November 9, 2020

Stephanie Azar
Commissioner
Alabama Medicaid Agency
501 Dexter Avenue, PO Box 5624
Montgomery, AL 36103-5624

Re: COVID-19 and Access to Hepatitis C Treatment

Dear Commissioner Azar:

This letter is submitted on behalf of the below signed clinicians to request your immediate attention to the barriers to care that COVID-19 poses to our patients living with hepatitis C virus (HCV) infection.

As we seek effective solutions to COVID-19, we must not disregard the pre-existing public health crisis of HCV infection. The response to COVID-19 and HCV share similar barriers, such as limited testing capacity and lack of support for preventive measures. However, one stark contrast between these public health crises is that HCV *can be cured* through a safe and effective 8-to-12-week course of direct acting antiviral (DAA) therapy. Unfortunately, access to curative therapy in Alabama is restricted by prior authorization criteria. These criteria interfere with our ability to provide the medical standard of care to our patients, thereby increasing their risk of death from liver disease. We request that any prior authorization criteria that do not align with the standard of care established by the American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA) guidelines be immediately removed.

Specifically, we request removal of the requirement that patients have severe liver damage (F2 or greater), as it is in direct conflict with the medical standard of care. This "it can wait" philosophy needlessly endangers patients and public health by assuming that the rate of liver disease progression is a predictable event. This approach increases the risk of hepatocellular cancer (HCC), of which HCV is the leading cause. Furthermore, the reality remains that patients may transmit the virus to others until cured, including vertical transmission to infants. The ongoing opioid crisis that our state faces make the persistence of transmission risk all the more dangerous to public health.

We also request removal of the requirement that screening for substance or alcohol use be performed, and that patients demonstrate abstinence, as these requirements are not based on clinical evidence. According to IDSA/AASLD guidance, "*There are no data to support the utility of pretreatment screening for illicit drug or alcohol use in identifying a population more likely to successfully complete HCV therapy."* Concerns that persons who use drugs or alcohol may be nonadherent to HCV DAA therapy or risk reinfection have been countered by several peer-reviewed studies, cited in the AASLD/IDSA guidance. By not allowing us to cure our patients with substance use disorders, we not only are forced to discriminate against patients due to comorbid medical diagnoses (a violation of disability rights), but we are forced to provide subpar care, a violation of the oath that we hold most sacred to *do no harm.*

We appreciate your consideration of our concerns, and kindly request a response in a timely manner.

Sincerely,

National Provider Advocates

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