November 9, 2020

Kelly Cunningham
Acting Medicaid Administrator
State of Illinois, Division of Medical Programs, Department of Healthcare and Family
201 South Grand Avenue East, 3rd Floor
Springfield, IL 62763-0001

**Re: COVID-19 and Access to Hepatitis C Treatment**

Dear Administrator Cunningham:

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 Illinois 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 HCV DAA therapy be prescribed by or in consultation with an infectious disease or gastroenterology/hepatology specialist. A specialist consult is not warranted given the ease and simplicity of treating most patients. According to IDSA/AASLD guidance, *"the short duration of treatment and few serious adverse events associated with (HCV) DAA therapy present an opportunity to expand the number of midlevel practitioners and primary care physicians engaged in the management and treatment of HCV infection."* The specialty prescriber requirement is placing undue burden both on patients living with HCV and specialists, many of whom are tasked with responding to a surge of patients experiencing complications of COVID-19. Primary care providers pursue continuing education for the expressed purpose of staying abreast of changes in medicine and have access to numerous resources for online learning regarding treatment and management of HCV. We ask that you permit primary care providers to practice to the full extent of their license in the management of HCV, as is the case for more complex conditions requiring long term management, like HIV or diabetes.

Additionally, we 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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