

HIV/HCV Co-Infection Watch: 2017 Annual Monitoring Report



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.ticann.org>

Background

- Launched in January 2015
- Monthly summary on relevant data on co-infection of human immunodeficiency virus (HIV) and hepatitis C (HCV)
- Initially, limited focus on:
 - AIDS Drug Assistance Programs
 - Medicaid
 - Latest News related to HIV/HCV and Co-Infection
- Subsequently, expanded focus on:
 - Veterans
 - Harm Reduction
 - Regional Trends

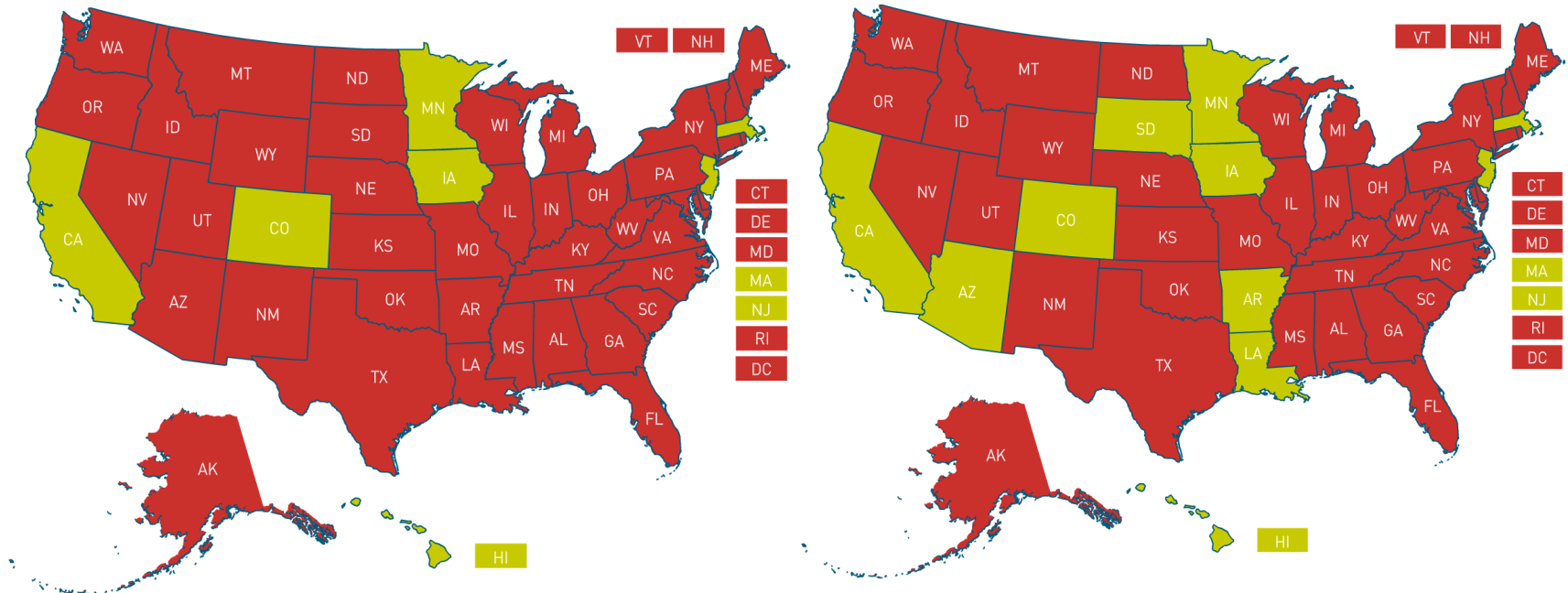
Background – What's included

- Overview
- Findings
- AIDS Drug Assistance Programs (ADAPs)
- Medicaid Programs
- Veterans Programs
- Harm Reduction Programs
- Regional Trends
- Latest News
- Contact Information
- Disclaimer
- Methodology
- References

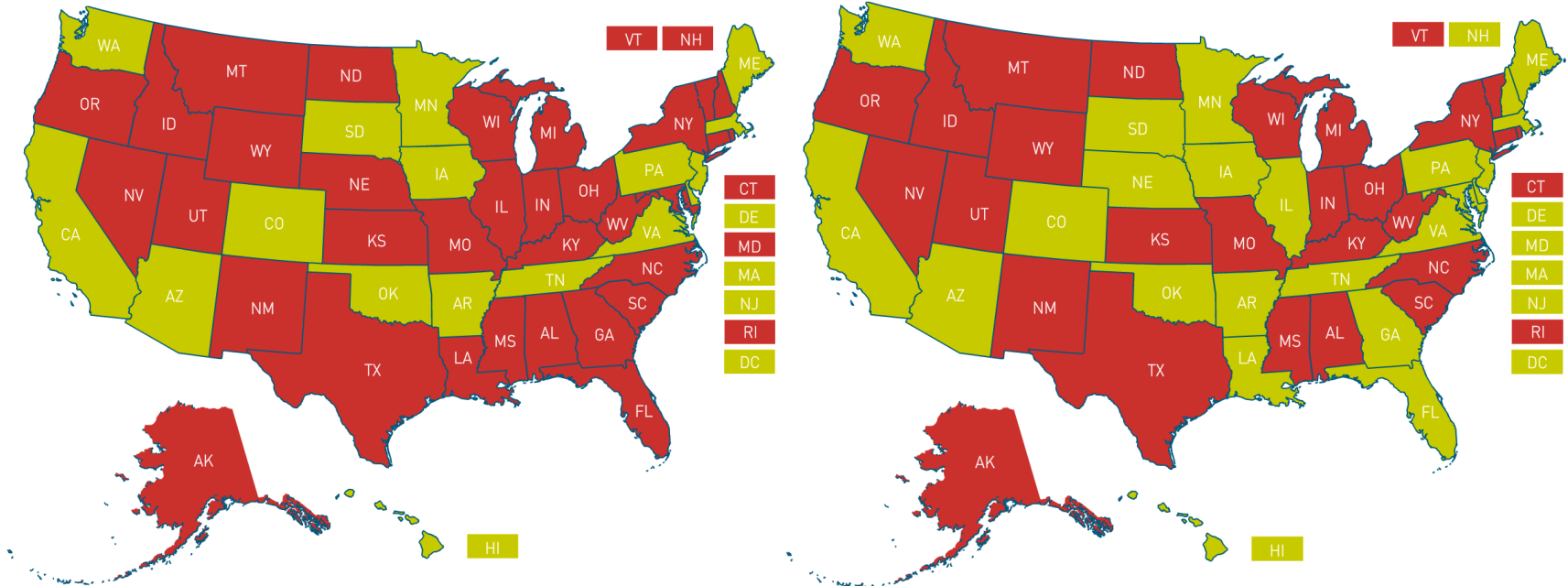
ADAP HCV DAA Trends: 2015-2017

- **Coverage Trends**
 - January 2015:
 - States offering Expanded Coverage – 7 (CA, CO, HI, IA, MA, MN, NJ)
 - States offering only Basic Coverage – 24
 - June 2015:
 - States offering Expanded Coverage – 11 (AZ, AR, CA, CO, HI, IA, LA, MA, MN, NJ, SD)
 - States offering only Basic Coverage – 24
 - January 2016:
 - States offering Expanded Coverage – 17 (AZ, AR, CA, CO, DE, HI, IA, ME, MA, MN, NJ, OK, PA, TN, VA, WA, DC)
 - States offering only Basic Coverage – 18
 - June 2016:
 - States offering Expanded Coverage – 26 (AZ, AR, CA, CO, DE, FL, GA, HI, IL, IA, LA, ME, MD, MA, MN, NE, NH, NJ, OK, PA, SD, TN, VA, WA, DC, PR)
 - States offering only Basic Coverage - 16
 - January 2017:
 - States offering Expanded Coverage – 29 (AZ, AR, CA, CO, DE, FL, GA, HI, IL, IA, LA, ME, MD, MA, MN, NE, NH, NJ, NY, OK, OR, PA, SD, TN, VA, WA, WI, DC, PR)
 - States offering only Basic Coverage – 13
 - August 2017:
 - States offering expanded coverage – 33 (AZ, AR, CA, CO, DE, FL, GA, HI, IL, IA, LA, ME, MD, MA, MN, MO, MT, NE, NH, NJ, NY, ND, OK, OR, PA, SD, TN, TX, VA, WA, WI, DC, PR)
 - States offering only Basic Coverage - 12
 - States have continued to expand coverage as newer, cheaper HCV DAAs hit the market.
 - Expansion has slowed significantly over the past year
 - Harvoni, Zepatier, and Viekira Pak are the most covered drugs – 29, 28, & 26, respectively
 - Olysio and Viekira XR are the least covered drugs – 19 & 18, respectively
 - Mavyret’s WAC of \$39,600 for 12 weeks, \$26,400 for 8 weeks

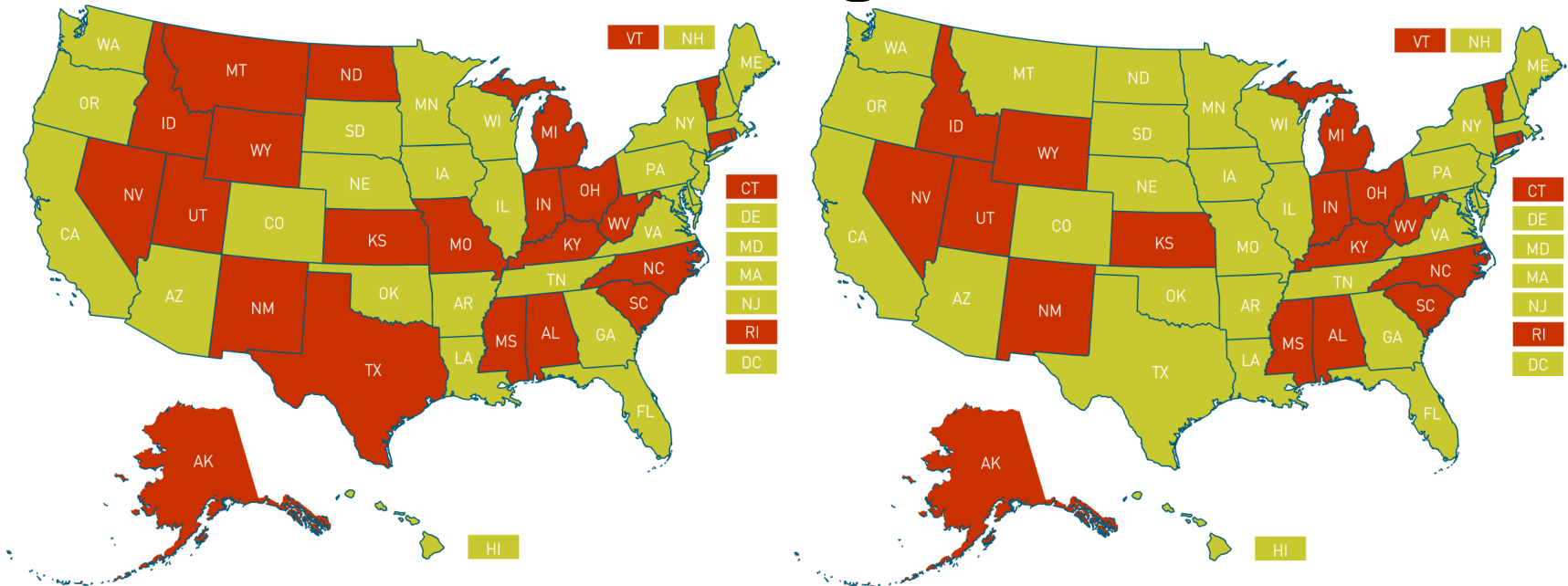
ADAP Expanded Coverage: January 2015 - June 2015



ADAP Expanded Coverage: January 2016 – June 2016

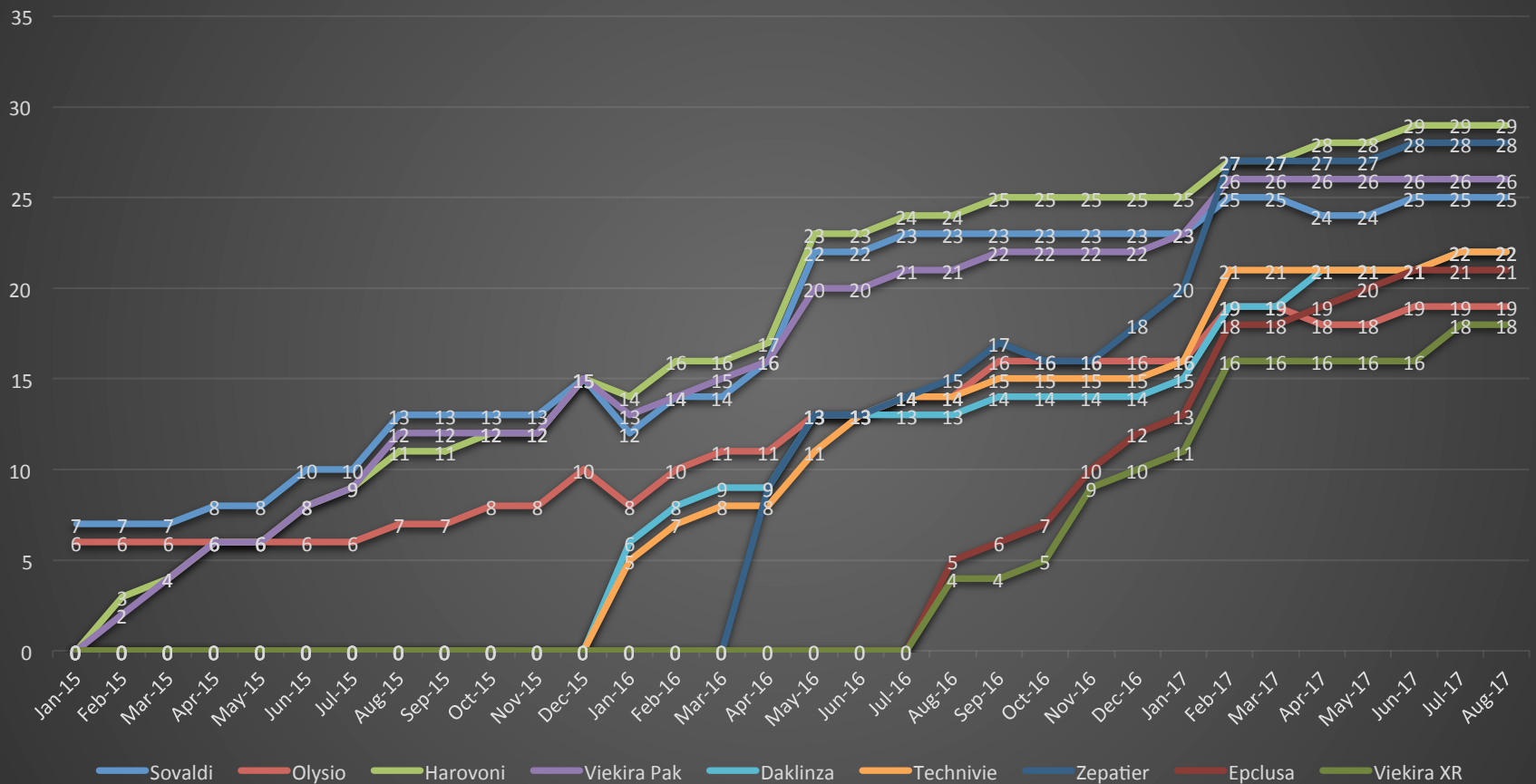


ADAP Expanded Coverage: January - August 2017



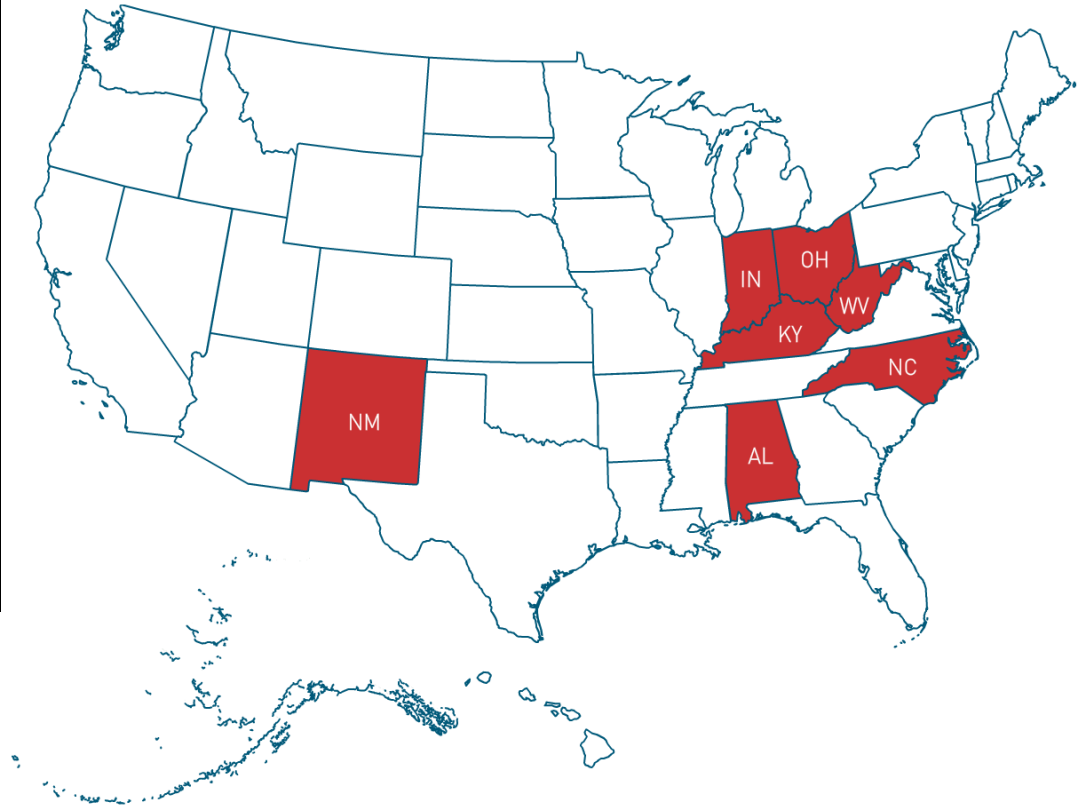
ADAP HCV Drug Utilization: January 2015 – August 2017

ADAP HCV Drug Adoption: January 2015 - August 2017



HCV Rates Compared to ADAP Coverage

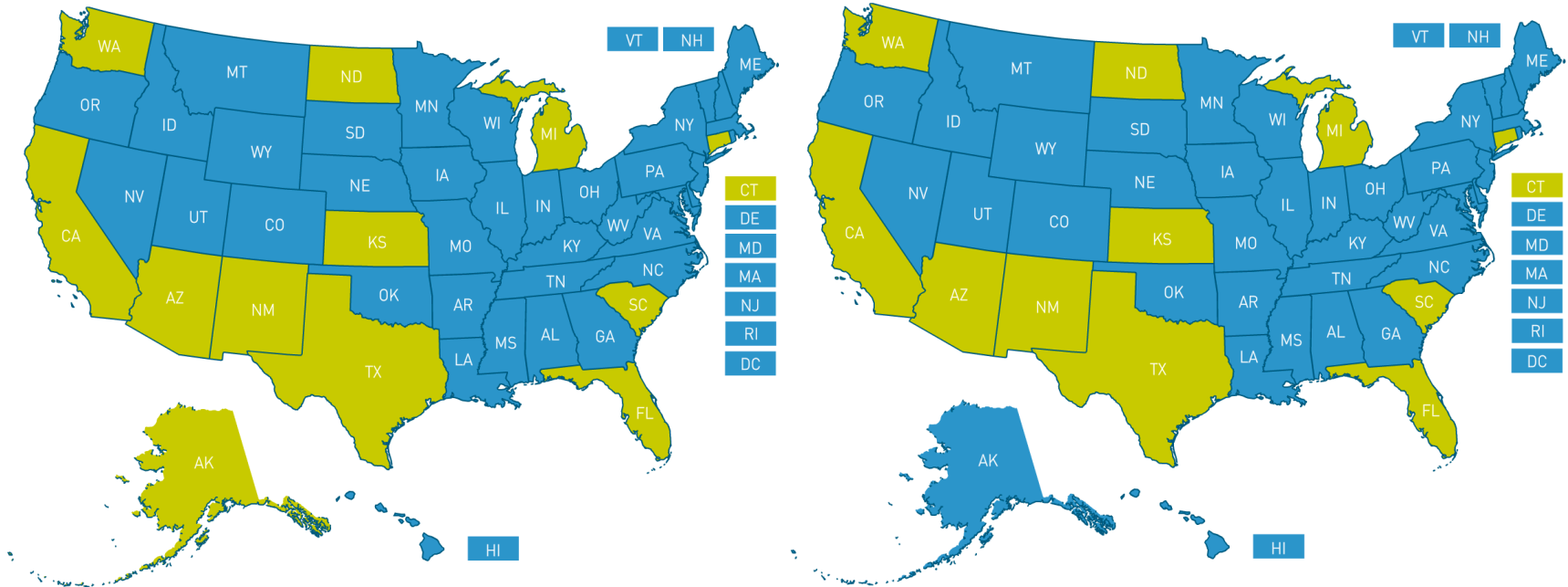
Ten Highest Rates of HCV Infection (2015)		
1	Massachusetts	3.7
2	West Virginia	3.4
3	Kentucky	2.7
4	Tennessee	2.6
5	Maine	2.3
6	Indiana	2.1
7	New Mexico	1.9
8	Montana	1.5
	New Jersey	1.5
9	Alabama	1.4
	North Carolina	1.4
10	Ohio	1.1
	Wisconsin	1.1



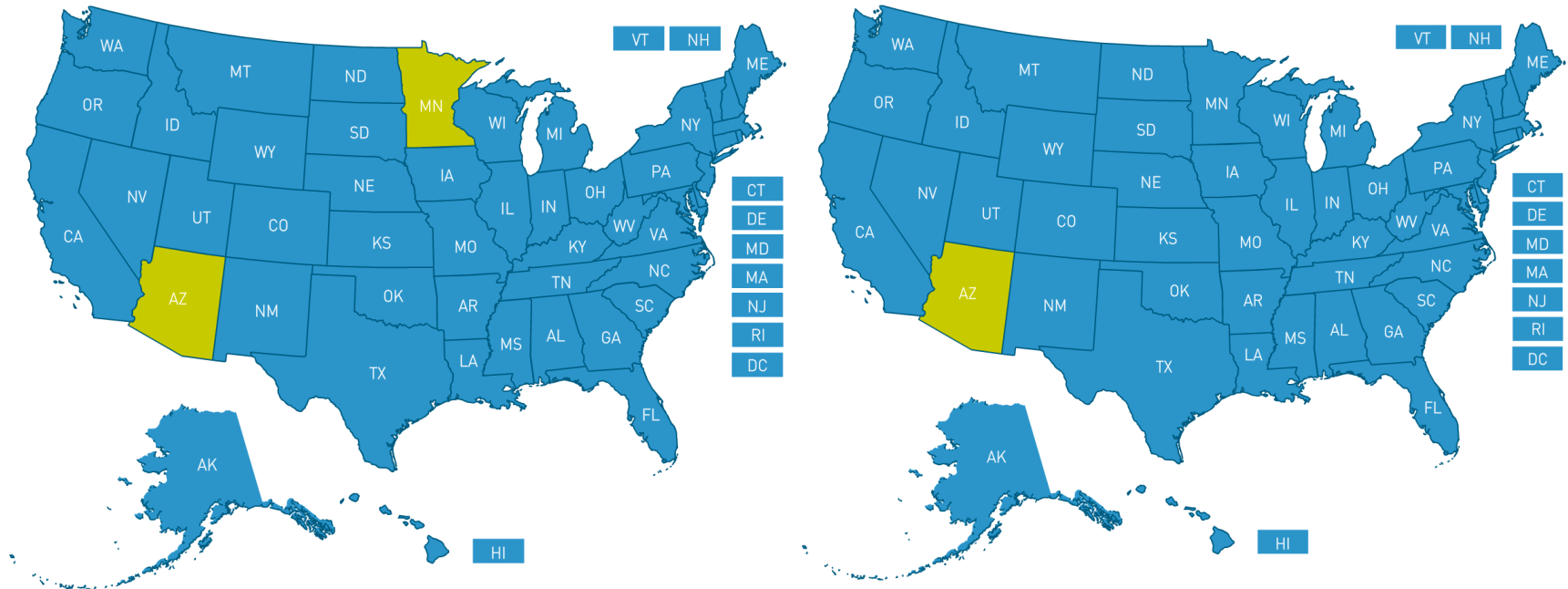
2015-2017 Trends: Medicaid

- **Coverage Trends**
 - January 2015:
 - States offering Expanded Coverage – 38
 - States offering only Basic Coverage – 12 (AK, AR, CA, CT, FL, KS, MI, NM, ND, RI, SC, TX)
 - June 2015:
 - States offering Expanded Coverage – 39
 - States offering only Basic Coverage – 11 (AR, CA, CT, FL, KS, MI, NM, ND, SC, TX, WA)
 - January 2016:
 - States offering Expanded Coverage – 49
 - States offering only Basic Coverage – 2 (AR, MI)
 - June 2016:
 - States offering Expanded Coverage – 50
 - States offering only Basic Coverage – 1 (AR)
 - August 2016 – August 2017:
 - States offering Expanded Coverage – 51
 - States offering only Basic Coverage – 0
 - All states currently offer Expanded Coverage for HCV drugs
 - Medicaid programs quicker to adopt HCV drugs than ADAPs
 - States with multiple coverage plans are likelier to have plans offering only one or two HCV DAAs

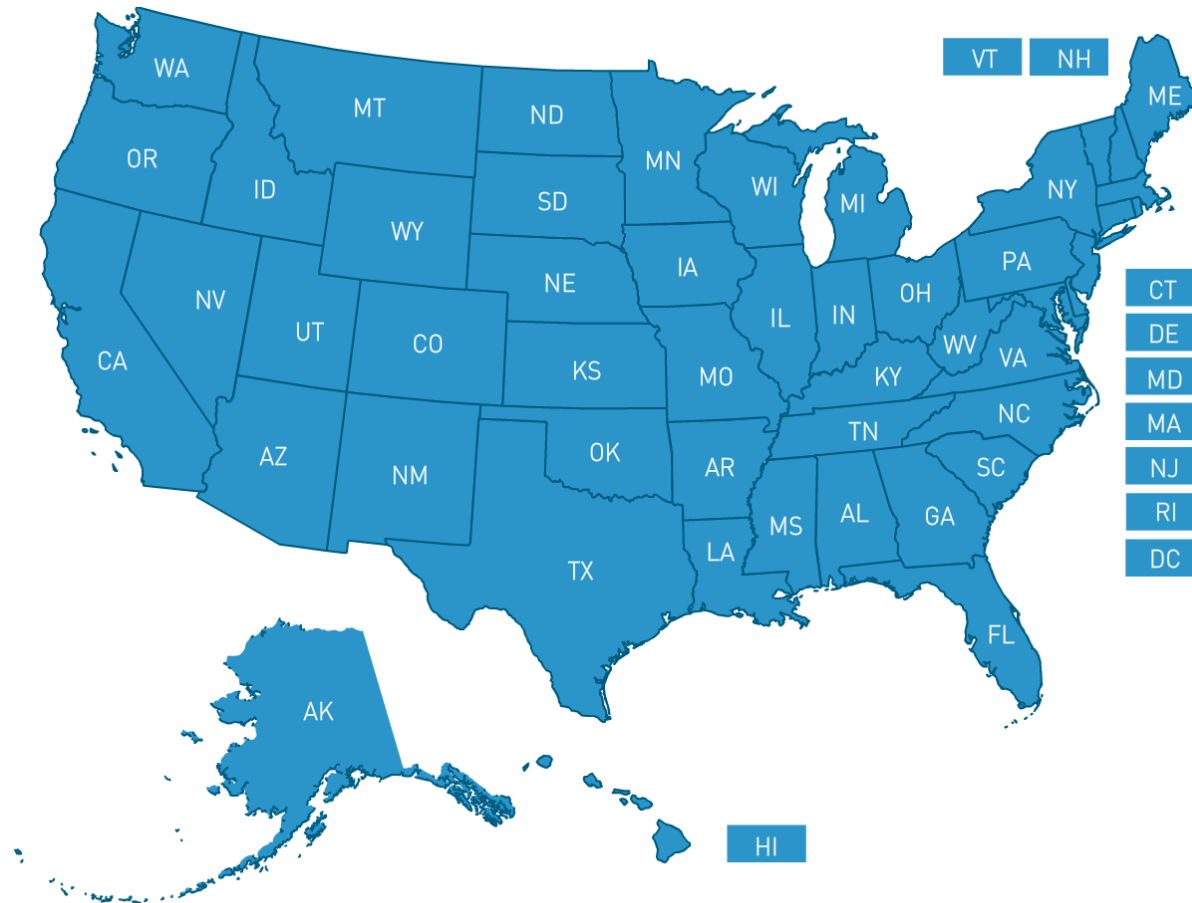
Medicaid Expanded Coverage: January 2015 – June 2015



Medicaid Expanded Coverage: January 2016 – June 2016

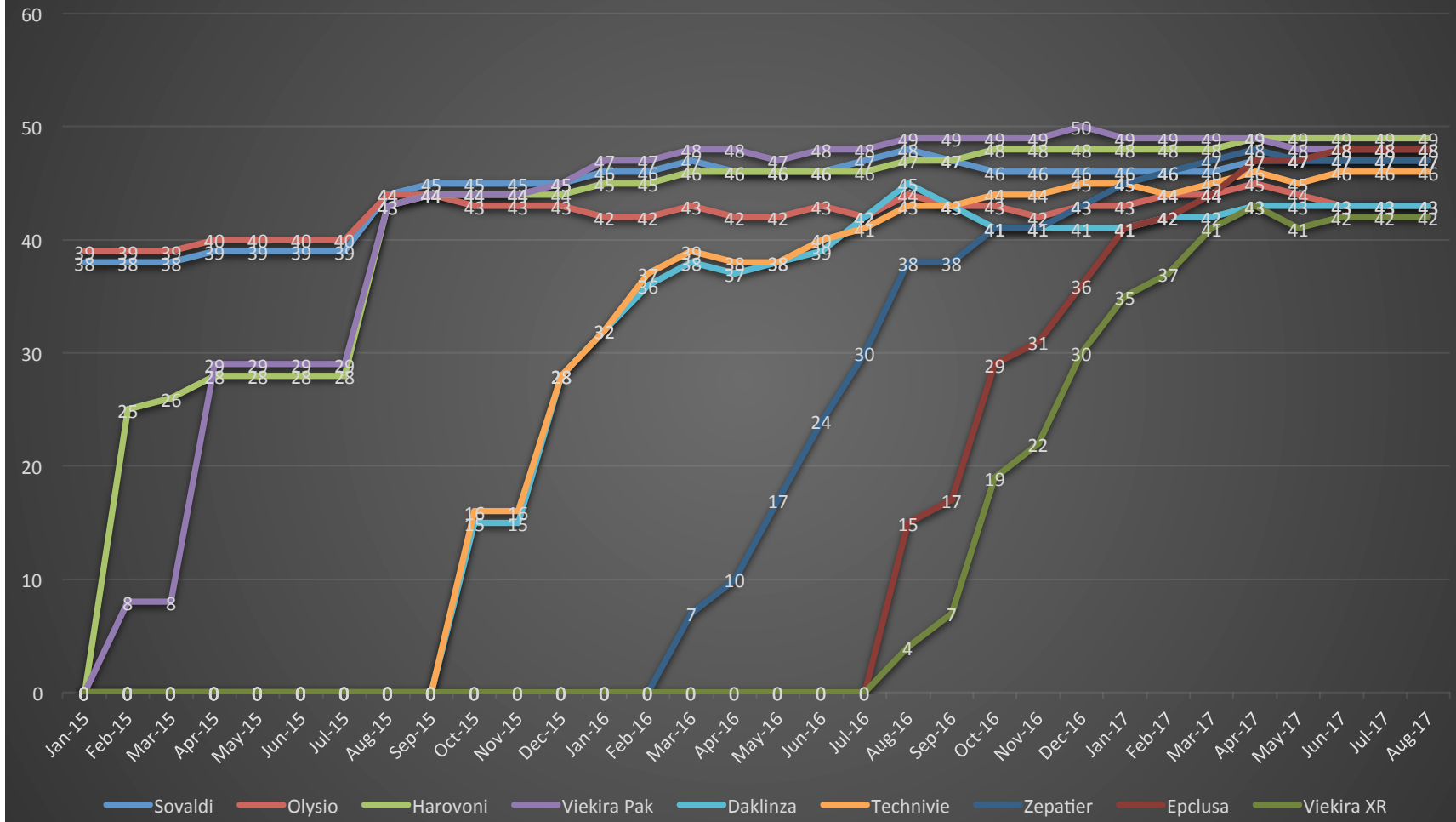


Medicaid Expanded Coverage: August 2016 – August 2017



Medicaid HCV Drug Utilization

Medicaid HCV Drug Adoption: January 2015 - August 2017



2017 Trends: Veterans Affairs

- **Coverage Trends:**
 - The Report began covering VA HCV coverage in March 2016
 - Coincided with VA announcement of universal coverage for all eligible VA members
 - Most-used drugs: Epclusa (16); Harvoni (10); Zepatier (10)
 - VA continues to provide most effective treatment program in government-funded healthcare

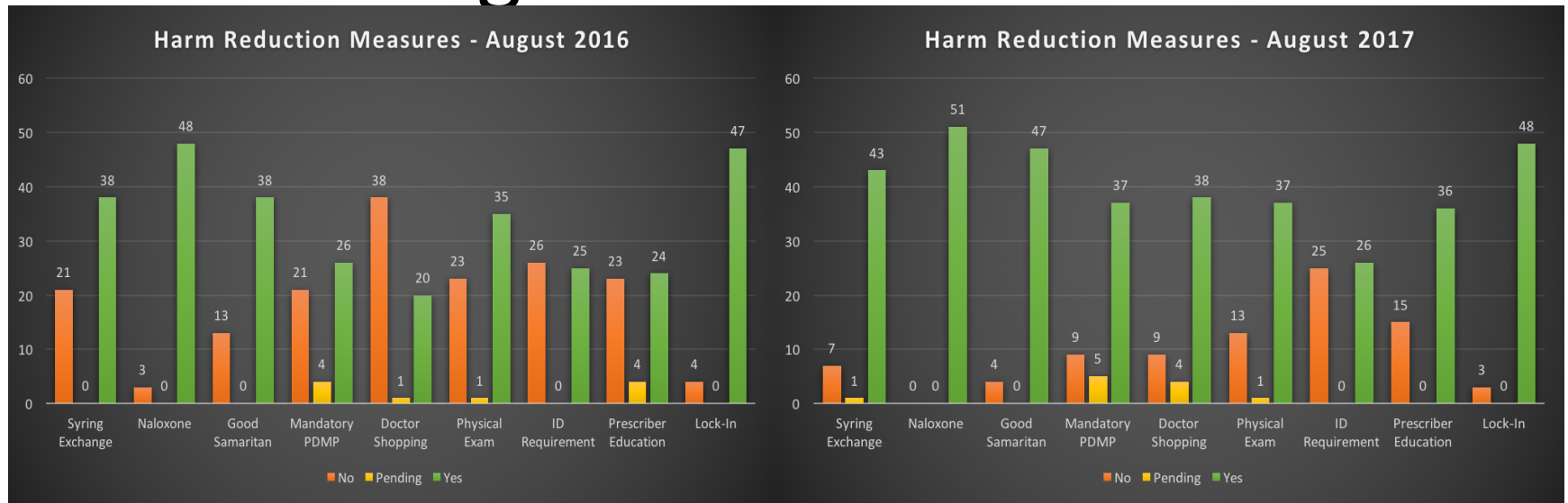
2017 Trends: Harm Reduction

- Harm Reduction measures becoming more popular:
 - Syringe Services Programs (SSPs)
 - Expanded Naloxone Access
- CDC Public Health Law Program site for Prescription Drugs not updated since August 2015:
 - Data difficult to track
 - Reports outdated
- Primary barriers to Harm Reduction Measures:
 - Syringe Exchange:
 - Data vs. Perception
 - “Enabling”
 - “Condoning”
 - Safety/Biohazardous Waste
 - Mandatory PDMP Use:
 - Physician/Pain Advocate opposition
 - Outdated software/interface / User unfriendly
 - “Time hassle”

2017 Trends: Harm Reduction

- Primary barriers to Harm Reduction Measures:
 - Doctor Shopping:
 - Federal blanket statute
 - Reporting/Checking hassle
 - Physical Exam Requirement:
 - Physician/Pain Advocate opposition
 - “Too time consuming”
 - “Too onerous”
 - Patient mobility/barriers to accessing care/treatment
 - ID Requirement for Purchase of Prescription Opioid Drugs:
 - Pain Advocate opposition
 - “Burden on poor/minority patients”
 - Hardware update costs for scanning
 - “Government tracking”
 - Prescriber Education:
 - Physician opposition
 - “Time consuming”
 - Pharmacy Lock-In Programs:
 - Outdated/User unfriendly software/interface
 - Paid Advocate opposition – “Barrier to accessing care/treatment”

Harm Reduction Measures: August 2016 vs. 2017



Contact Information

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