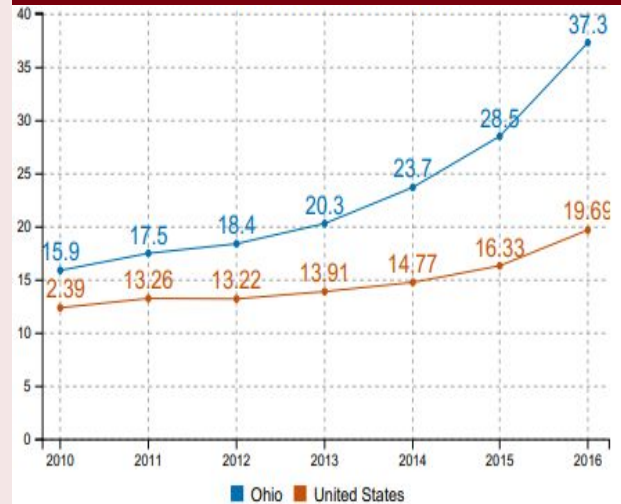


OHIO

CHRONIC HEPATITIS¹

Male Liver Cancer Incidence Rates per 100,000 : 9.3
Female Liver Cancer Incidence Rates per 100,000 : 3.1
State Population: 12,172,289
HCV in General Population: 194,757
HCV in Baby Boomer Population: 129,902
HCV in Caucasian: 152,942
HCV in African American: 41,949
HCV in API: 6,319
HCV in Latino: 4,495
HBV in General Population: 48,689
HBV in African American: 13,983
HBV in API: 25,279
HBV in Latino: 1,038
Adult Hepatitis Prevention Coordinator: Amanda Dennison
E-mail: 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.

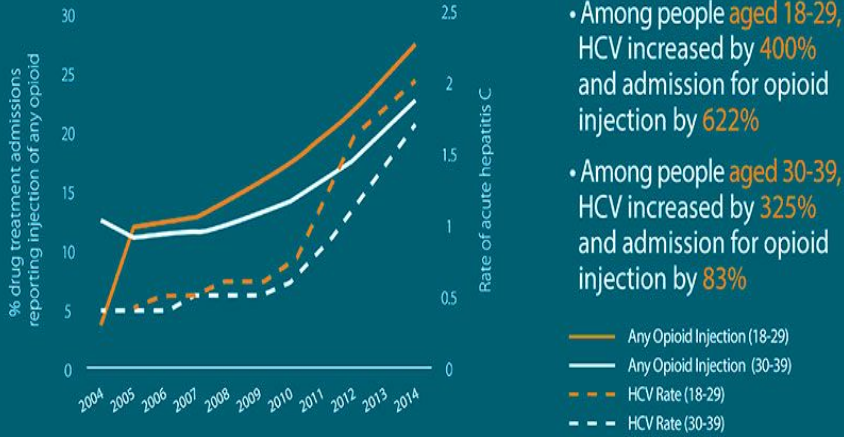
Source:

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



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

- 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%

“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 Services ²	#
Syringe Exchange Programs	7
Facilities providing substance abuse services	357
Facilities providing some Medication Assisted Treatment (MAT)	190 ...of which 174 accept Medicaid



HEALTHCARE ACCESS²

Healthcare Access	OH	US
Percent of People without Health Insurance	8.5	11.7
Percent Needing but Not Receiving Addiction Treatment	86.06	88.89
Number of 30 Days Supply of Opioids per Part D Enrollee	2.12	2.08
Opioids prescribed per capita, in morphine mg equivalents (MME)	640.63	642.05