



Strategies to Increase Access to Hepatitis C (HCV) Treatment within ADAPs: Provider Decision Tree

July 2018

Background

NASTAD (the National Alliance of State & Territorial AIDS Directors) continues work to ensure that individuals coinfecting with HIV and hepatitis C virus (HCV) can gain access to curative treatments for HCV via the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program's (RWHAP) AIDS Drug Assistance Programs (ADAPs). While the number of ADAPs that include one or more direct-acting antiviral (DAA) HCV treatments on their formulary continues to increase, many ADAPs still face [challenges in optimizing uptake of HCV treatment](#) among HIV/HCV coinfecting clients. ADAPs that have added one or more DAA HCV medication have reported low utilization rates via their full-pay prescription and ADAP-funded insurance programs.

[Utilization data](#) suggests that the broader HCV health care landscape remains confusing for clients and providers to navigate. Many providers do not maximize all available HCV treatment opportunities, instead relying solely on pharmaceutical companies' patient assistance and cost-sharing assistance programs. NASTAD has developed a decision tree for providers to illustrate and clarify the myriad treatment coverage options available to people living with HIV and HCV, including ADAP.

ADAPs are encouraged to share this resource with local HIV/HCV service providers, including those who work outside of the RWHAP.

HCV Treatment Decision Tree for Providers

Key Payers and Considerations for HCV Treatment Decision Tree

The following are key DAA HCV treatment coverage options included in the decision tree. While this is not an exhaustive list, it represents commonly utilized payers for treatment access among persons living with HCV, including those coinfecting with HIV.

- **Private Insurance:** For purposes of this decision tree, private insurance includes individual market plans available either on or off the Health Insurance Marketplaces as well as other private insurance (e.g. employer-sponsored

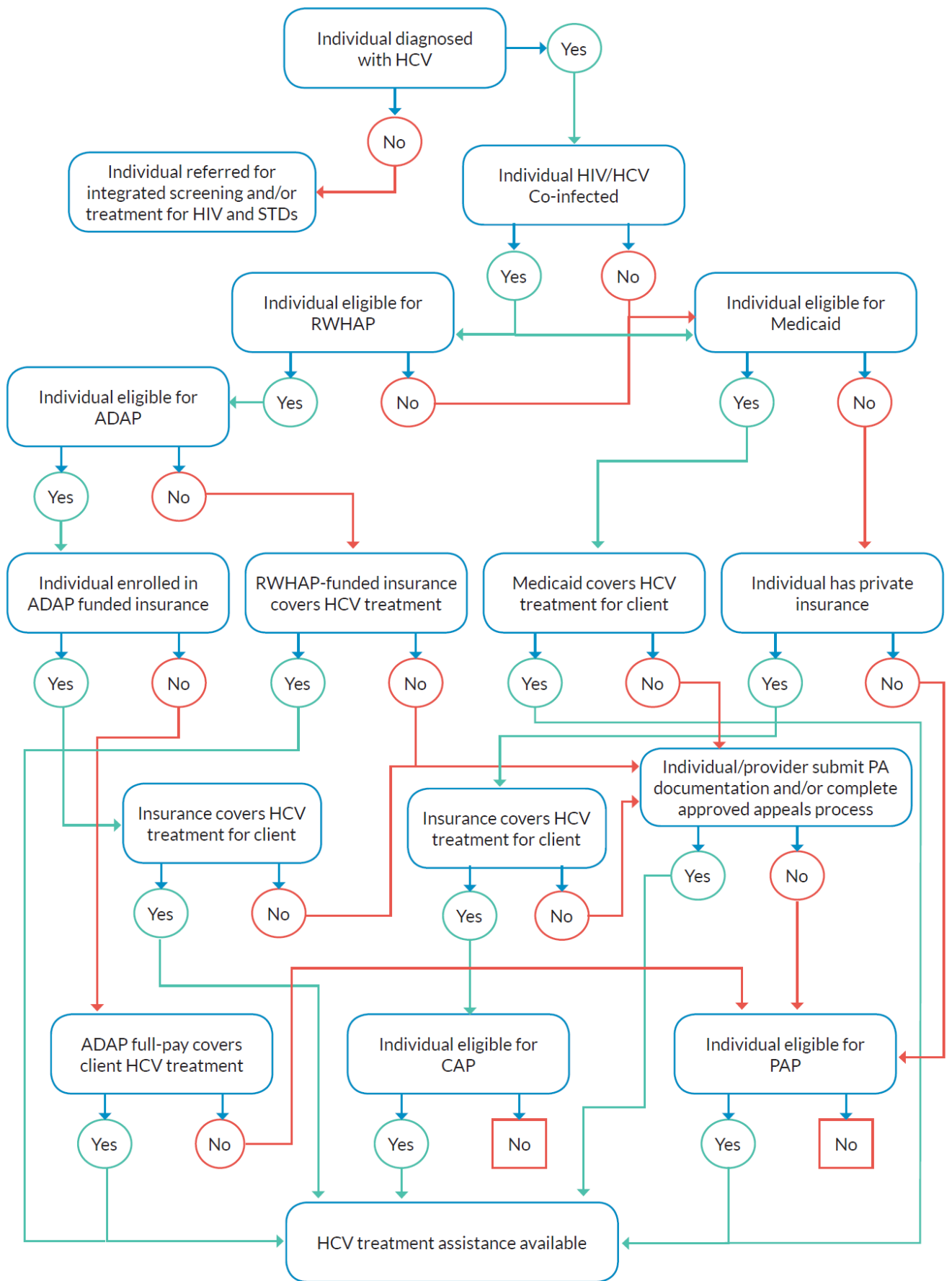
coverage). Many private insurance plans cover HCV treatment for HIV/HCV coinfecting and HCV mono-infected individuals, though insurance plans may use utilization management practices (e.g., prior authorization) that can limit access to medications. Some insurance plans [require](#) individuals to meet [sobriety criteria](#), show advanced liver fibrosis scores, or demonstrate that a specialist has prescribed the treatment before a prior authorization request will be approved. Providers can help their patients [navigate prior authorization](#) approval (citing the [HCV treatment guidelines](#)) or provide support to patients as they prepare to appeal insurance denials, including by recommending that patients seek advice from [navigators](#) that are trained to help consumers understand health care coverage options, including the appeals process.

- **Medicaid:** Eligible HIV/HCV coinfecting and HCV mono-infected individuals may access HCV treatment via Medicaid. While each state or territory's Medicaid program must provide access to all medications provided by manufacturers subject to the Medicaid drug rebate program (including DAA HCV treatments), each Medicaid program has discretion over utilization management techniques (e.g., prior authorization) used that can limit access to medications. A number of Medicaid programs have [placed such limits on access to DAA HCV treatments](#). In November 2015, the Centers for Medicare & Medicaid Services (CMS) sent a guidance [letter to all individual state and territory Medicaid programs](#) restating federal Medicaid law and encouraging Medicaid programs to reconsider restrictive and non-evidenced-based coverage requirements on DAA HCV treatment (e.g., sobriety requirements, fibrosis score, and prescriber limitations). Even if there is a prior authorization in place, providers have had success helping patients to show that they meet the prior authorization criteria or to appeal denials, citing treatment guidelines and arguing that the treatment is "medically necessary." For additional information, see the [Kaiser Family Foundation resource on Medicaid appeals processes](#).
- **ADAP:** Eligible HIV/HCV coinfecting individuals may access HCV treatment through their state/territory's ADAP (i.e., are HIV-positive and low income as defined by their jurisdiction's ADAP). ADAPs are allowed to and encouraged to provide their HIV/HCV coinfecting clients with DAA HCV treatment medications if the client does not have another payer to cover the treatment (e.g., Medicaid). An ADAP may choose to implement policies to manage DAA HCV treatment utilization (e.g., prior authorization). ADAPs can provide access to DAA HCV treatment by purchasing health insurance that covers DAA HCV treatment and/or paying medication deductibles, co-insurance, and/or co-payments for clients with health insurance. The ADAP could also purchase the medication at a full, negotiated cost (with no coordination with insurance) if the client is uninsured or the client does not qualify for coverage through their insurance.
- **RWHAP Parts A, B, C, and D:** The RWHAP service category *Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals* enables organizations funded under RWHAP Parts A, B, C, and D (excluding ADAP) to

provide access to DAA HCV treatment for eligible HIV/HCV coinfecting individuals through premium assistance and deductibles, co-insurance, and/or co-payments for clients with health insurance. This service category allows for assistance with both medication and medical cost-sharing. This is helpful for HIV/HCV coinfecting individuals who also need help in affording screening and confirmatory testing as well as monitoring (e.g., liver fibrosis scoring) for HCV.

- **Pharmaceutical Company Patient Assistance Programs (PAPs):** A PAP is a program run through pharmaceutical companies to provide free or low-cost medications to people with low incomes who do not qualify for any other insurance or assistance programs, such as Medicaid, Medicare, or ADAPs. HIV/HCV coinfecting and HCV mono-infected individuals may access HCV treatment via PAPs. Each individual company has different eligibility criteria for application and enrollment in their PAP. For some drug companies, patients who are insured and who do not meet their insurer's coverage criteria are not eligible for support via the company's PAP. This includes clients whose insurer has limited access based on, for example, fibrosis score, step-therapy, or clinical criteria (e.g., current substance use).
- **Pharmaceutical Company Cost-sharing Assistance Programs (CAPs):** A CAP is a program operated by pharmaceutical companies to offer cost-sharing assistance (including deductibles, co-payments and co-insurance) to people with private health insurance to obtain drugs at the pharmacy. Each individual company has different eligibility criteria for application and enrollment in their CAP. HIV/HCV coinfecting and HCV mono-infected individuals may find CAPs make HCV treatment more affordable and accessible.

Each of these coverage options provides opportunities for people living with HCV to access life-saving treatments. Providers should be aware of the strengths and limitations of each as well as how they may be best leveraged to maximize the number of people living with HCV treated and cured.



Resources:

- NASTAD (National Alliance of State & Territorial AIDS Directors) www.NASTAD.org
 - [NASTAD – Health Care Access](#)
- [HRSA HIV/AIDS Bureau](#)
- [HRSA TARGET Center](#) – technical assistance for the Ryan White community
- [Ryan White HIV/AIDS Treatment Modernization Act](#) (2009)
- [National ADAP Formulary Database User’s Guide](#)
- [Key Considerations for ADAPs’ Addition of Hepatitis C Treatment to Formularies](#)
- [Summary Report of NASTAD Consultation on Strategies to Increase Hepatitis C Treatment within ADAPs](#)
- [NASTAD Resource: Pharmaceutical Company Patient Assistance and Cost-Sharing Assistance Programs](#)
- [Center for Health Law and Policy Innovation \(CHLPI\) and National Viral Hepatitis Roundtable \(NVHR\): Hepatitis C: The State of Medicaid Access](#)
- [American Association for the Study of Liver Diseases \(AASLD\): Practice Guidelines](#)
- [Hep Free NYC: Fighting for Your Patients: Successful Prior Authorization Tips from the Pros](#)

NASTAD is funded under HRSA Cooperative Agreement U69HA26846 to provide States with technical assistance on Part B program and ADAP program administration. Part B grantees and ADAPs may also obtain technical assistance through their HRSA project officer.

Please contact [Amanda Bowes](#) with questions.

Murray C. Penner, Executive Director
Jacquelyn Clymore, North Carolina, Chair
July 2018