

Comment on “The human papillomavirus vaccine as a treatment for human papillomavirus-related dysplastic and neoplastic conditions: A literature review”



To the Editor: We read with interest the article by Pham et al¹ discussing the efficacy of the human papillomavirus (HPV) vaccine for HPV-associated cutaneous and/or mucosal disease. As this review article indicates, the HPV vaccine is increasingly recognized as a treatment option for patients with recalcitrant warts. However, we would like to point out that obtaining the vaccine can prove challenging. Although the nonavalent HPV vaccine is approved by the US Food and Drug Administration for adults up to age 45 years, not all insurance plans cover the vaccine in adults older than 26 years.

Given the difficulties with insurance coverage, we turned to our local health department as a potential resource. Unfortunately, Georgia’s statewide health departments do not offer the vaccine to individuals older than 26 years, regardless of insurance coverage, and there is no option to pay cash for the vaccine. Curious regarding the extent of this problem, we elected to call all 50 state health departments and that of the District of Columbia in an effort to determine the extent to which state health departments are a viable source of HPV vaccination for adults. This poll showed that only 33% of state health departments offer the HPV vaccine to adults older than 26 years, and in states that do offer it, the cash price is high—an average of \$545 to complete the 3-vaccine series. Thus, it follows that almost 70% of states have not embraced the new approval age of 45 years for HPV vaccination. Additionally, almost 20% of states do not offer the vaccine to anyone over the age of 18 years (Fig 1 and Table I).

Our results highlight the need for health departments across the country to expand their protocols for HPV vaccination, optimally to include adults up to the US Food and Drug Administration–approved age of 45 years. Our results also highlight the currently steep out-of-pocket cost of the vaccine and, thus, the need for affordable cash pricing in the event that the vaccine is not covered by an individual’s insurance plan. Physicians may need to advocate for policy change regarding the HPV vaccine, because difficulty in obtaining the vaccine will clearly limit its on-label use as well as any off-label use as discussed in the review article by Pham et al.¹

Percentage of States Offering HPV Vaccine to Various Age Groups

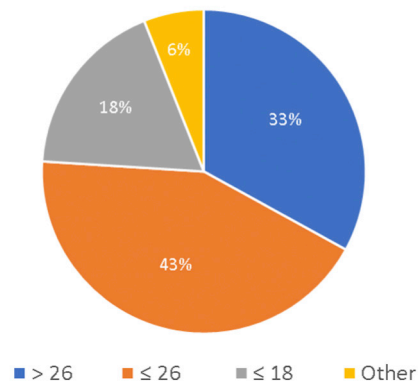


Fig 1. The percentages of states that offer the vaccine to each of the age groups of interest.

Table I. Full listing of which state health departments* offer the vaccine to various age groups

States with vaccine available to those ≤ 45 years	States with vaccine available to those ≤ 26 years only	States with vaccine available to those ≤ 18 years only	Other
CO, HI, KS, ME, MT, NV, NM, NC, ND, OH, SC, UT, VT, VA, WV, WI, NH	AK, AZ, CA, FL, GA, IN, IA, KY, MA, MI, MN, NE, NJ, NY, OK, PA, RI, SD, TN, TX, WA, WY	CT, ID, IL, MD, AL, AR, MS, MO, OR	DE (not available) DC (not available) LA (<21 years)

*Standard state abbreviations are used.

Vidya M. Medepalli, BS,^a Jenny E. Liles, MD,^b and Loretta S. Davis, MD^b

From the Medical College of Georgia, Augusta^a; and Department of Dermatology, Medical College of Georgia, Augusta.^b

Funding sources: None.

Conflicts of interest: None disclosed.

IRB approval status: Not applicable.

Reprints not available from the authors.

Correspondence to: Vidya M. Medepalli, BS, Augusta University, 1120 15th St, Augusta, GA 30912

E-mail: vmedepalli@augusta.edu

REFERENCE

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<https://doi.org/10.1016/j.jaad.2020.03.130>