



COMMUNITY ACCESS
NATIONAL NETWORK

6th Annual National Monitoring Report on HIV/HCV Co-Infection

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Community Access National Network (CANN)

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DISCLOSURE OF CONFLICT OF INTEREST (IF ANY)

If applicable please disclose any conflicts of interest.



AIDS Drug Assistance Programs (ADAPs) Coverage Trends January 2015–July 2021

January 2015:

- States offering Expanded Coverage – 7
(CA, CO, HI, IA, MA, MN, NJ)
- States offering only Basic Coverage – 24
(AL, AK, AZ, CT, DE, IN, ME, MD, MI, MS, MO, NY, NC, OK, OR, PA, RI, SC, SD, WA, WV, WI, WY, D.C.)

July 2021:

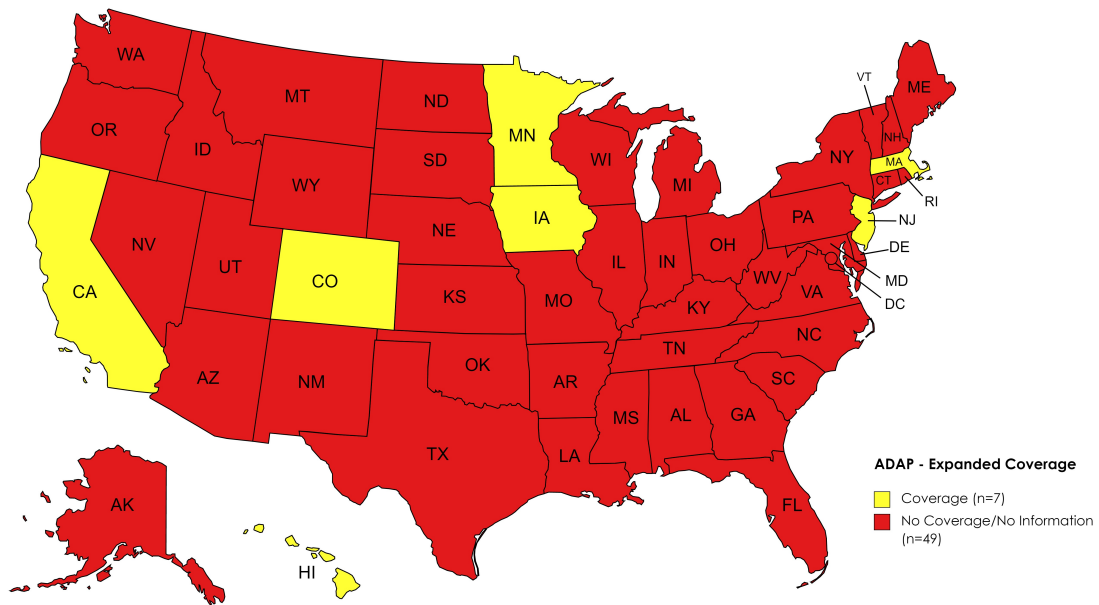
- States and Territories offering Expanded Coverage – 44
(AL, AZ, AR, CA, CO, CT, DE, FL, GA, HI, IL, IN, IA, LA, ME, MD, MA, MI, MN, MO, MS, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OK, OR, PA, PR, SD, TN, TX, VA, WA, WV, WI, WY, D.C.)
- States and Territories offering only Basic Coverage – 3
(AK, SC, RI)

AIDS Drug Assistance Programs (ADAPs) Coverage Trends January 2015–July 2021 – (Con't.)

- 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 Epclusa 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 and most widespread adopted drug

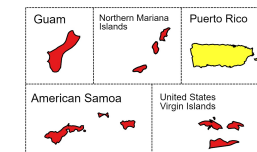
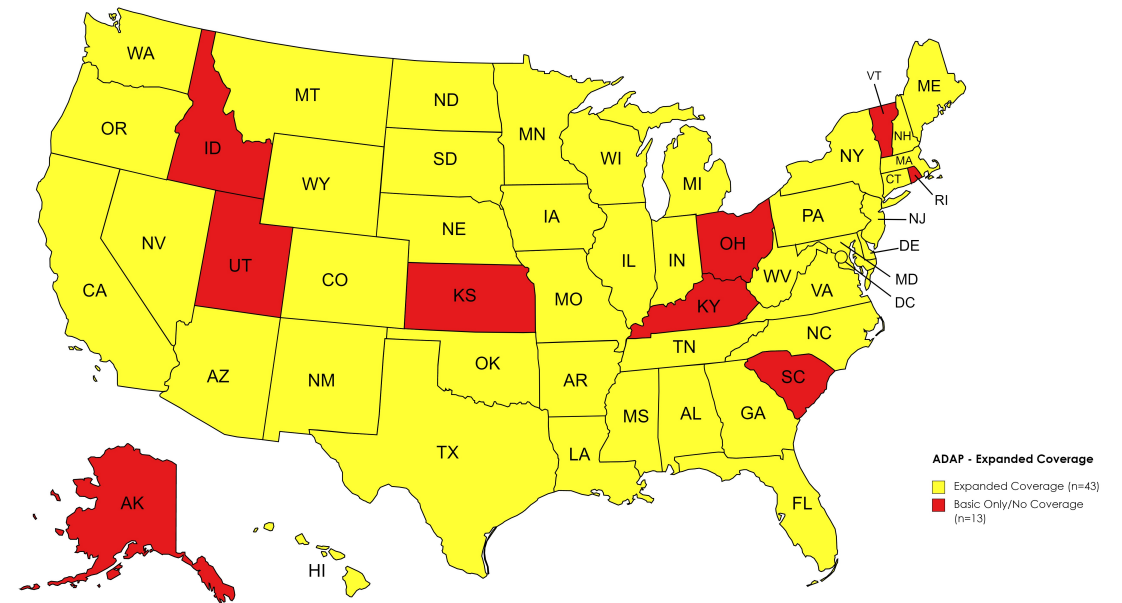
AIDS Drug Assistance Programs (ADAPs) Coverage Trends January 2015–July 2021 – (Con't.)

January 2015



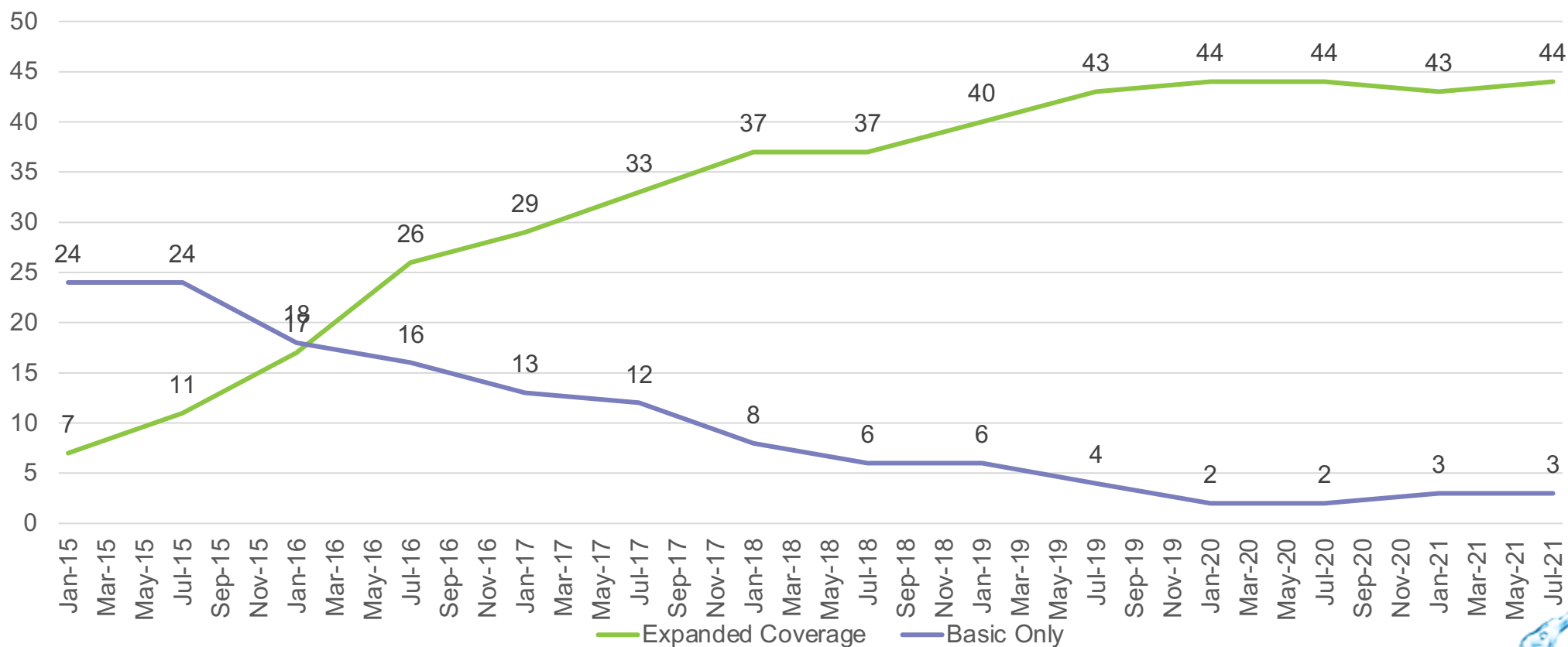
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July 2021



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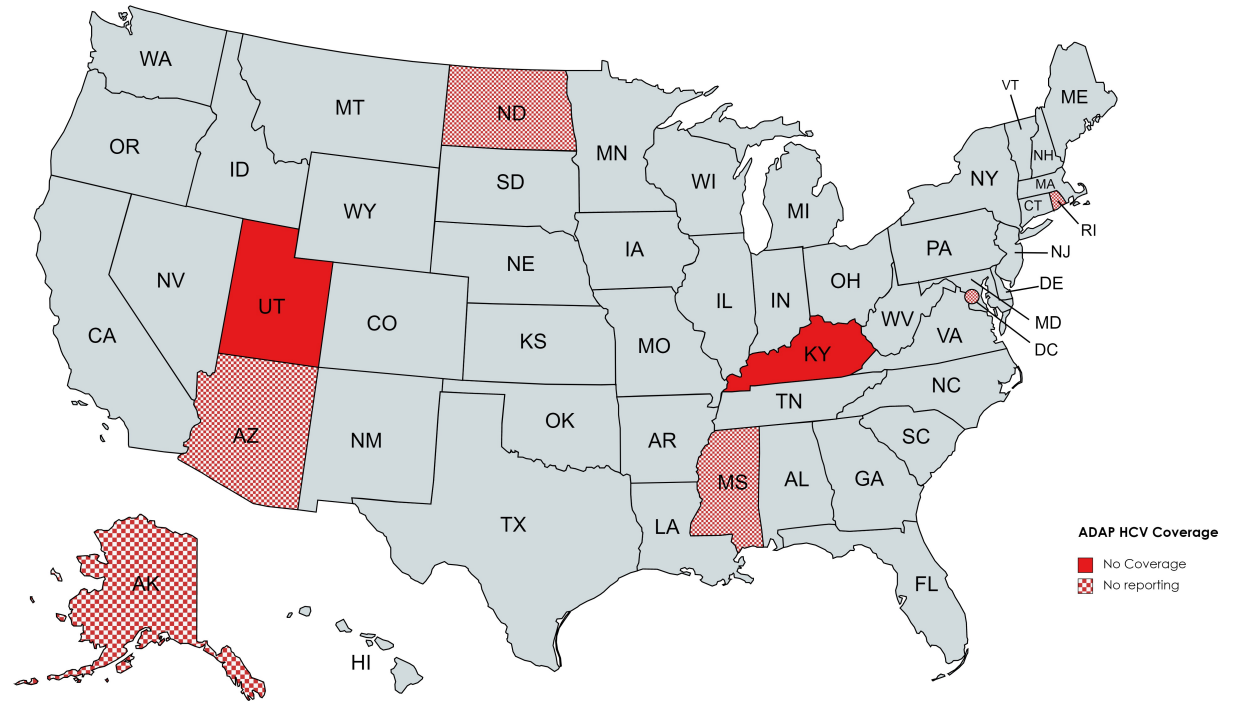
ADAP HCV Drug Utilization January 2015–July 2021



Top 10 HCV Rates Compared to Expanded Coverage

Ten Highest Rates of HCV Infection (2019)

1	Indiana	4.8
2	West Virginia	4.4
3	Utah	4
4	South Dakota	3.2
5	Maine	3.2
6	Tennessee	3
7	Kentucky	2.9
8	Florida	2.9
9	Ohio	2.4
10	Massachusetts	2.3
National Rate		1.3 (per 100K)



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Medicaid Coverage Trends January 2015 - July 2021

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)

July 2021:

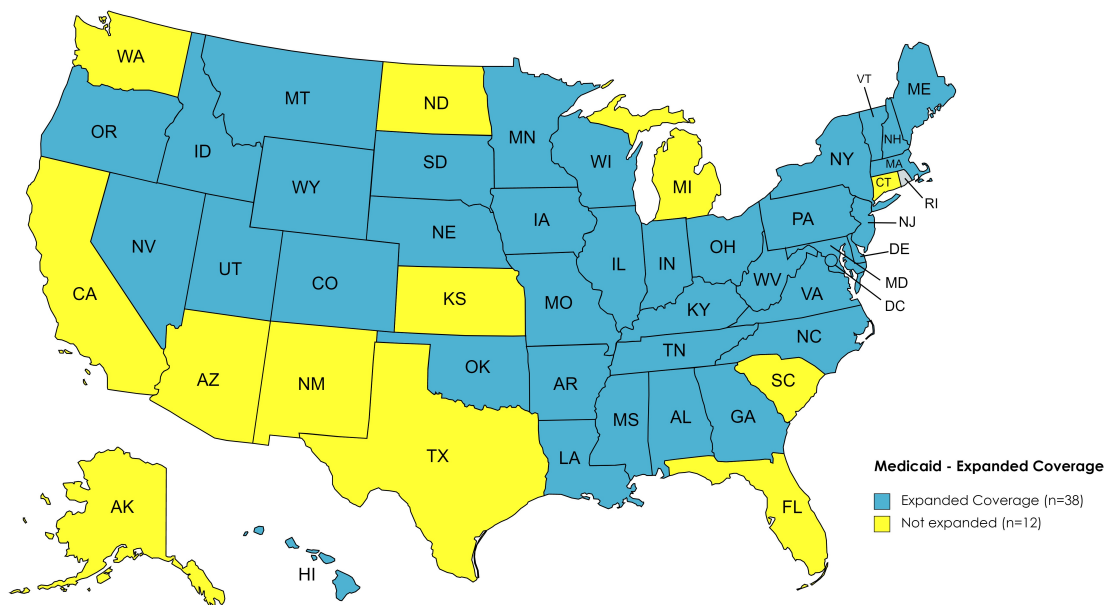
- States offering Expanded Coverage – 50 (and the District of Columbia)

Medicaid Coverage Trends (Con't.)

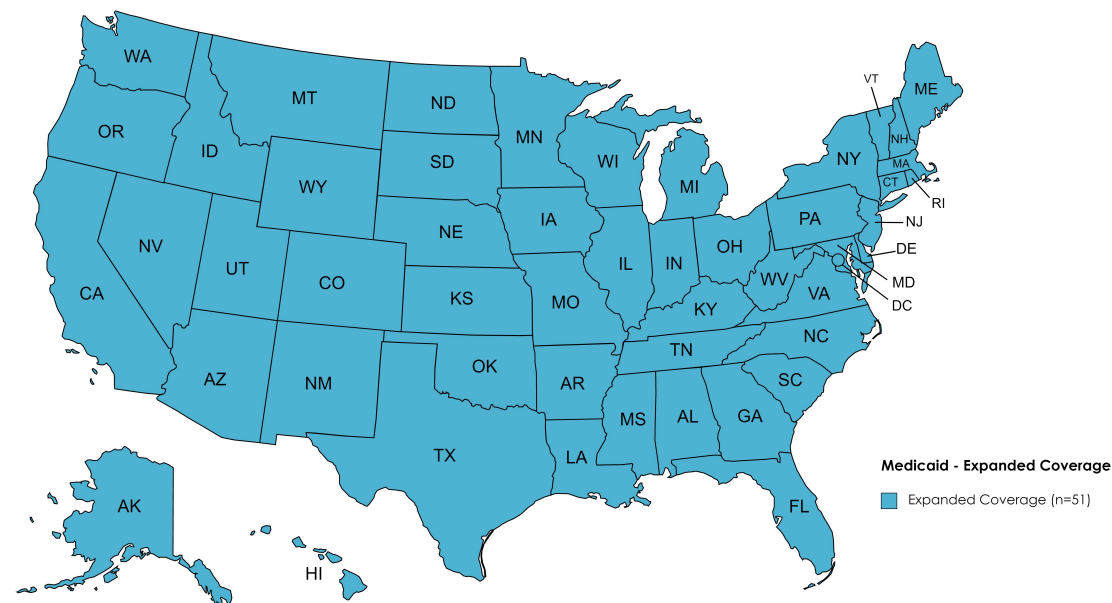
- All states currently offer Expanded Coverage for HCV drugs
- Medicaid programs quicker to adopt HCV drugs than ADAPs
 - VT ADAP not expanded because of Medicaid expanded coverage
 - Could become a trend in future years
- States with multiple Managed Care Organization plans are likelier to have plans offering only one or two HCV DAAs
- Prior authorization, sobriety, and other program requirements continue to serve as a barrier to treatment in many, if not most states

Medicaid Coverage Trends (Con't.)

January 2015



July 2021



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Veterans Affairs Coverage Trends

- The Watch began covering Veterans Affairs (VA) HCV coverage in March 2016
- Coincided with VA announcement of universal coverage for all eligible VA members
- Since 2016, 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)
- March 2021 VA updated treatment guidelines to include more specific therapies per genotype, treatment initiation guidelines, and emphasis on treatment even if re-infected.
- VA continues to provide most effective treatment program in government-funded healthcare

Harm Reduction Trends (2021)

Syringe Services Programs (SSPs) continue to be met with community/official backlash

- Despite longer-running and recent legalization of SSPs in many states and CDC “best practices”, local communities continue to voice opposition against SSPs – notably in Indiana, West Virginia, New Jersey, North Carolina, and even California
- Despite increased support from law enforcement, local counties and municipalities continue to shut down existing SSPs citing dubious reports of increased needle waste, failures to keep adequate exchange records, enabling/“attracting the wrong crowd”, and lack of oversight.
- Where banning SSPs has failed, states and localities are introducing new barriers to establishing or maintaining SSPs (particularly with including new licensing requirements)

Harm Reduction Trends (Con't.)

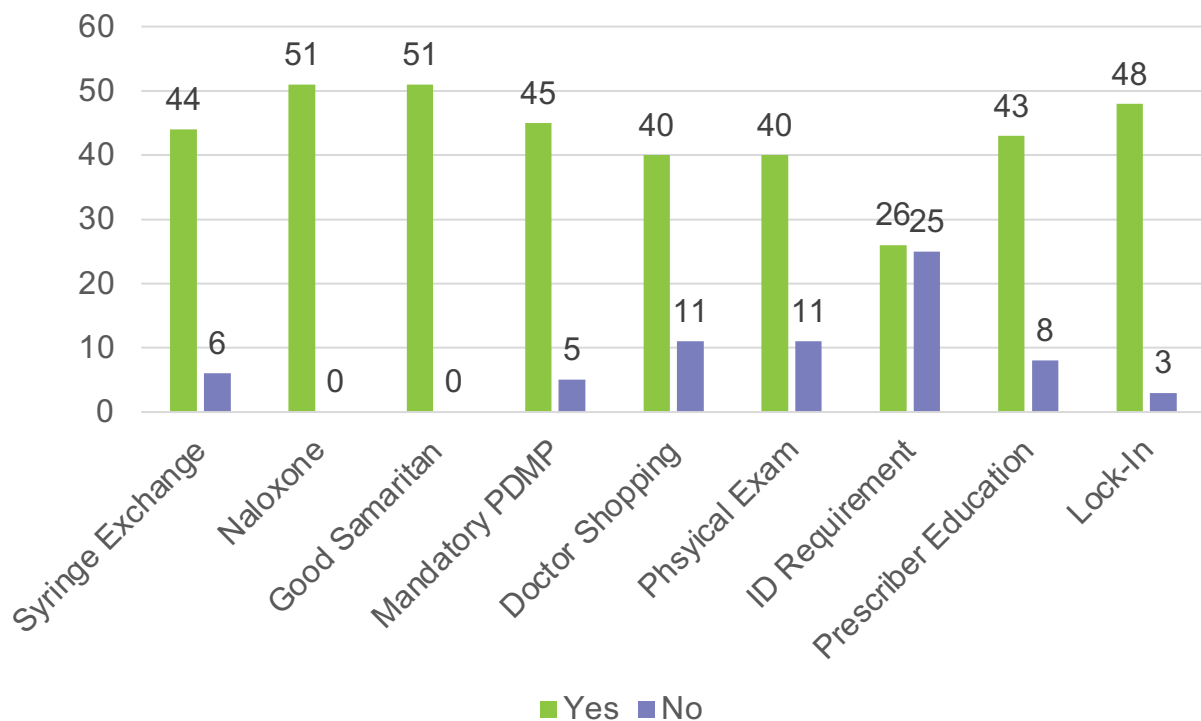
Primary barriers to Harm Reduction Measures:

- Doctor Shopping
- Physical Exam Requirement
- ID Requirement for Purchase of Prescription Opioid Drugs
- Prescriber Education:
- Pharmacy Lock-In Programs:
- "Barrier to accessing care/treatment"

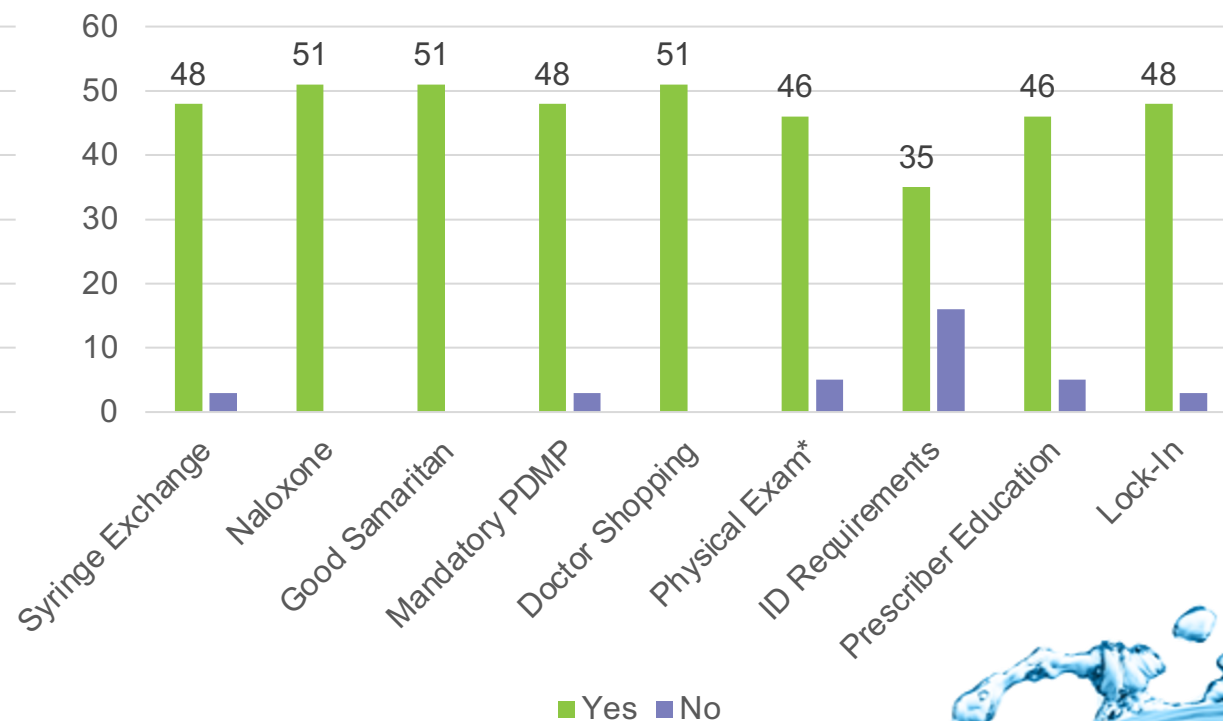


Harm Reduction Measures 2019-2021

Harm Reduction August 2019



Harm reduction – July 2021



2021 News – COVID-19 and HCV

- [A Harm Reduction Approach to Coronavirus Disease 2019 \(COVID-19\) – Safe Socializing](#)
- [Pandemic Backlash Jeopardizes Public Health Powers, Leaders](#)
- [Biden Administration to Expand COVID-19 Vaccine Program to 950 Community Health Centers](#)
- [Pfizer Taps HIV, Hep C Antiviral Research for COVID-19 Pill Trial](#)
- [Hepatitis C Testing, Treatment Down During the Pandemic](#)
- [The Murky Post-Pandemic Future of Hepatitis C Elimination in the U.S.](#)
- [Can a Third COVID-19 Vaccine Dose Help Protect Liver Transplant Patients?](#)

Contact Information

References available upon request

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