NVHR
National Viral Hepatitis Roundtable

June 17, 2021

Re: Hepatitis C Prior Authorization Criteria

Dear Nebraska Drug Utilization Review Board:

This letter is submitted on behalf of the National Viral Hepatitis Roundtable (NVHR), a national coalition of more than 500 patients, providers, community-based organizations, advocates, and public health partners fighting for an equitable world free of viral hepatitis.

We write to request your attention to the ongoing challenges to accessing treatment for hepatitis C virus (HCV) in Nebraska. We applaud the Pharmacy & Therapeutic Committee's recent decision to remove the minimum fibrosis score requirement, effective July 1, 2021. However, access to curative therapy remains out of reach due to the requirement that treatment be prescribed by a specialist and that patients abstain from drugs and alcohol for six months, despite injection drug use being the driving factor of new infections.

Hepatitis C is a pressing public health issue facing Nebraska. Between 2013 and 2016, there were an estimated 7,900 Nebraskans living with hepatitis C, half of whom may be unaware of their infection. The virus continues to claim the lives of Nebraskans every year, despite the availability of a cure. In 2017, the rate of hepatitis C related deaths was 4 deaths per 100,000 people, failing to meet the CDC's National Viral Hepatitis Progress Report 2025 goal of less than 3.0 deaths per 100,000 persons.

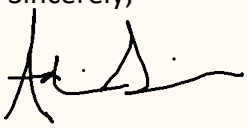
As such, we urge the Drug Utilization Review Board to review the policies for and remove all barriers to treatment for both Medicaid Fee-for-Service beneficiaries and Managed Care Organization (MCO) beneficiaries as the policies are in direct conflict with public health priorities and the medical standard of care.

1. **Specialist requirement: We request that the State enforce the legal requirement for MCOs to provide equal or better care by ensuring that policies are not more restrictive than those set forth by Nebraska Medicaid. Specifically, we request that MCOs remove any requirements that treatment be prescribed by a specialist.** While the Fee-For-Service program does not impose prescriber restrictions, UnitedHealthcare Community Plan appears to restrict prescribing to hepatologists, gastroenterologists, infectious disease specialists, or transplant physicians. A specialist consult is not warranted given the ease and simplicity of treating most patients. According to AASLD/IDSA 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."* Requiring treatment by or in consultation with a specialist provider places an undue burden on persons with hepatitis C living in underserved areas, particularly those in rural areas where patients may have to travel hundreds of miles to reach a specialist. Moreover, it is unfairly driving patients away from the care of rural primary care providers.

2. **<u>Sobriety requirement</u>: We also request removal of the requirement that screening for drug or alcohol use be performed, and that patients demonstrate abstinence, as these requirements are not based on clinical evidence.** According to AASLD/IDSA 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 people 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. Moreover, requiring that patients demonstrate sobriety unfairly places additional burden on, and limits access to treatment for, persons with a comorbid medical condition. We believe that denying life-saving HCV treatment to persons with substance use disorder may constitute a violation of the Americans with Disabilities Act. Specifically, Section 504 of the 1973 Rehabilitation Act prohibits discrimination against people with disabilities in programs that receive federal financial assistance. Given that unsafe injection drug use drives most new HCV infections, scaling up HCV treatment among persons who use drugs represents an opportunity to positively impact HCV incidence.

On behalf of the National Viral Hepatitis Roundtable, we urge you to reconsider and revise the current prior authorization policies for treatment of HCV in Nebraska. We appreciate your consideration of our concerns, and kindly request a response in a timely manner.

Sincerely,



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