (2019, December 30). Georgia Medicaid/PeachCare Preferred Drug List – Effective January 01, 2020. Atlanta, GA: Georgia Department of Community Health. Retrieved from: <https://dch.georgia.gov/media/51526/download>

Georgia Department of Public Health. (2019, May 01). Georgia ADAP Application for Prior Approval Medications. Atlanta, GA: Georgia Department of Public Health: Health Protection: The HIV Care (Ryan White Part B) Program: AIDS Drug Assistance Program. Retrieved from: https://dph.georgia.gov/sites/dph.georgia.gov/files/GA_ADAP_Formulary.docx

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

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/>

HepVu. (2020, January 15). HepVu Launches New Data Visualizing Hepatitis C's Impact on Americans of Different Ages, Sexes, and Races. Retrieved from: <https://www.ptcommunity.com/wire/hepvu-launches-new-data-visualizing-hepatitis-cs-impact-americans-different-ages-sexes-and>

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

HMSA. (2020, January 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. (2020, January). 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, October 01). Humana - CareSource Commonwealth of Kentucky Medicaid. Louisville, KY: Humana – CareSource: Preferred Drug List. Retrieved from: <https://www.caresource.com/documents/kentucky-preferred-drug-list/>

Idaho Department of Health and Welfare. (2019, October 28). Idaho ADAP Formulary. Boise, ID: Idaho Department of Health and Welfare. Retrieved from: [http://healthandwelfare.idaho.gov/Portals/0/Health/Disease/STD HIV/ID ADAP Formulary effective date 10-28-2019.pdf](http://healthandwelfare.idaho.gov/Portals/0/Health/Disease/STD%20HIV/ID%20ADAP%20Formulary%20effective%20date%2010-28-2019.pdf)

Idaho Department of Health and Welfare. (2020, January 07). 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/ADAPFormularyAndPrescribingGuidlines.pdf>

Illinois Department of Healthcare and Family Services. (2020, January 03). Preferred Drug List Illinois Medicaid. Springfield, IL: Illinois Department of Healthcare and Family Services. Retrieved from: <https://www.illinois.gov/hfs/SiteCollectionDocuments/01012020PDLFinalUpdated01032020.pdf>

Indiana Family and Social Services Administration. (2019, December 27). Indiana Medicaid Preferred Drug List (PDL). (V 1.0). Indianapolis, IN: Indiana Family and Social Services Administration: Indiana Health Coverage Programs (IHCP). Retrieved from: https://rxadmin.optum.com/rxadmin/INM/20191201_INM_PDL.pdf

Indiana State Department of Health. (2019, November 19). HIV Medical Services Program – Indiana ADAP Covered Pharmaceuticals. Indianapolis, IN: Indiana State Department of Health: HIV Medical Services Program. Retrieved from: [https://www.in.gov/isdh/files/ADAP Formulary 19 Nov 2019 version2.pdf](https://www.in.gov/isdh/files/ADAP%20Formulary%2019%20Nov%202019%20version2.pdf)

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

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

Iowa Department of Human Services. (2019, December 05). Final PDL – PDL Effective Date January 01, 2020 (Two Drug Columns). Des Moines, IA: Iowa Department of Human Services: Iowa Medicaid Program. Retrieved from: http://www.iowamedicaidpdl.com/sites/default/files/ghs-files/2019-12-05/ia_web_pdl_january_1_2020_v2.pdf

References

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

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

Kansas Department of Health and Environment. (2020, January 02). PREFERRED DRUG LIST. Topeka, KS: Kansas Department of Health and Environment: Division of Health Care Finance: Kansas Medical Assistance Program (KMAP): KanCare. Retrieved from: <http://www.kdheks.gov/hcf/pharmacy/download/PDLLList.pdf>

Kentucky Department for Public Health. (2019, July 03). Kentucky AIDS Drug Assistance Program (KADAP). Frankfort, KY: Kentucky Cabinet for Health and Family Services: Department for Public Health: Epidemiology Health Planning: HIV/AIDS: Services Program: Kentucky AIDS Drug Assistance Program (KADAP). Retrieved from: <https://chfs.ky.gov/agencies/dph/dehp/hab/Documents/KADAPFormulary.pdf>

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

KyHealth Choices. (2019, August 19). Kentucky Pharmacy Preferred Drug List. Frankfort, KY. Retrieved from: https://kyportal.magellanmedicaid.com/public/client/static/kentucky/documents/PreferredDrugGuide_full.pdf

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

Magellan Health. (2017, October 01). Alaska Medicaid Prior Authorization Form. Maryland Heights, MO: Magellan Medicaid Administration: Medicaid PA Unit. Retrieved from: http://dhss.alaska.gov/dhcs/Documents/pharmacy/pdfs/AK_Hep_C_DAA_Fax_Form_20171001.pdf

Maine Center for Disease Control and Prevention. (2019, November 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_Quarterly_Formulary_Report-1818.pdf

References

Maine Department of Health and Human Services. (2019, December 27). MaineCare PDL (MEDEL Combined) with criteria – January 01, 2020. 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/2019-12-27/copy-ssdcplmainecriteria-draft-pdl01012020.pdf>

Maryland Pharmacy Programs. (2019, September 16). MADAP Formulary. Baltimore, MD: Maryland Pharmacy Programs: Maryland AIDS Drug Assistance Program. Retrieved from: <http://mdrxprograms.com/docs/madap/MadapFormulary.xls>

Maryland Department of Health and Mental Hygiene. (2020, January 01). Maryland Preferred Drug List. Annapolis, MD: Maryland Department of Health and Mental Hygiene: Maryland Medical Assistance Programs: Maryland Medicaid Pharmacy Program. Retrieved from: https://mmcp.health.maryland.gov/pap/docs/Maryland_PDL_1.1.20.pdf

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

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

Michigan Drug Assistance Program. (2019, November 18). HIV / AIDS Related Treatments. Lansing, MI: Michigan Department of Health and Human Services: Keeping Michigan Healthy: Michigan Drug Assistance Program. Retrieved from: https://www.sgrxhealth.com/content/formularies/MIDAP_FORMULARY_1182019.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, December 27). Universal Preferred Drug List EFFECTIVE 01/01/2020 [Version 2020.6] Updated: 11-27-19. Jackson, MS: Mississippi Division of Medicaid. Retrieved from: <https://medicaid.ms.gov/wp-content/uploads/2020/01/MS-PDL-01012020-Rev6a.pdf>

Mississippi State Department of Health. (2019, October). Medication Formulary. Jackson, MS: Mississippi State Department of Health: Office of STD/HIV: Care and Treatment Division: HIV Care and Treatment Program. Retrieved from: https://msdh.ms.gov/msdhsite/_static/resources/5262.pdf

Missouri Department of Health & Senior Services. (2019, July). Missouri AIDS Drug Assistance Program (ADAP) Formulary. Jefferson City, MO: Missouri Department of Health & Senior Services: Healthy Living: Health Conditions & Diseases: Communicable Diseases: HIV/AIDS. Retrieved from: <http://health.mo.gov/living/healthcondiseases/communicable/hiv aids/pdf/HIVMedications.pdf>

References

Missouri Department of Social Services. (2020, January 09). MO HealthNet Preferred Drug List Effective January 9, 2020 All Therapeutic Classes. Jefferson City, MO: Missouri Department of Social Services: Missouri HealthNet Division: Clinical Services: Pharmacy: Pharmacy Clinical Edits and Preferred Drug Lists. Retrieved from: [https://pharmacy.services.conduent.com/mohealthnet/19_3_MOHealthNet PDL and Diabetic Supply Preferred Drug List Forms/20_01 PDL Docs/Posting PDL Static Document_1.09.20 \(V2\).pdf](https://pharmacy.services.conduent.com/mohealthnet/19_3_MOHealthNet_PDL_and_Diabetic_Supply_PREFERRED_Drug_List_Forms/20_01_PDL_Docs/Posting_PDL_Static_Document_1.09.20_(V2).pdf)

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

Montana Department of Public Health and Human Services. (2019, December 11). Montana Medicaid Preferred Drug List (PDL) Revised 12-11-19. Helena, MT: Montana Department of Public Health and Human Services: Montana Healthcare Programs: Montana Medicaid. Retrieved from: <https://medicaidprovider.mt.gov/Portals/68/docs/pharmacy/2019pharm/MTPDL12102019.pdf>

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

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

Nebraska Department of Health and Human Services. (2019, December 03). Nebraska Medicaid Preferred Drug List with Prior Authorization Criteria. Lincoln, NE: Nebraska Department of Health and Human Services: Medicaid and Long-Term Care Division: Nebraska Medicaid Pharmacy Program. Retrieved from: https://nebraska.fhsc.com/downloads/PDL/NE_PDL-20191201.pdf

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. (2019a, May 17). STATE OF NEVADA AIDS DRUG ASSISTANCE PROGRAM (ADAP) FORMULARY. Reno, NV: Nevada Department of Health and Human Services: Division of Public and Behavioral Health (DPBH): Ryan White HIV/AIDS Program: Part B. Retrieved from: <http://endhivnevada.org/wp-content/uploads/2019/06/NV-ADAP-Formulary-Drug-Class.pdf>

Nevada Department of Health and Human Services. (2019b, September 27). Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL). Reno, NV: Nevada Department of Health and Human Services: Division of Health Care Financing and Policy. Retrieved from: https://www.medicaid.nv.gov/Downloads/provider/NV_PDL_20190927.pdf

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, July 01). NEW YORK STATE DEPARTMENT OF HEALTH – UNINSURED CARE PROGRAMS – COVERED SERVICES and ADAP FORMULARY – July 2019). Albany, NY: New York State Department of Health: AIDS Drug Assistance Program. Retrieved from: <http://www.health.ny.gov/diseases/aids/general/resources/adap/formulary.htm>

New York State Department of Health. (2019, November 21). New York State Medicaid Fee-For-Service Pharmacy Programs. Albany, NY: New York State Department of Health: Medicaid Pharmacy Program. Retrieved from: https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf

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

North Carolina Department of Health and Human Services. (2019, November 06). North Carolina AIDS Drug Assistance Program – Program Manual. Raleigh, NC: North Carolina Department of Health and Human Services: Division of Public Health: Epidemiology Section: Communicable Disease Branch: AIDS Drug Assistance Program. Retrieved from: https://epi.dph.ncdhhs.gov/cd/hiv/docs/HMAPProgramManual_11062019.pdf

North Carolina Division of Medical Assistance. (2020, January 01). North Carolina Medicaid and Health Choice Preferred Drug List (PDL). Raleigh, NC: North Carolina Department of Health and Human Services: North Carolina Division of Medical Assistance. Retrieved from: https://files.nc.gov/ncdma/documents/files/PDL_January_1_2020.pdf

North Dakota Department of Health. (2019, August 05). RYAN WHITE AIDS DRUG ASSISTANCE PROGRAM (ADAP) FORMULARY. Bismarck, ND: North Dakota Department of Health: Medical Services: Disease Control Division: HIV/Ryan White. Retrieved from: https://www.ndhealth.gov/hiv/Docs/RW/ADAPFormulary_08012019.pdf

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

References

Ohana Medicaid. (2020, January 01). Ohana Medicaid Preferred Drug List. Hilo, HI: Ohana Health Plan: Ohana Medicaid. Retrieved from: https://www.wellcare.com/~media/PDFs/Hawaii/Shared/SharedPDL/2020/hi_caidd_pdl_eng_01_2020.ashx

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

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

Oregon Health Authority. (2020, November 01). Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List – Effective: January 1, 2020. Portland, OR: Oregon Health Authority: Oregon Health Plan. Retrieved from: <https://www.oregon.gov/oha/HSD/OHP/Tools/OregonMedicaidPreferredDrugListJanuary12020.pdf>

Passport Health Plan. (2020, January 01). Preferred Drug List (List of Covered Drugs). Louisville, KY: Passport Health Plan. Retrieved from: <http://passporthealthplan.com/wp-content/uploads/2019/12/Passport-0120-112719.pdf>

Pennsylvania Department of Health. (2020, January 01). Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)* Effective January 1, 2020. Harrisburg, PA: Pennsylvania Department of Health: Special Pharmaceutical Benefits Program. Retrieved from: https://www.health.pa.gov/topics/Documents/Programs/HIV/SPBP_Covered_Drug_List.pdf

Pennsylvania Department of Human Services. (2018, July 23). Preferred Drug List (PDL). Harrisburg, PA: Pennsylvania Department of Human Services. Retrieved from: https://papdl.com/sites/default/files/ghs-files/Penn_PDL_07232018_v2.pdf

Presbyterian Centennial Care. (2020, January 01). PHP Centennial Care Formulary/Preferred Drug Listing. Albuquerque, NM. Retrieved from: http://docs.phs.org/idc/groups/public/documents/communication/pel_00175507.pdf

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

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>

References

Rhode Island Executive Office of Health and Human Services. (2020, January 13). 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

Rodriguez, T. (2020, January 16). Mental and Cognitive Impairment in Hepatitis C Virus. New York, NY: Infectious Disease Advisor: Advisor Channels: Hepatitis Advisor. Retrieved from: <https://www.infectiousdiseaseadvisor.com/home/advisor-channels/hepatitis-advisor/neuropsychiatric-dysfunction-in-hepatitis-c/>

Scholl, L., Seth, P., Kariisa, M., Wilson, N., & Baldwin, G. (2019, January 04). Drug and Opioid-Involved Overdose Deaths — United States, 2013–2017. Morbidity and Mortality Weekly Report, 67(5152), 1419–1427. Retrieved from: https://www.cdc.gov/mmwr/volumes/67/wr/mm675152e1.htm?s_cid=mm675152e1_w

South Carolina Department of Health and Environmental Control. (2019, June 06). AIDS Drug Assistance Program (ADAP) Formulary Revised June 2019. Columbia, SC: South Carolina Department of Health and Environmental Control. Retrieved from: [https://www.scdhec.gov/sites/default/files/media/document/ADAP Formulary FINAL 06-06-2019.pdf](https://www.scdhec.gov/sites/default/files/media/document/ADAP%20Formulary%20FINAL%2006-06-2019.pdf)

South Carolina Department of Health and Human Services. (2020, January 01). South Carolina Department of Health and Human Services Preferred Drug List. Columbia, SC: South Carolina Department of Health and Human Services: South Carolina Pharmacy Services. Retrieved from: http://southcarolina.fhsc.com/Downloads/provider/SCpdl_listing_20200102.pdf

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

State of Connecticut – Department of Social Services. (2016, April 01). Connecticut AIDS Drug Assistance Program (CADAP) Formulary. Hartford, CT: Connecticut Department of Social Services: Connecticut AIDS Drug Assistance Program. Retrieved from: <http://www.ct.gov/dss/lib/dss/pdfs/FormularyDrugClass.pdf>

State of Hawaii, Department of Health. (2019, June). HIV Drug Assistance Program (HDAP) Formulary – June 2019. Honolulu, HI: State of Hawaii: Department of Health: Harm Reduction Services Branch: HIV Drug Assistance Program (HDAP). Retrieved from: <https://health.hawaii.gov/harmreduction/files/2019/07/HDAP-Formulary-2019-June.pdf>

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

State of Tennessee Department of Health. (2018, November 14). HIV Drug Assistance Program (HDAP) Formulary. Nashville, TN: Tennessee Department of Health. Retrieved from: http://www.tn.gov/assets/entities/health/attachments/TN_HDAP_Formulary.pdf

References

Tennessee Division of Health Care Finance and Administration. (2019, December 02). TennCare Preferred Drug List (PDL). Nashville, TN: Tennessee Division of Health Care Finance and Administration: TennCare. Retrieved from: https://tenncare.magellanhealth.com/static/docs/Preferred_Drug_List_and_Drug_Criteria/TennCare_PDL.pdf

Texas Health and Humans Services Commission. (2019, November 21). Medicaid Pharmacy Prior Authorization & Preferred Drug List. Austin, TX: Texas Health and Human Services Commission: Texas Medicaid/CHIP Vendor Drug Program. Retrieved from: <https://www.txvendordrug.com/sites/txvendordrug/files/docs/formulary/2019-0725-preferred-drug-list.pdf>

Texas Health and Human Services. (2019, December). TEXAS HIV MEDICATION PROGRAM FORMULARY. Austin, TX: Texas Health and Human Services: Texas Department of State Health Services: Texas HIV Medication Program. Retrieved from: <https://www.dshs.texas.gov/hivstd/meds/files/formulary.pdf>

UnitedHealthcare Community Plan. (2019a, December 27). Preferred Drug List (PDL) –Hawaii – Effective Date: 1/1/20. Honolulu, HI: UnitedHealthcare Community Plan. Retrieved from: <https://www.uhccommunityplan.com/content/dam/communityplan/plandocuments/findadrug/HI-PDL/HI-Quest-PDL.pdf>

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

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

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

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

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

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

References

Utah Department of Health. (2020, January 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 \(01-01-20\).pdf](https://medicaid.utah.gov/pharmacy/PDL/files/Utah%20Medicaid%20PDL%20(01-01-20).pdf)

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

Vermont Department of Health Access. (2020, January 01). Vermont Preferred Drug List and Drugs Requiring Prior Authorization (includes clinical criteria). Burlington, VT: Vermont Department of Health Access: Agency of Human Services: Pharmacy Benefit Management Program. Retrieved from: <https://dvha.vermont.gov/for-providers/vermont-pdl-oct-dec-meetings-effective-01.01.2020.revised-01.14.2020.-revised.pdf>

Virginia Department of Health. (2019, July). FORMULARY Virginia (VA) Medication Access Program (VAMAP. Formerly ADAP). Richmond, VA: Virginia Department of Health: Office of Epidemiology: Division of Disease Prevention: Programs: Virginia AIDS Drug Assistance Program (ADAP). Retrieved from: http://www.vdh.virginia.gov/content/uploads/sites/10/2019/07/VA_ADAP_formulary_JUNE_2019-V-1.pdf

Virginia Department of Medical Assistance Services. (2020, January 01). Virginia Medicaid Preferred Drug List (PDL)/ Common Core Formulary. Richmond, VA: Virginia Department of Medical Assistance Services: Virginia Medicaid Pharmacy Services. Retrieved from: <https://www.virginiamedicaidpharmacyservices.com/provider/external/medicaid/vamps/doc/en-us/VAMed-PDL-List-Criteria-20200101.pdf>

Washington State Health Care Authority. (2020, January 01). Apple Health Medicaid: Fee-for-Service Preferred Drug List. Olympia, WA: Washington State Health Care Authority: Apple Health (Medicaid): Medicaid Washington Prescription Drug Program. Retrieved from: <https://www.hca.wa.gov/assets/billers-and-providers/apple-health-preferred-drug-list.pdf>

Washington State Department of Health. (2019, May 01). Washington State Department of Health Early Intervention Program (EIP) – FORMULARY BY CLASS – Effective 05/01/2019 [Version 3, 2019]. Washington State Department of Health: Early Intervention Program. Retrieved from: [http://www.ramsellcorp.com/PDF/WA EIP MASTER Effective - Drug Class.pdf](http://www.ramsellcorp.com/PDF/WA%20EIP%20MASTER%20Effective%20-%20Drug%20Class.pdf)

WellCare of Kentucky Medicaid. (2020, January 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. (2020, January 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, December 23). WEST VIRGINIA MEDICAID PREFERRED DRUG LIST WITH PRIOR AUTHORIZATION CRITERIA (Version 2020.1d). Charleston, WV: West Virginia Department of Health and Human Resources: West Virginia Bureau for Medical Services: West Virginia Medicaid Pharmacy Program. Retrieved from: [https://dhhr.wv.gov/bms/BMS Pharmacy/Documents/WV PDL 01012020 v2020](https://dhhr.wv.gov/bms/BMS%20Pharmacy/Documents/WV%20PDL%2001012020%20v2020.pdf)

References

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://oepps.wv.gov/HCV/documents/data/acute_hcv_chart.pdf

Western Sky Community Care. (2020, January 01). Preferred Drug List. Albuquerque, NM: Western Sky Community Care: Medicaid Plan: Member Handbook, Provider Directory, Preferred Drug List, and Forms. Retrieved from: <https://pharmacy.envolvehealth.com/content/dam/centene/envolve-pharmacy-solutions/pdfs/PDL/FORMULARY-WesternSkyCommunityCare.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. (2020, January 08). 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/quickref020120.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, December 31). WYOMING MEDICAID Preferred Drug List (PDL). Cheyenne, WY: Wyoming Department of Health: Division of Healthcare Financing: Office of Pharmacy Services. Retrieved from: <http://www.wymedicaid.org/sites/default/files/ghs-files/pdl/2019-12-31/pdl-1-1-20wy.pdf>