

# HIV/HCV Co-Infection Watch: 2019 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.tiicann.org>

# HIV/HCV Co-Infection Watch

## 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
  - Patient Assistance Programs (PAPs)
  - Harm Reduction
  - Regional Trends
  - Incarcerated Populations

# HIV/HCV Co-Infection Watch

## Background – What's included

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

# ADAP HCV DAA Trends: 2015-2019

- **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



# ADAP HCV DAA Trends: 2015-2019

- **Coverage Trends**

- January 2018:

- States offering expanded coverage – 37 (AL, AZ, AR, CA, CO, DE, FL, GA, HI, IL, IA, LA, ME, MD, MA, MN, MO, MT, NE, NH, NJ, NY, NC, ND, OK, OR, PA, RI, SD, TN, TX, VA, WA, WV, WI, DC, PR)
- States offering only Basic Coverage – 8

- June 2018:

- States offering expanded coverage – 37 (AL, AZ, AR, CA, CO, DE, FL, GA, HI, IL, IA, LA, ME, MD, MA, MI, MN, MO, NE, NH, NJ, NM, NY, NC, ND, OK, OR, PA, RI, SD, TN, TX, VA, WA, WV, WI, DC, PR) – MT drops expanded coverage
- States offering only Basic Coverage – 6

- January 2019:

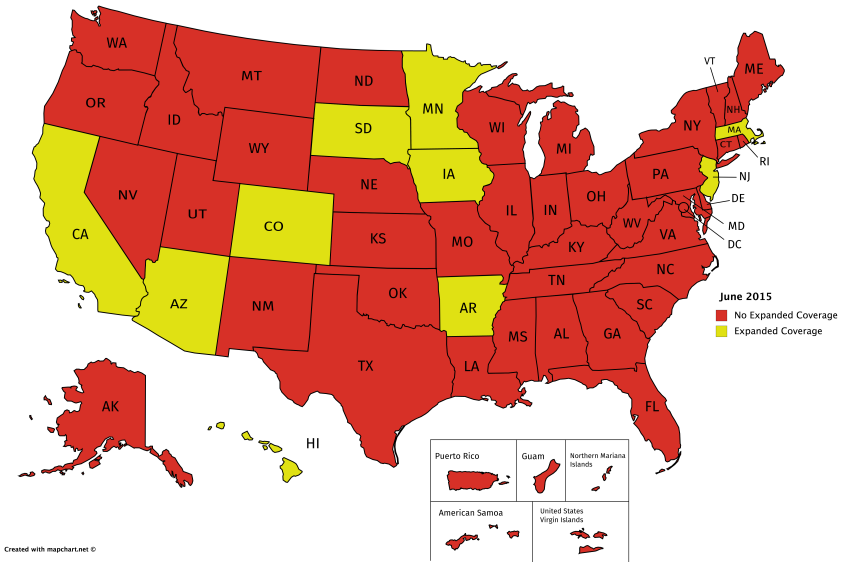
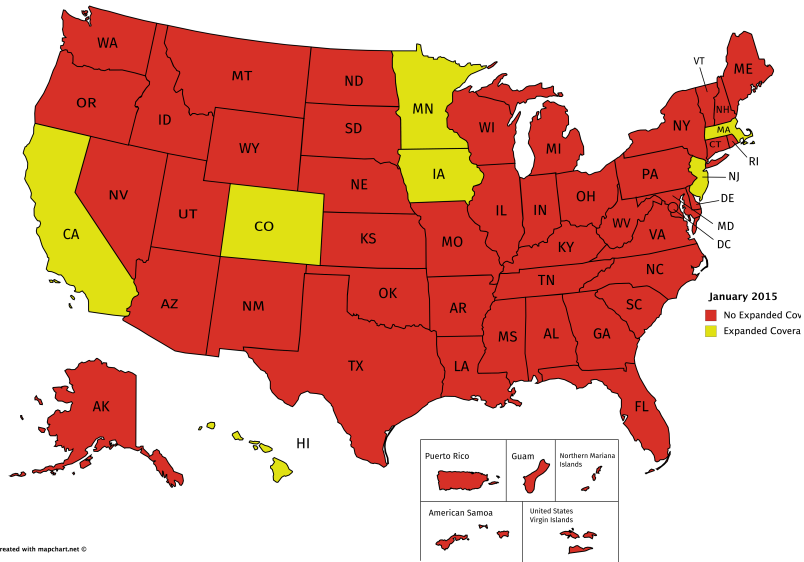
- States offering expanded coverage – 40 (AL, AZ, AR, CA, CO, DE, FL, GA, HI, IL, IA, LA, ME, MD, MA, MI, MN, **MS**, MO, NE, **NV**, NH, NJ, NM, NY, NC, ND, OK, OR, PA, RI, SD, TN, TX, VA, WA, WV, WI, DC, PR)
- States offering only Basic Coverage – 6

- June 2019:

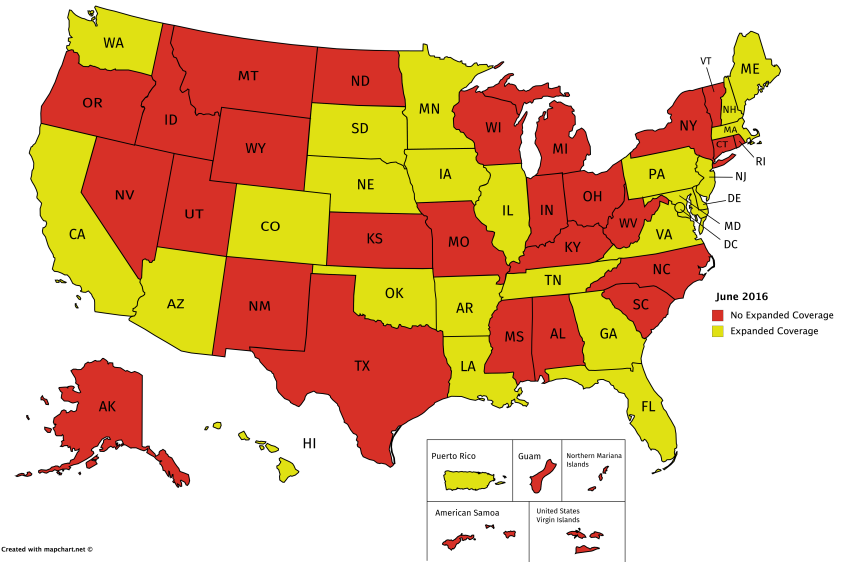
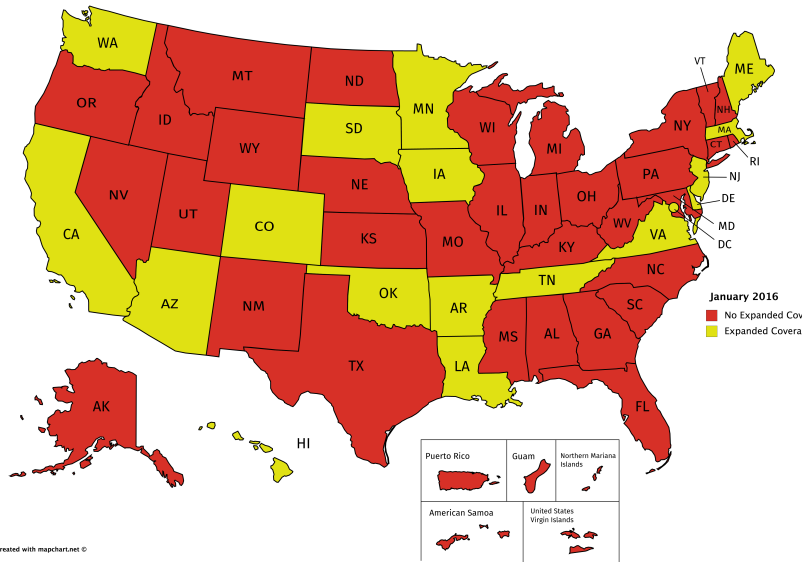
- States offering expanded coverage – 43 (AL, AZ, AR, CA, CO, DE, FL, GA, HI, IL, **IN**, IA, LA, ME, MD, MA, MI, MN, MS, MO, **MT**, NE, NV, NH, NJ, NM, NY, NC, ND, OK, OR, PA, RI, SD, TN, TX, VA, WA, WV, WI, **WY**, DC, PR)
- States offering only Basic Coverage – 4 (AK, CT, SC, FM)

- States have continued to expand coverage as newer, cheaper HCV DAAs hit the market.
- Five states have expanded coverage to include HCV DAA in 2019 (MS expanded in September 2018)
- Authorized generics of Harvoni and Eplclusa hit the market in January 2019
- Zepatier, Mavyret, and Harvoni are the most covered drugs – 38, 37, & 36 states cover them, respectively
- Mavyret has become the fastest adopted drug

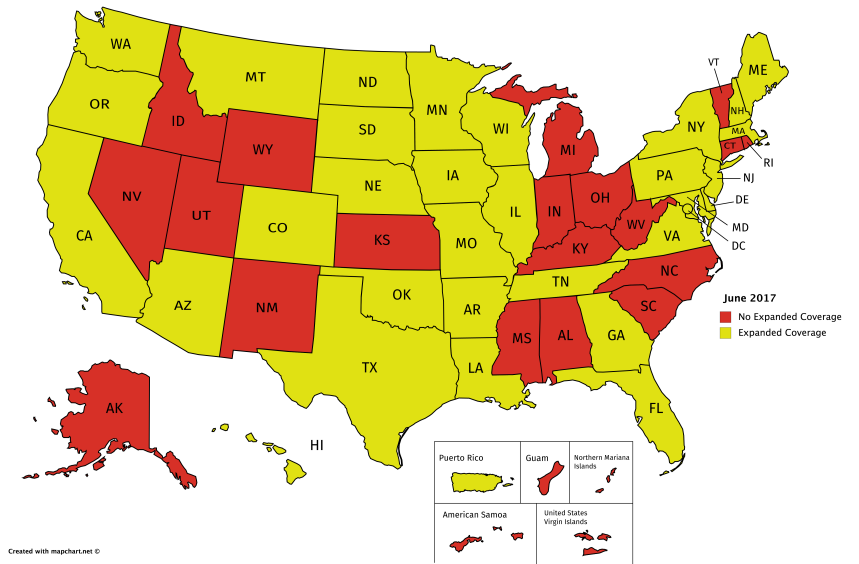
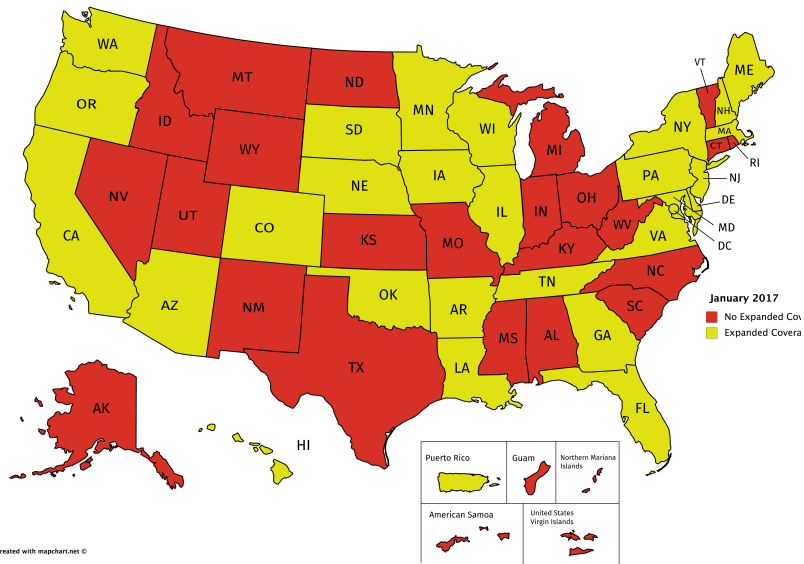
# ADAP Expanded Coverage: January - June 2015



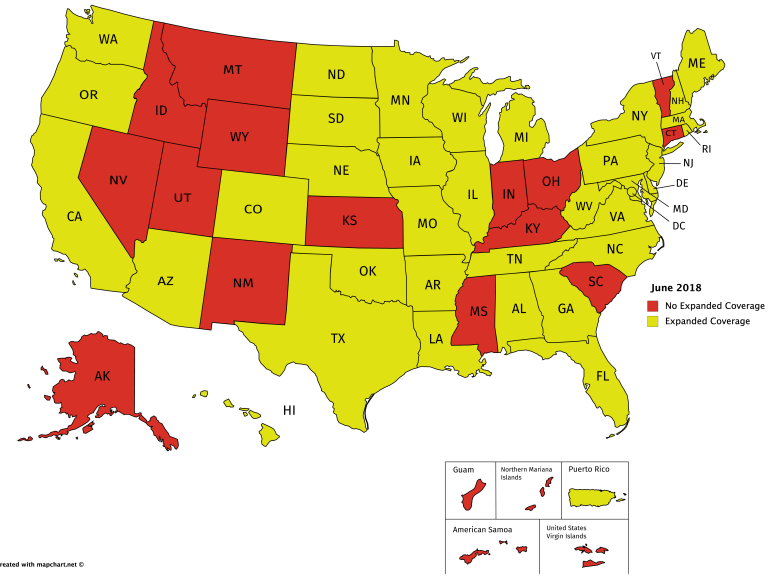
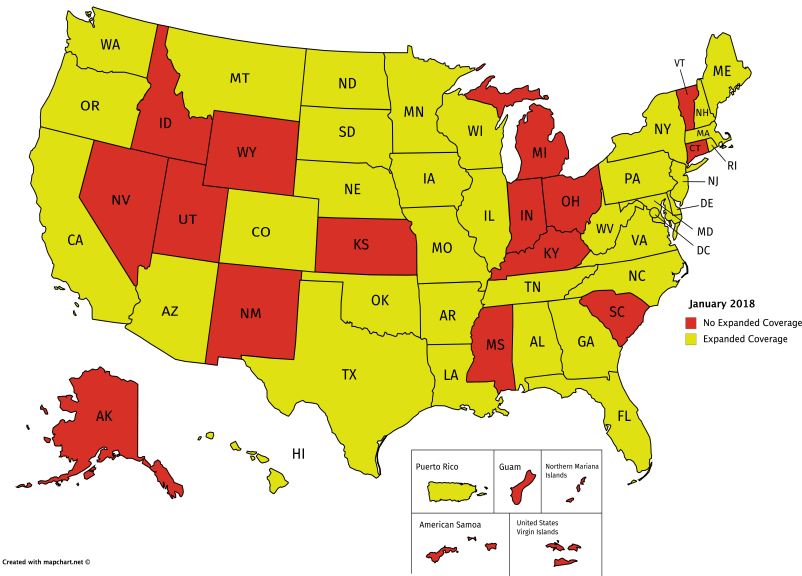
# ADAP Expanded Coverage: January – June 2016



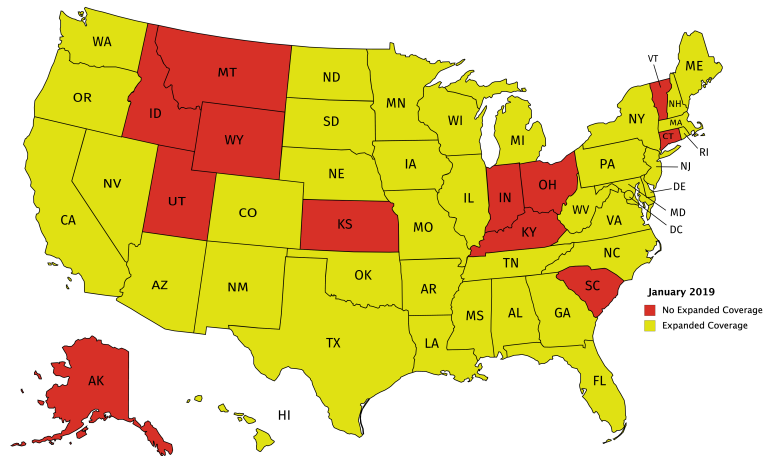
# ADAP Expanded Coverage: January - June 2017



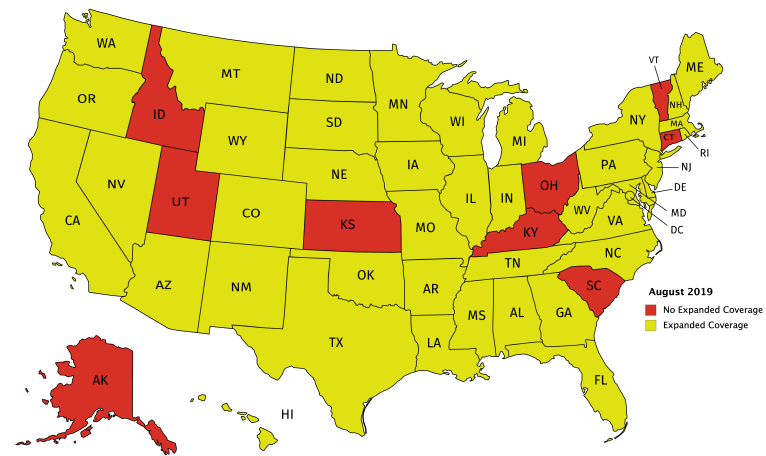
# ADAP Expanded Coverage: January - June 2018



# ADAP Expanded Coverage: January 2019 – August 2019



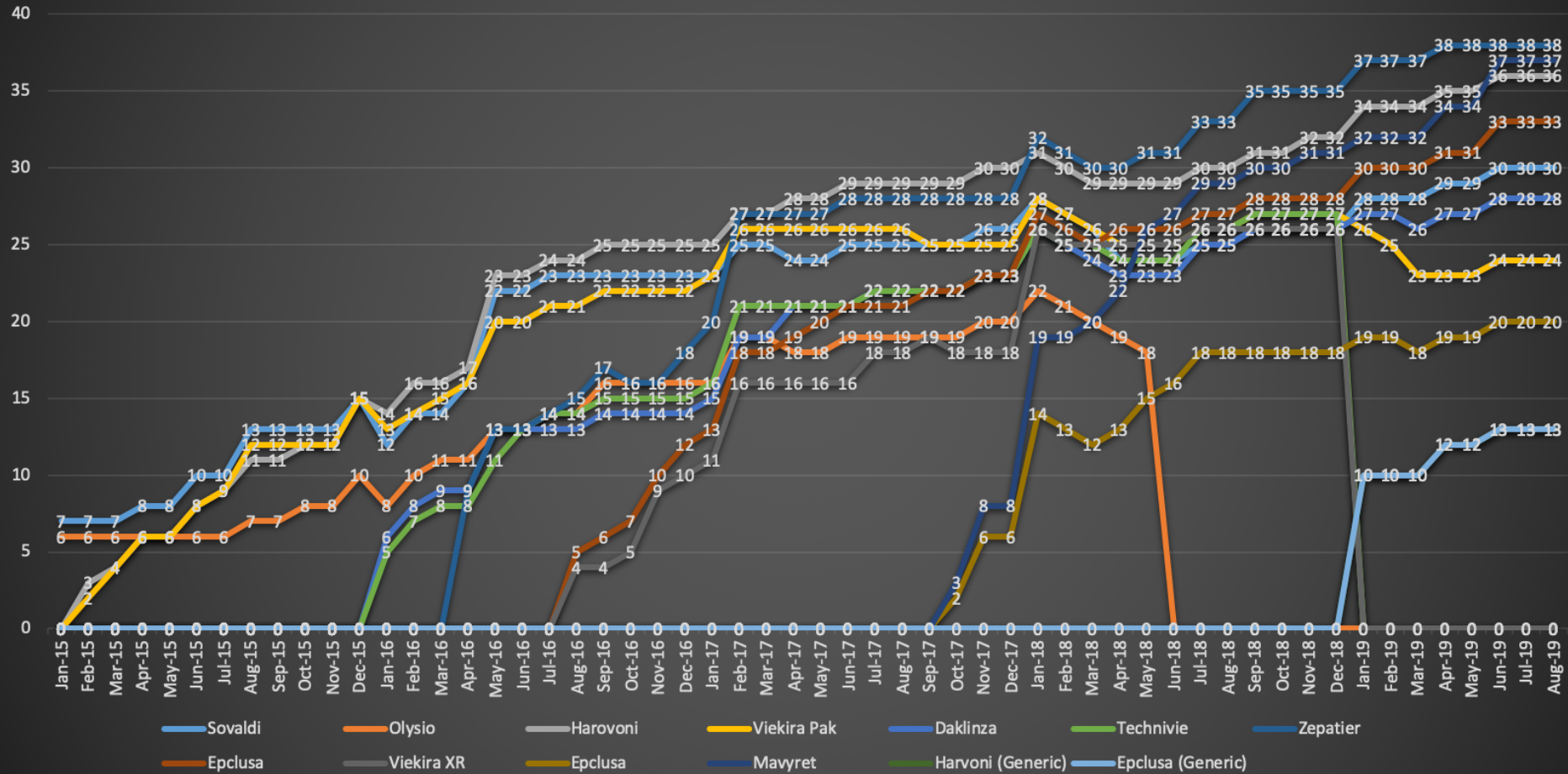
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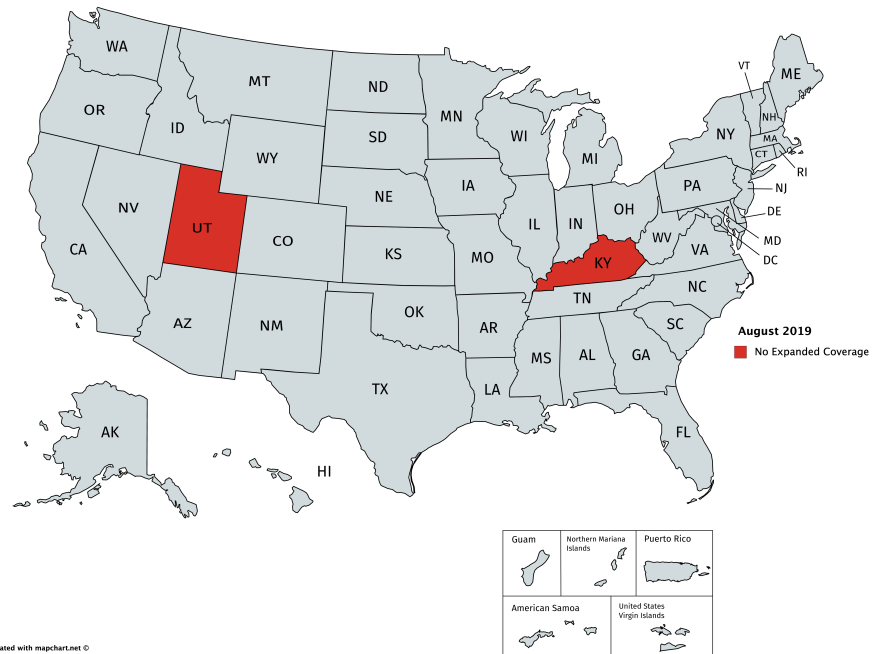
# ADAP HCV Drug Utilization: January 2015 – August 2019

ADAP HCV Drug Adoption: January 2015 - August 2019



# Top Ten HCV Rates Compared to Expanded ADAP HCV Coverage

Ten Highest Rates of HCV Infection (2017)		
1	West Virginia	5.6
2	Massachusetts	4.8
3	Indiana	2.9
4	Utah	2.6
5	South Dakota	2.2
6	Tennessee	2.1
7	Kentucky	1.9
8	Florida	1.7
	Pennsylvania	1.7
9	Maine	1.6
	Wisconsin	1.6
10	Michigan	1.5
	National Rate	1.0



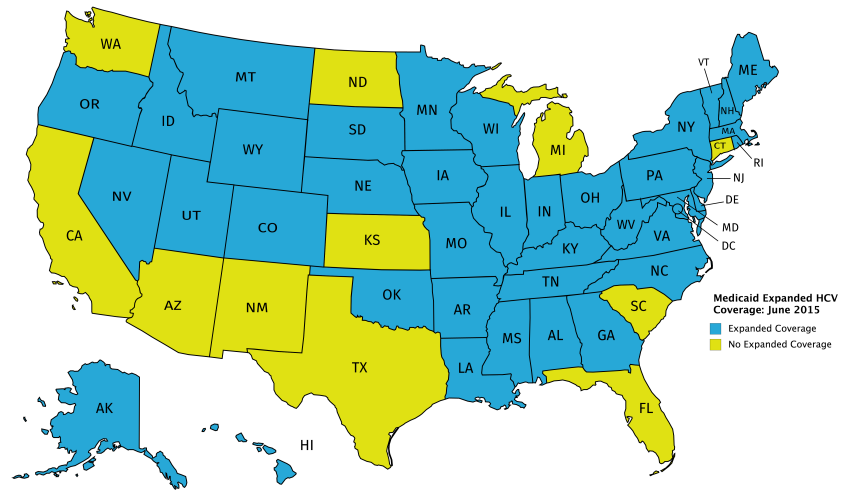
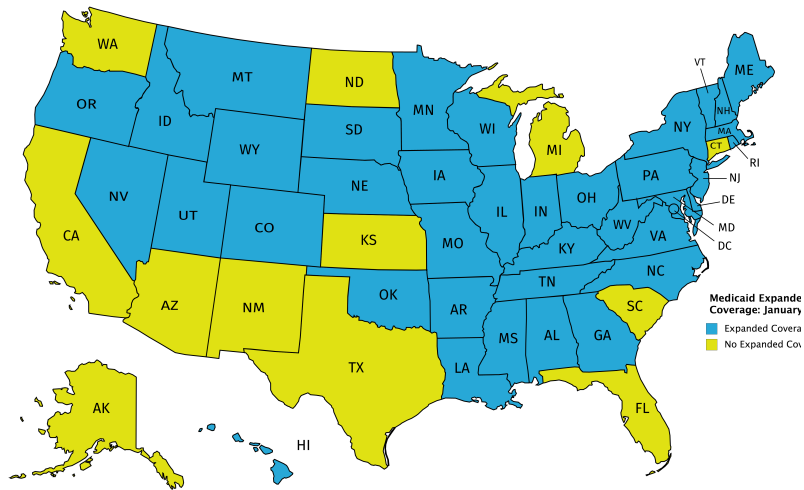


# 2015-2019 Trends: Medicaid

- **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 – Present:
  - 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 Managed Care Organization plans are likelier to have plans offering only one or two HCV DAAs
- Prior Authorization requirements continue to serve as a barrier to treatment in most states

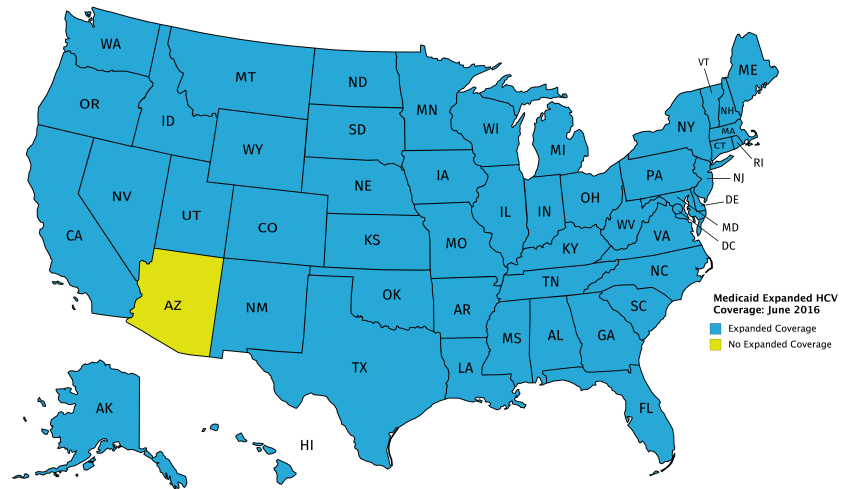
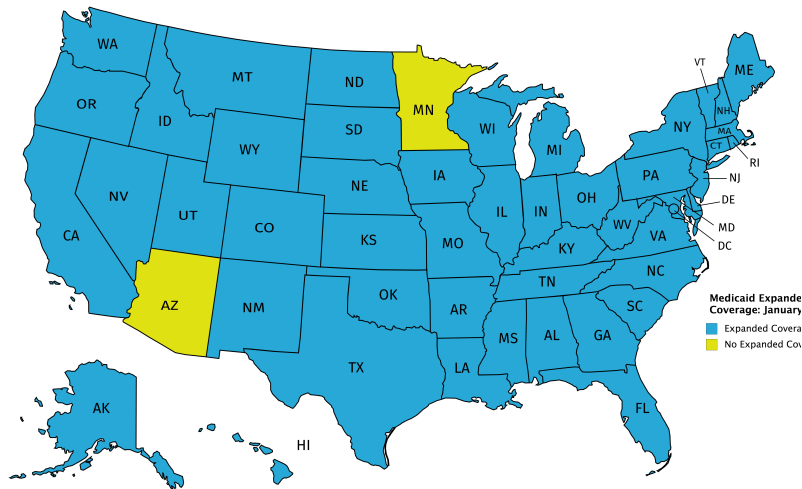
# Medicaid Expanded Coverage: January 2015 – June 2015



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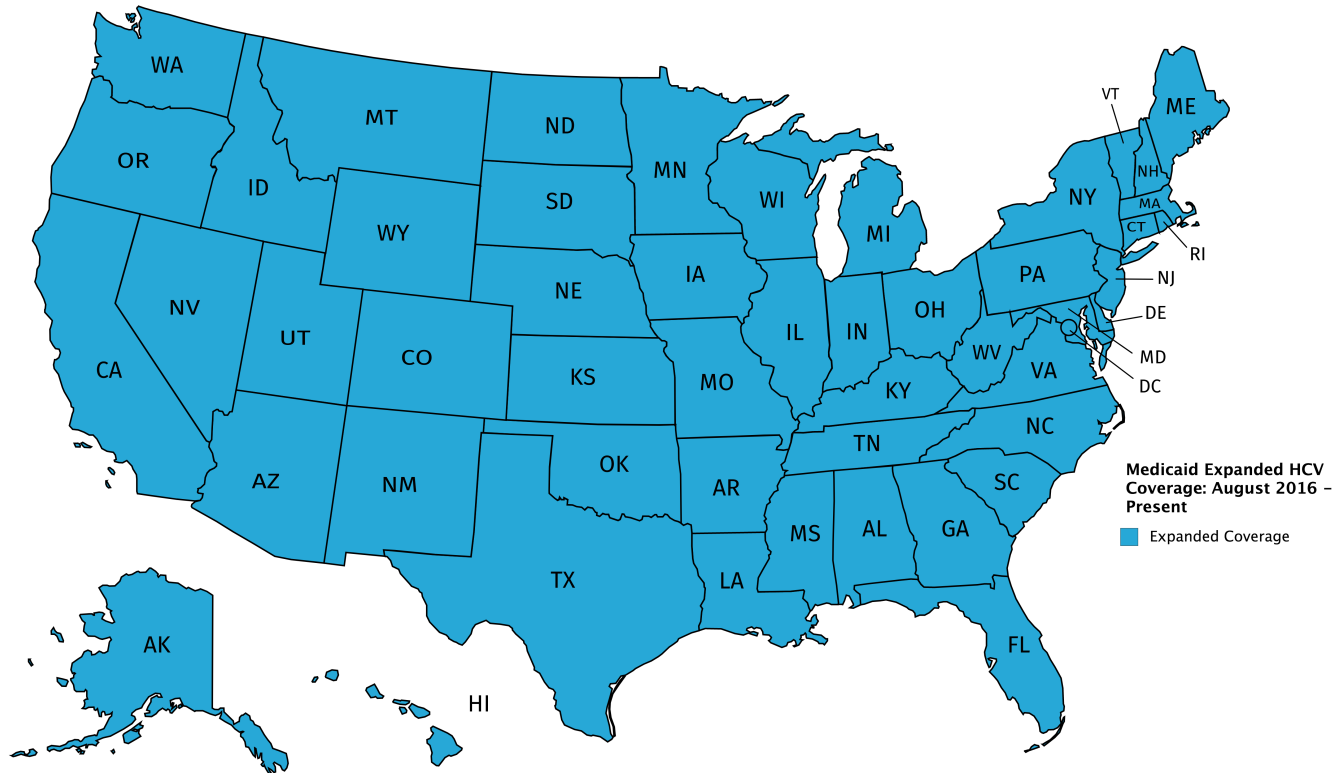
# Medicaid Expanded Coverage: January 2016 – June 2016



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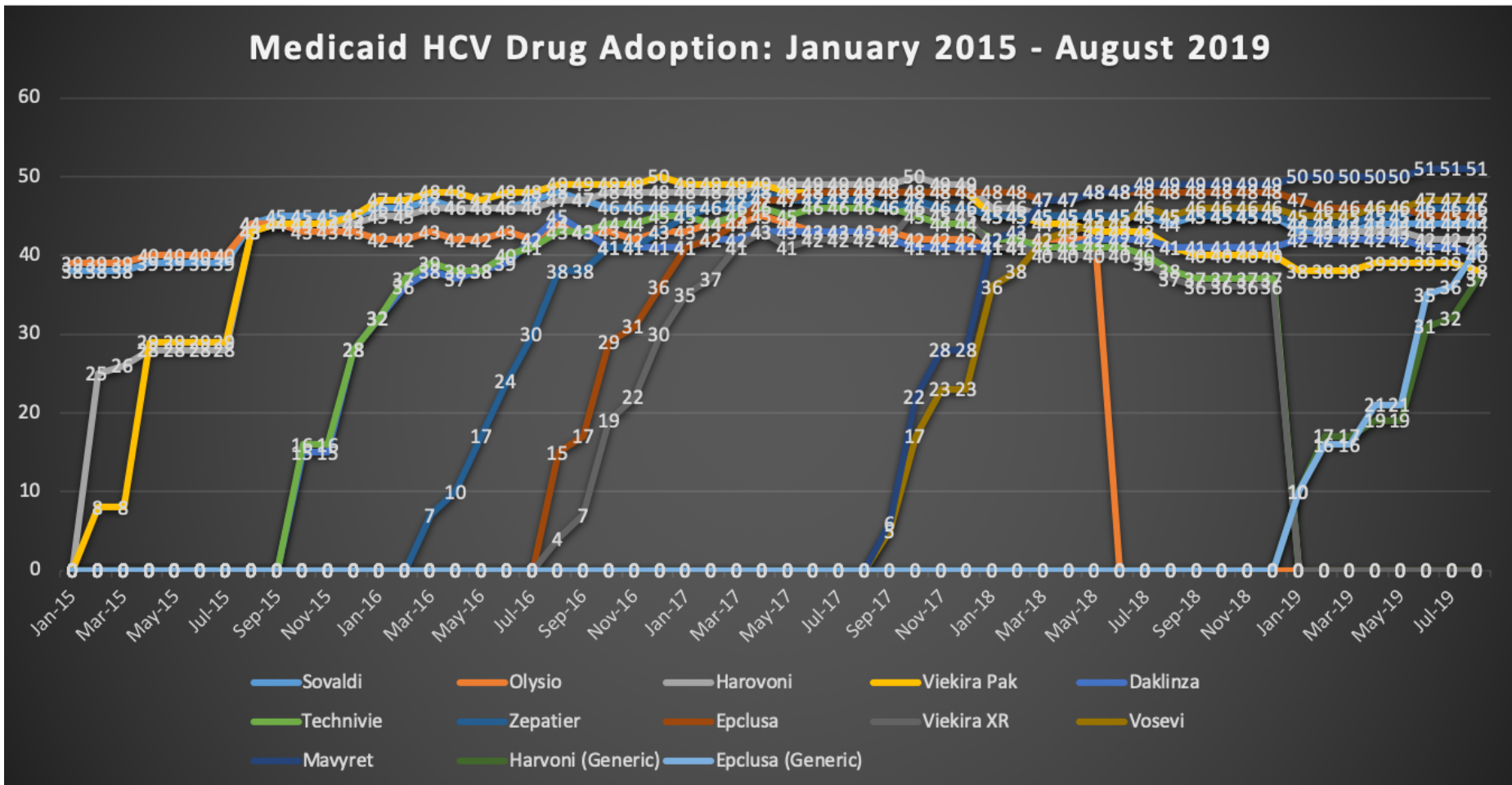
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# Medicaid Expanded Coverage: August 2016 – Present



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# Medicaid HCV Drug Utilization: January 2015 – August 2019



# 2019 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
  - Since 2016, the VA has cured 100,000 Veterans of HCV (U.S. Department of Veterans Affairs, 2019)
  - Most-used drugs: Zepatier, Mavyret, Harvoni, Epclusa, Vosevi (in treatment experienced)
  - VA continues to provide most effective treatment program in government-funded healthcare

# 2019 Trends: Harm Reduction

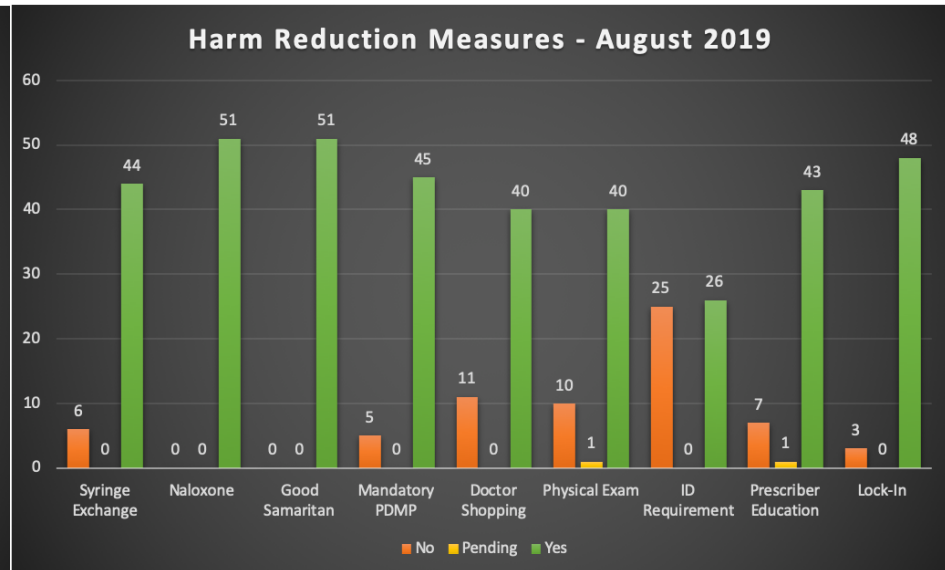
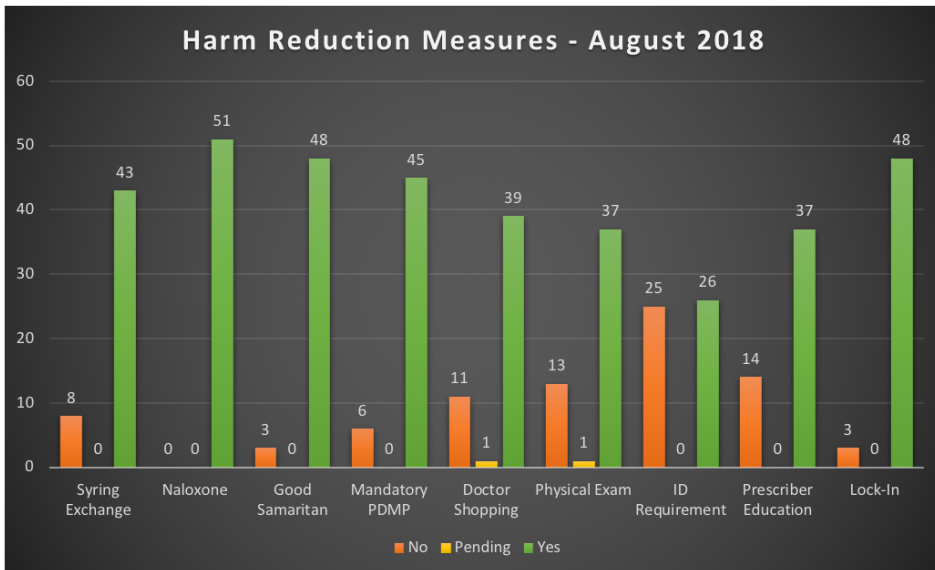
- Syringe Services Programs (SSPs) continue to be met with community/official backlash
  - Despite legalization of SSPs in both Georgia and Florida, local communities continue to voice opposition against SSPs in Arizona, California, Connecticut, Idaho, Indiana, Maine, Maryland, Massachusetts, New York, Rhode Island, and Vermont
  - Local counties and municipalities continue to shut down existing SSPs citing dubious reports of increased needle waste, failures to keep adequate exchange records, law enforcement opposition, enabling, and lack of oversight

# 2019 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”



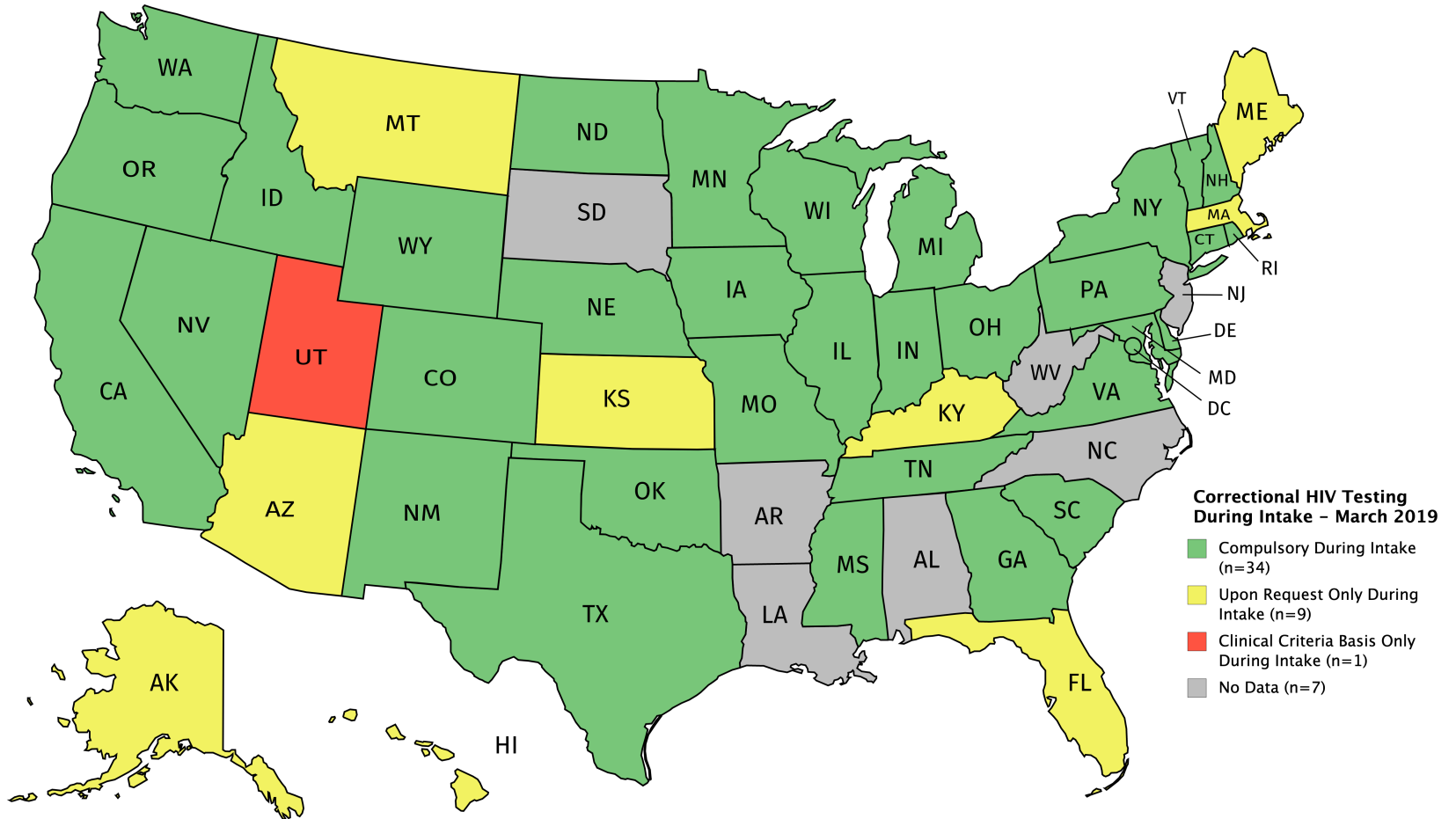
# Harm Reduction Measures: August 2018 vs. 2019



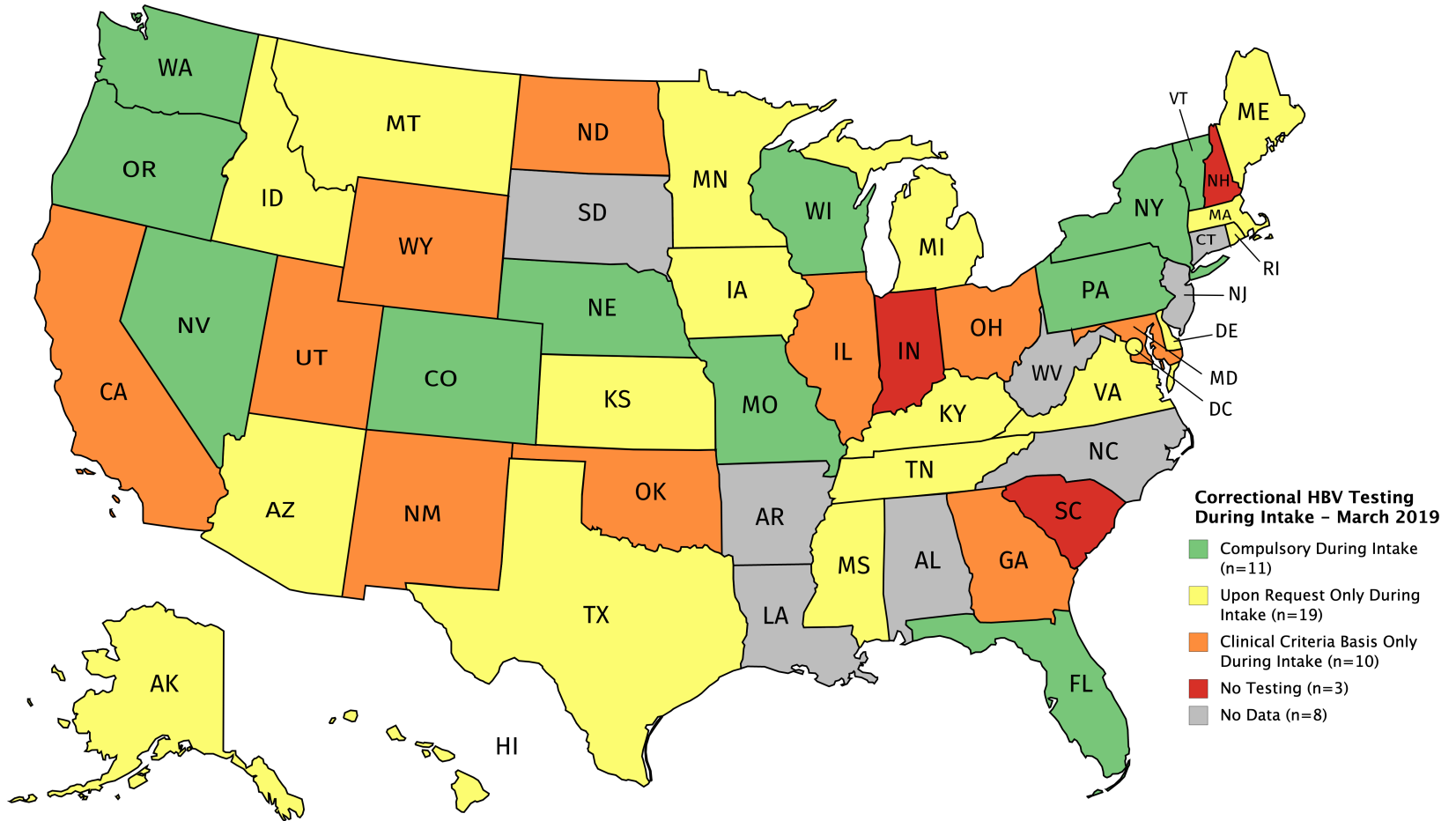
# Viral Hepatitis in Correction Settings

## State Facility Screening/Testing Protocols

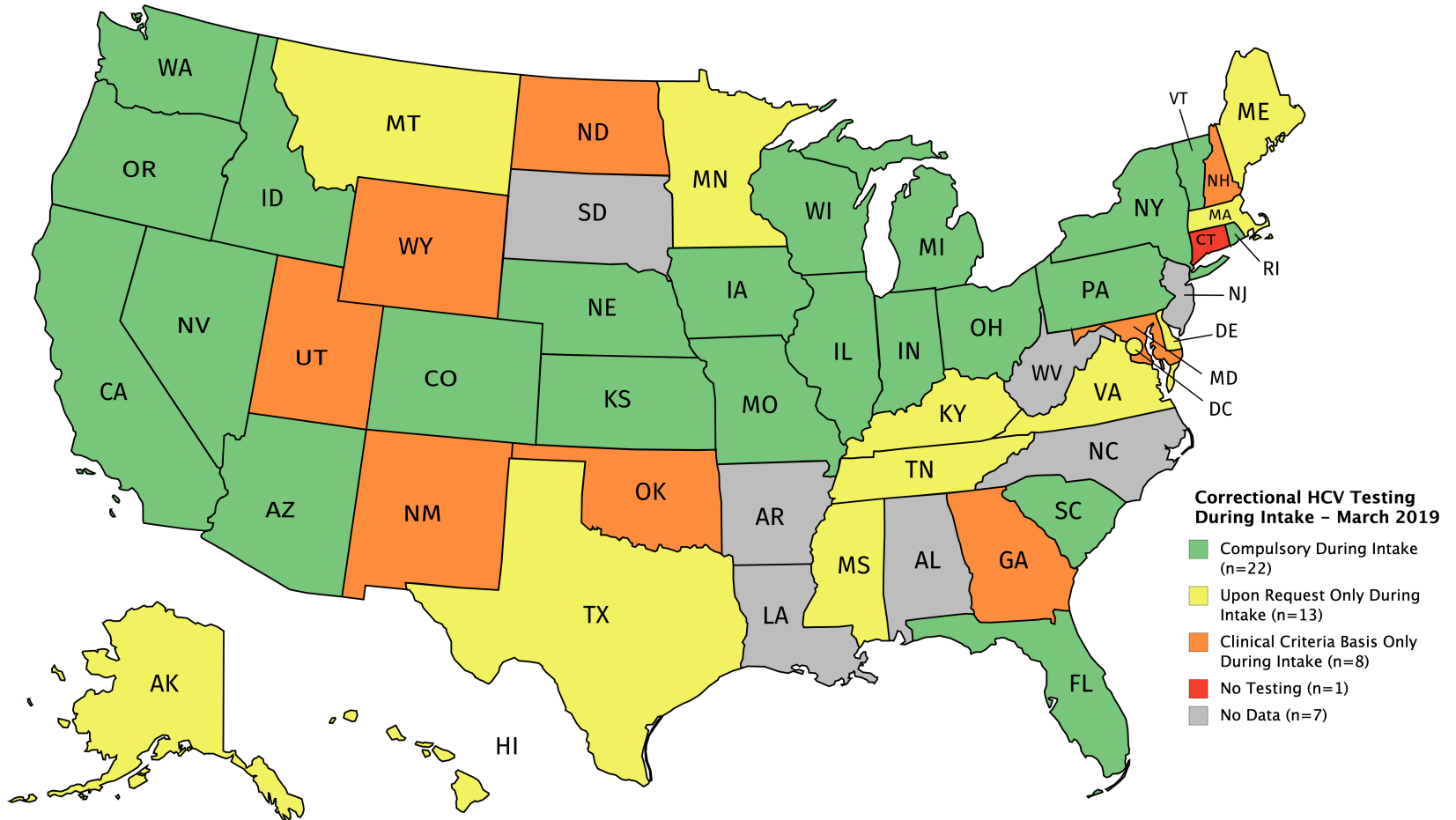
- Only 14 states publicly post specific testing protocols on state Corrections websites
- HBV:
  - Only 11 states require HBV testing upon entry
  - AL, AK, IN, KY, ME, NC, OH, TN, & WV all fall within the Top Ten states for rates of new HBV infections
  - Most of these states perform intake testing upon request only; Indiana does not test for HBV
  - No data are present for AL, AK, NC, or WV
- HCV:
  - Only 21 states require HCV testing upon entry (with AZ soon to add compulsory testing)
  - DE, KY, ME, MA, MT, NJ, SD, TN, UT, & WV all fall within the Top Ten states for rates of new HCV infections
  - DE, KY, ME, MA, MT, & TN only test for HCV upon request
  - No data are present for NJ, SD, or WV



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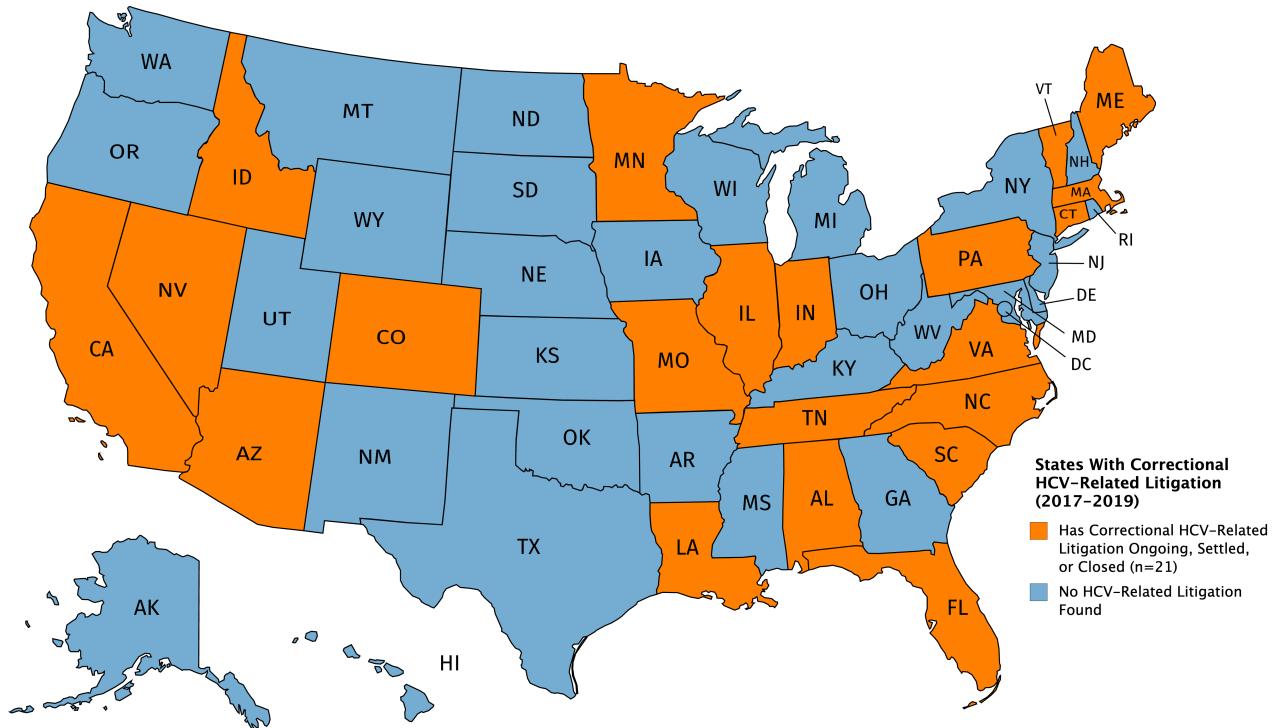
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# State/Federal HCV-Related Lawsuits (2017-2019)

At least **21** Class-Action and Civil Rights Action lawsuits were ongoing in **21** states between 2017-2019. (This graphic may not represent every suit filed at all levels)



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