



December 7, 2022

Re: Hepatitis C Direct-Acting Antivirals

Dear Drug Utilization Review Board & Pharmacy and Therapeutics Committee:

This letter is submitted on behalf of the Hepatitis Education Project (HEP) and the National Viral Hepatitis Roundtable (NVHR) regarding prior authorization criteria for hepatitis C virus (HCV) treatment for Washington Apple Health beneficiaries. HEP is a community-based organization operating in Seattle, WA, which provides harm reduction and hepatitis C services to people experiencing homelessness and people who use drugs. HEP is a key partner in a pharmacist-led HCV treatment program in which pharmacists test and treat clients onsite at HEP. NVHR, HEP's national policy and advocacy program, tracks HCV treatment access across the country in partnership with Harvard Law School's Center for Health Law and Policy Innovation (CHLPI) through our Hepatitis C: State of Medicaid Access project (stateofhepc.org).

We commend Washington's State's leadership in being one of the first states to make direct-acting antivirals (DAAs) available without prior authorization. The removal of this barrier has been an important step in increasing access to treatment for the communities we serve. Looking forward, HCV elimination requires creative and comprehensive actions and opportunities remain to ensure access to treatment for those most marginalized. In reviewing the HCV coverage criteria, **we encourage the Drug Utilization Review Board & Pharmacy and Therapeutics Committee to consider allowing the dispensing of a full course of DAAs, up to 90 days, at treatment initiation.**

The need to refill prescriptions every 28 days can be challenging for patients who have difficulty navigating our complex healthcare system, including people who live in rural areas, people balancing complex employment and childcare demands, and people without access to transportation. Providers, pharmacies, and community-based organizations spend significant resources on refill coordination, and despite these efforts, patients may be lost to follow up after the first fill despite maintaining adherence to their prescribed medication. While refills may present an opportunity to re-engage people who need additional support during treatment, the option for providers to prescribe and pharmacies to dispense the full treatment course up front would help improve treatment access for many people. A recent study found that a minimal monitoring approach, which included providing the full treatment course at treatment initiation, was safe and achieved sustained viral response (SVR) comparable to standard monitoring.¹ Colorado Medicaid has already taken this step, and we urge Washington State to follow. Concerns regarding lost and stolen medications should not impede this recommendation, as a mechanism to replace lost and stolen medications without additional restrictions should be a standard of care that is followed for all medications. We share the State's goal to eliminate HCV by 2030 and believe that an elimination strategy benefits from both maintaining the removal of PA and enhancing access by allowing dispensing of a full course of DAAs at treatment initiation.

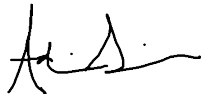
¹ Solomon SS, Wagner-Cardoso S, Smeaton L, Sowah LA, Wimbish C, Robbins G, Brates I, Scello C, Son A, Avihingsanon A, Linas B, Anthony D, Nunes EP, Kliemann DA, Supparatpinyo K, Kityo C, Tebas P, Bennet JA, Santana-Bagur J, Benson CA, Van Schalkwyk M, Cheinquer N, Naggie S, Wyles D, Sulkowski M. A minimal monitoring approach for the treatment of hepatitis C virus infection (ACTG A5360 [MINMON]): a phase 4, open-label, single-arm trial. *Lancet Gastroenterol Hepatol*. 2022 Apr;7(4):307-317. doi: 10.1016/S2468-1253(21)00397-6. Epub 2022 Jan 10. PMID: 35026142; PMCID: PMC8920770.

We recognize that there are additional barriers beyond the scope of these committees that impede treatment access. We would like to take the opportunity to raise the following two issues for consideration by the Washington State Health Care Authority (HCA):

- 1. The current Medicaid reimbursement for dispensing HCV treatment is too low to realize the State's goal of elimination and leads to local pharmacies losing money for each DAA prescription filled.** Additionally, requirements by pharmacy benefit managers that DAAs be dispensed by specialty pharmacies presents challenges to both patients and pharmacies. Patients often have difficulty navigating specialty pharmacy processes, and local pharmacies are forced to undergo costly and timely accreditation processes to dispense DAAs. We encourage the State to work with local pharmacies and the Washington State Pharmacy Association to address these barriers and improve community pharmacies' ability to serve as a low-barrier option for HCV treatment.
- 2. Additional support is needed for wraparound services for HCV treatment.** As the state continues to implement its HCV elimination plan, attention should be given to the resources needed to support marginalized communities during HCV treatment, such as people who use drugs and people experiencing homelessness. While both the literature and our real-world experience have shown that these communities can be successful with treatment, anyone who has competing priorities, especially those who are trying to meet the basic needs of survival, may need additional support during treatment. In addition to resources, this requires thinking creatively about strategies to make care as low-barrier as possible, such as partnerships between pharmacies and syringe services programs, and ensuring that the packaging for DAAs is compact and easy to carry and store safely. We urge HCA to work with the Department of Health, health plans, pharmacy benefit managers, and pharmaceutical companies to make investments that support people through treatment beyond the dispensing of DAAs.

We look forward to Washington State's continued leadership in making significant progress towards viral hepatitis elimination and will monitor developments with great interest.

Sincerely,



Adrienne Simmons, PharmD, MS, BCPS, AAHIVP
Director of Programs, National Viral Hepatitis Roundtable