



June 7, 2023

Medical Assistance Advisory Committee Pennsylvania Department of Human Services Commonwealth Tower, 9th Floor Harrisburg, PA 17101

Re: Hepatitis C Agents Prior Authorization Criteria

Dear Medical Assistance Advisory Committee:

The Center for Health Law and Policy Innovation at Harvard Law School (CHLPI) and the National Viral Hepatitis Roundtable (NVHR) appreciate the opportunity to submit comments on the proposed clinical criteria for the treatment of hepatitis C virus (HCV) for Pennsylvania Medicaid beneficiaries. CHLPI advocates for legal, regulatory, and policy reforms to improve the health of marginalized populations, with a focus on the needs of low-income people living with chronic illnesses and disabilities. NVHR is a national coalition of patients, health care providers, community-based organizations, and public health partners fighting for an equitable world free of viral hepatitis. CHLPI and NVHR collaboratively support the <u>Hepatitis C: State of Medicaid Access</u> project which tracks and documents HCV treatment access across the country.

We commend the Drug Utilization Review Board's recommendation to remove the prior authorization requirement for preferred direct-acting antivirals, as well as the proposed changes for non-preferred agents, effective July 10, 2023. To date, 23 state Medicaid programs have removed prior authorization for most patients entirely, including Delaware, the District of Columbia, New York, and Virginia. We look forward to Pennsylvania joining this growing tide of jurisdictions who recognize the importance of streamlining access to hepatitis C treatment.

In implementing these policy changes, we urge the Commonwealth to ensure that managed care organizations continue to follow the same requirements as set forth by the Fee-for-Service program. We also encourage Medicaid to collaborate with the Department of Health and the Hep Free PA Coalition to educate providers and the community about the policy changes by (a) sharing the updates via established communication channels (e.g., newsletters, social media), (b) reaching out to prescribers, medical and pharmacy societies, health systems and community clinics, and community-based organizations, and (c) leveraging administrative data to initiate lookback programs to notify diagnosed but uncured patients of their treatment eligibility. For additional examples of ways to communicate about these policy changes, visit NVHR's toolkit.

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

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