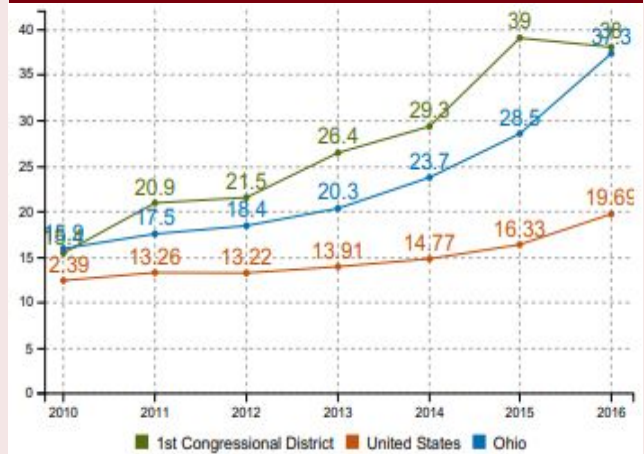


OHIO – District 1

CHRONIC HEPATITIS¹

District Population: 595,205
 HCV Infection in Constituents: 9,523
 HCV Infection in Baby Boomers 6,352
 HCV Infection in Caucasians: 5,826
 HCV Infection in African Americans: 5,390
 HCV Infection in API: 214
 HCV Infection in Latinos: 193
 HBV Infection in Constituents: 2,381
 HBV Infection in African Americans: 1,797
 HBV Infection in API: 857
 HBV Infection in Latinos: 45
 Adult Viral Hepatitis Coordinator: Amanda Dennison
 Contact: Amanda.Dennison@ohd.ohio.gov

DRUG RELATED DEATHS²



STATE OPIOID POLICIES²

Opioid Policy Provision	Status
Syringe Exchange Program Legality	Legal
Prescribers required to check a prescription drug monitoring program before prescribing controlled substances	Required
Jurisdictions submitted request for CDC Consultation demonstrating high risk of HCV or HIV outbreak due to drug use	Individual counties have completed CDC consultation

STATE HCV MEDICAID POLICIES²

HCV Medicaid Policy Provision	Status
Liver damage restrictions	Fee-For-Service (FFS) requires at least moderate liver damage (F2 or greater). Two Managed Care Organizations (MCOs), CareSource and Paramount Advantage, also require at least moderate liver damage (F2 or greater). Two MCOs, Molina Healthcare of Ohio and UnitedHealthcare Community Plan, require severe liver damage (F3 or greater). One MCO, Buckeye Health Plan, has unclear liver damage requirements.
Sobriety restrictions	FFS requires six months sobriety from alcohol and substance use prior to requesting prior authorization. Three MCOs, Buckeye Health Plan, Molina Healthcare of Ohio and Paramount Advantage, also require six months sobriety. One MCO, CareSource, requires three months consecutive abstinence documented by negative urine drug and alcohol screens. One MCO, UnitedHealthcare Community Plan, requires a negative drug screen within the last 30 days.

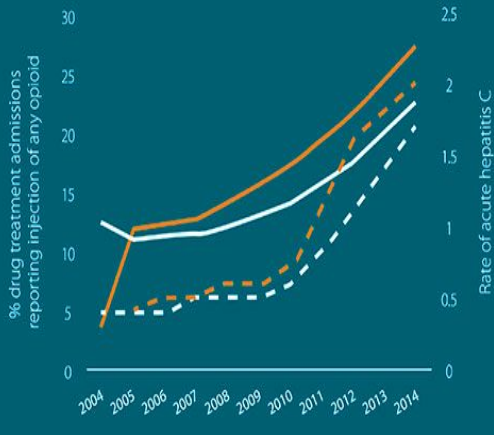
Source:

1. Caring Ambassadors Program, www.hepcchallenge.org

2. amfAR, 2018;

Hepatitis C: State of Medicaid Access, 2017

HEPATITIS C AND OPIOID INJECTION ROSE DRAMATICALLY IN YOUNGER AMERICANS FROM 2004-2014



- Among people aged 18-29, HCV increased by 400% and admission for opioid injection by 622%
- Among people aged 30-39, HCV increased by 325% and admission for opioid injection by 83%

— Any Opioid Injection (18-29)
 — Any Opioid Injection (30-39)
 - - - HCV Rate (18-29)
 - - - HCV Rate (30-39)

Source: Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration

“Hepatitis C is a deadly, common, and often invisible result of America’s opioid crisis,” said Jonathan Mermin, M.D., M.P.H., director of CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. “By testing people who inject drugs for hepatitis C infection, treating those who test positive, and preventing new transmissions, we can mitigate some of the effects of the nation’s devastating opioid crisis and save lives.”

TREATMENT AND PREVENTION SERVICES²

Treatment and Prevention Services ²	District	State
Syringe Exchange Programs	1	7
Facilities providing substance abuse services	34	357

HEALTHCARE ACCESS²

Healthcare Access	District	State
Percent of People without Health Insurance	7.6	8.5
Percent Needing but Not Receiving Addiction Treatment	85.1	86.1
Number of 30 Days Supply of Opioids per Part D Enrollee	2.3	2.1
Opioids prescribed per capita, in morphine mg equivalents (MME)	632.2	640.6