



The Hepatitis C Treatment Access Crisis

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2014: Year of Missed Opportunities

- Arrival of HCV cure should have been met with action, planning & leadership
 - New, effective treatments with high cure rates/low side-effects
 - Second chance for many who didn't succeed with earlier treatment
 - Opportunity for those “warehoused”
 - Elimination of poor treatment outcomes for African Americans
 - Treatment as prevention – minimize new infections among people who inject drugs
 - Encourage people to get tested/linked to cure
 - Major public health victory: eliminate hepatitis C in the United States

2014: Challenges

- Massive PR campaign by payors
- Media obsession with \$1,000/pill
- Involvement of advocates with different/broader goals
- Misinformation/misunderstanding
- Stigma
- Lack of respect for science and expertise
- Little attention to the voice and needs of people with hepatitis C
- Resistance to expanding hepatitis C testing because of access problems

2015: New Opportunities, Continued Challenges

- Competition has led to price reductions
- Exclusivity deals: expanded access vs. patient choice
- Significant victories in some state Medicaid
- Little/no movement in other Medicaid
- Growing advocacy movement
- Research/data bolsters our argument
- Media continues to be focused primarily on cost

Limitations on HCV Treatment Access

- Limits based on stage of fibrosis
- Restrictions based on substance use
- Prescriber limitations
- HIV co-infection limitations
- Retreatment/“once per lifetime”
- Medication replacement
- Adherence requirements
- Dispensing/supply limits
- Exclusivity deals

Illinois Medicaid Restrictions

- Stage 4 fibrosis (cirrhosis)
- No evidence of substance abuse in past 12 months
- Urine drug screen required 15 days before treatment begins
- If prescriber not a specialist, required one-time written consultation within past months
- Once in lifetime treatment policy
- Lost/misplaced medications not replaced

MassHealth: Fee For Service vs. Managed Care

Fee For Service:

- No fibrosis restrictions
- No restrictions based on substance use
- No prescriber restrictions
- No restrictions based on HIV co-infection
- No restrictions based on previous adherence

Managed Care:

- Fibrosis restrictions (F3/F4)
- Substance use restrictions (6 months)
- Prescriber limitations
- Adherence requirements

Reframing the Message

- Recognize payor concerns, but accurately assess the value of cure
- With supplemental rebates, cure is now around \$40K - \$50K
- Price relief must lead to expanded access
- Insist on accurate information and science-based justification
- Treatment denials undermine the intent of the ACA
- Public and private health laws preclude restrictive, unfair, discriminatory HCV treatment access practices

The Advocacy Campaign

- Small, dedicated coalition focused on ensuring the cure is available to everyone with hepatitis C
- December 2014 meeting with key HHS officials
- Advocacy with Centers for Medicare & Medicaid Services/guidance to states
- Policy research/analysis: Harvard Law School/CHLPI
- Assisting state level advocates
- Media advocacy/bring the voice of people with hepatitis C
- To get involved: email info@nvhr.org

Why This Is Important

- Individual health
- Public health
- Setting a precedent
- Health equity
- Social justice
- We have the tools to eliminate hepatitis C – do we have the political will?

Thank You

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