



Promotion of Hepatitis C Treatment for Persons Living With HIV/AIDS

Policy Clarification Memorandum 19-01

Date Issued: October 18, 2019

Scope of Coverage:

Arizona AIDS Drug Assistance Program (ADAP).

Purpose of Memorandum:

The purpose of this policy clarification memorandum is to provide organizations in the State of Arizona serving Ryan White Part A, Ryan White Part B, and AIDS Drug Assistance Program (ADAP) enrolled clients guidance on how the ADAP program can facilitate access to treatment for Ryan White clients living with hepatitis C. Our goal is to promote the treatment and cure of hepatitis C of all Ryan White clients living with the disease.

Background:

The Arizona ADAP program has maintained drugs to treat hepatitis C and to treat adverse side effects of hepatitis C. Hepatitis C treatment related drugs on the ADAP Formulary include:

- Daklinza
- Epclusa
- Harvoni
- Mavyret
- Sovaldi
- Peginterferon Alfa 2B (Peg-Intron)
- Ribavirin
- Zepatier
- Epoetin Alfa (Procrit)
- Filgrastim (Neupogen)

However, utilization of these drugs by clients served through the Ryan White program has been very limited and has not been in line with the expected rates of hepatitis C and HIV co-infection typically seen in the population of persons living with HIV.

ADHS has additionally identified that many medical providers and case management organizations are unaware that hepatitis C treatment is available to Ryan White clients through ADAP.

Description of Services Available to Treat Hepatitis C:

The ADAP program will cover the cost of drugs for hepatitis C treatment for all clients that are enrolled in ADAP. The Ryan White program will cover the costs associated with the medical visit through Outpatient Ambulatory Health Services if not covered by a patient's insurance or through Health Insurance Premium Cost Sharing Assistance (HIPCSA) if the patient has insurance.

Qualifying For Hepatitis C Treatment:

ADHS is not placing any restrictions on who can receive hepatitis C treatment through the ADAP program beyond meeting the program's eligibility criteria.¹ The ADAP program will accept the clinical judgment of the medical provider prescribing the hepatitis C treatment. The medical provider is at their complete discretion to determine appropriateness of treatment given their patient's circumstances.

No Liver Damage or Liver Disease Progression Restrictions

There is no requirement that a patient have any particular level of liver disease progression, nor any particular cirrhosis scores, nor a diagnosis of chronic hepatitis C, nor do they have to have any particular aspartate aminotransferase to platelet ratio index (APRI) score, nor do they need to have any particular level of liver damage to be eligible for hepatitis C treatment through the ADAP program.

No Sobriety Restrictions

There is no sobriety requirement for patients to receive hepatitis C treatment. Patients who are active substance users are considered to be both eligible and appropriate for hepatitis C treatment. Persons who are active substance users and persons who inject drugs are concerned with their health and well-being and likely to be interested in treatment if they knew it was available to them. Hepatitis C treatment can be part of a broader harm reduction approach to help reduce risks taken by persons who use drugs and help be a pathway to recovery for persons wanting to stop using drugs.

¹ADAP program eligibility criteria is available here: <https://www.azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/index.php#aids-drug-assistance-program-home>

The ADAP program therefore encourages medical providers to treat persons who inject drugs for hepatitis C. In these cases, we encourage working with clinical support and case management staff to assist with treatment adherence and encourage the education of patients on harm reduction measures they can take to reduce the risk of being re-infected after treatment is completed and their hepatitis C is cured.

No Prescriber Restrictions

There is no requirement that a prescription to be written by or in consultation with a hepatologist or gastroenterologist. A primary care provider or an infectious disease specialist can prescribe hepatitis C treatment for the ADAP program.

Accessing Hepatitis C Treatment through ADAP

The Health Resources & Services Administration (HRSA) places payer of last resort requirements on ADAP programs throughout the United States. These payer of last resort criteria must be met by persons accessing hepatitis C treatment through ADAP. To meet the payer of last resort requirements, there are two processes to be followed; one process for insured clients and one process for uninsured clients.

Process for Insured Clients

For patients with their own health insurance the medical provider must attempt to have the patient's health insurance cover the cost of hepatitis C treatment.

1. A prior authorization for hepatitis C treatment must be submitted to the insurer. If the prior authorization request is denied, then the medical provider must appeal to the insurer. If treatment is approved, ADAP can pay prescription co-pay costs for hepatitis C treatment.
2. The appeal to the prior authorization denial will need to be submitted to the insurer next. If that that is denied, then assistance can be requested through the ADAP program. If treatment is approved, ADAP can pay prescription co-pay costs for hepatitis C treatment.
3. The medical provider, clinic, or organization providing care must submit to the ADAP program both the prior authorization denial and a denial of the prior authorization denial appeal from the patient's insurer.
4. Once that is complete, ADAP will authorize the utilization of direct payment for the hepatitis C drugs through our ADAP contract pharmacy. The ADAP contract pharmacy will then fill the hepatitis C treatment scripts for patients. Patients can

only obtain the hepatitis C drugs through the ADAP contract pharmacy in person or by mail.

5. The final step of this process is to add the patient to the ADAP HIV/HCV Therapeutic Registry.² The ADAP program asks for this information to track hepatitis C treatment as we currently do not have this functionality built into CAREWare. The registry requests key clinical and demographic information for the patient.

Process for Uninsured Clients

For uninsured patients who are on ADAP and receiving medical care through OAHS payer of last resort is already established. No prior authorization is required.

Medical providers can prescribe hepatitis C treatment and the ADAP contract pharmacy will fill the prescription.

As above, the patient must be added to the ADAP HIV/HCV Therapeutic Registry. The ADAP program asks for this information to track hepatitis C treatment as we currently do not have this functionality built into CAREWare. The registry requests key clinical and demographic information for the patient.

Final Recommendations on Care For Persons Living With HIV

ADHS strongly encourages all persons living with HIV to be screened for hepatitis C and the adoption of opt out hepatitis C testing for patients if this is not already part of clinical practice. ADHS additionally strongly encourages all persons diagnosed with hepatitis C to be promptly treated for hepatitis C.

We strongly encourage Ryan White funded providers adopt these approaches to their clinical care if they have not already done so. We likewise encourage private physicians and practices to adopt these practices for the Ryan White clients and HIV positive clients that they serve through their practices.

Lastly, if a client is not enrolled in Ryan White and ADAP but requires enrollment to obtain hepatitis C treatment we strongly encourage that this client be assisted in enrolling in ADAP so they can access hepatitis C treatment if they are eligible for the program.

² Detailed information on ADAP HIV/HCV Registry is available here:
<https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/disease-integrated-services/adap/adap-hcv-hiv-registry.pdf>