

April 29, 2022

Re: Hepatitis C Prior Authorization Criteria

Dear AHCCCS Pharmacy & Therapeutics Committee,

The National Viral Hepatitis Roundtable (NVHR) appreciates the opportunity to submit comments on the prior authorization criteria for hepatitis C virus (HCV) treatment for Arizona Health Care Cost Containment System (AHCCCS) beneficiaries. NVHR is a coalition of patients, health care providers, community-based organizations, and public health partners fighting for an equitable world free of viral hepatitis. In partnership with Harvard Law School's Center for Health Law and Policy Innovation, NVHR tracks and documents HCV treatment access across the country through our Hepatitis C: State of Medicaid Access project (stateofhepc.org). Most recently we issued a [progress report](#) examining state-level trends in aligning treatment access through state Medicaid programs with evidence-based treatment guidelines.

As of January 2022, Arizona was one of only 13 states whose Medicaid program requires that specialists be consulted to prescribe HCV treatment. We commend the P&T Committee's recent steps toward increasing access to HCV treatment by removing the requirement to abstain from substances for three months. However, we remain concerned that access to treatment is limited by the requirement that prescriptions be written by or in consultation with a gastroenterologist, hepatologist, or infectious disease physician.

We encourage the P&T Committee to remove all prescriber restrictions. As with sobriety restrictions, state Medicaid programs have trended towards reconsidering and removing these requirements, recognizing that a broader range of health care providers has sufficient capability of managing HCV treatment and will be necessary to achieve population health goals of viral hepatitis elimination, particularly in areas experiencing shortages in specialists. Fortunately, prescribing HCV treatment for non-cirrhotic and compensated cirrhotic patients has been made easy with the adoption of the American Association for the Study of Liver Disease and the Infectious Disease Society of America (AASLD/IDSA) [Simplified Treatment Algorithm](#). This systematic process walks prescribers step-by-step through evidence-based eligibility criteria, pretreatment assessments, and recommended regimens. The simplicity of the guidelines and pan-genotypic nature of preferred agents makes prior authorizations administratively burdensome and obsolete. A study in Rhode Island found that the complete prior authorization process from prescription to DAA acquisition took 45-120 minutes per patient, longer with a protracted denial and appeals process.¹ Ultimately NVHR encourages Arizona to follow in the footsteps of the 12 state Medicaid programs who have removed prior authorizations for most patients.

Arizona has systems in place to safely expand the number of midlevel practitioners and primary care physicians engaged in the treatment of HCV infection, in accordance with AASLD/IDSA guidance. First, the Arizona ECHO program has successfully supported providers who are new to prescribing HCV therapy by offering access to specialists when it is necessary to do so, such as in the infrequent case of decompensated cirrhosis. The removal of this prior authorization requirement would maintain this support system while better utilizing scarce healthcare resources. Of the ten states who offer ECHO training programs, Arizona is one of only three states who requires prescriptions to be written by or in consultation with a specialist. Additionally, pharmacists who are dispensing HCV treatment are trained and pharmacy software are designed to assess clinical appropriateness and drug interactions for all medications. Given the favorable safety profile of HCV treatment,

¹ Duryea P, Habchi J, Sprecht-Walsh S, Thomas AM, Bratberg J, et.al. A Modifiable Barrier to Hepatitis C Virus Elimination in Rhode Island: The Prior Authorization Process for Direct-Acting Antiviral Agents. *R I Med J.* 2020;103(5):41-44. <http://rimed.org/rimedicaljournal/2020/06/2020-06-41-hcv-duryea.pdf>.

having pharmacists manually review HCV prior authorizations is a costly, redundant, and inefficient process. Ultimately, prior authorizations place an undue administrative burden on prescribers, which takes away time and resources from other life-saving care and increases patients' risk of hepatocellular carcinoma, liver failure, and death.

We look forward to the prospect of Arizona making significant progress towards viral hepatitis elimination goals by removing all prescriber restrictions and will monitor developments with great interest.

Sincerely,



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