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February 9, 2016

Dear Illinois Partners and Colleagues:

In light of recent advancements in Hepatitis C treatment regimens, the ability to decrease the spread of Hepatitis C Viral (HCV) infection and prevent chronic liver disease has become more of a reality. These developments are especially significant among those dually infected with HIV.

In an effort to mitigate the transmission and morbidity associated with HCV, especially among those dually infected with HIV, HRSA and other federal partners recommend the inclusion of HCV medications into the ADAP formulary, whenever possible. To this end the Department is pleased to announce that the Illinois Ryan White Part B AIDS Drug Assistance Program (ADAP) will be adding five Hepatitis C medications to its formulary, effective February 10, 2016. These new additions include **Harvoni** (ledipasvir/sofosbuvir), **Viekira Pak**, **Sovaldi** (sofosbuvir), **Ribavirin**, and **Zepatier**.

IDPH will be measuring the utilization, adoption and prior authorization process of administering these medications to an initial subset of 100 eligible, dually infected patients, as outlined below. This trial expansion will help determine the sustainability of these medications for the ADAP program as payer of last resort. These new HCV medications will be available to ADAP eligible clients after completion of a required **prior approval** from the Department. The prior approval form, updated formulary and HCV medication Manufacturers Prescribing Guidelines are attached for your reference. The new formulary and prior approval form will be posted on the IDPH website within the week.

Medical providers should note that treatment for HCV, among patients where treatment is medically indicated, is a 12, 16 or 24 week regimen. Hepatitis C medications will not count toward the \$2,000 dollar monthly benefit cap. Specific prescribing guidelines can be found in the prior approval form and the Illinois ADAP Formulary.

To be eligible for coverage under the ADAP the client must meet the following:

- a) Be currently enrolled in ADAP or eligible for ADAP assistance for the full duration of treatment
- b) Documentation of HCV infection with a Fibrosis Stage 2 (F2) and above
- c) Have documentation of denial of medication coverage by their insurance plan (if applicable)
- d) For Zepatier: If Genotype 1a – Need baseline NS5A resistance test and documentation.
- e) Medical Provider must attest they have reviewed the Manufacturers' Prescribing Guidelines for possible drug interactions and contraindications associated with prescription of these medications in conjunction with the client's current HIV regimen.

If there are any questions, please do not hesitate to call the ADAP Office at 1-800-825-3518 or email the Ryan White Part B ADAP Administrator at Jeffrey.p.maras@illinois.gov.

Very truly yours,

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