

Thank you for joining: HepVu's Visualizing Hepatitis C Treatment Restrictions

Subscribe to HepVu's newsletter and blog updates at HepVu.org/email-signup

The webinar will begin at 3:00 pm ET/ 12:00 pm PT

HepVu.org | Facebook.com/HepVu | @HepVu





Visualizing Hepatitis C Treatment Restrictions

Heather Bradley, PhD

HepVu Project Director

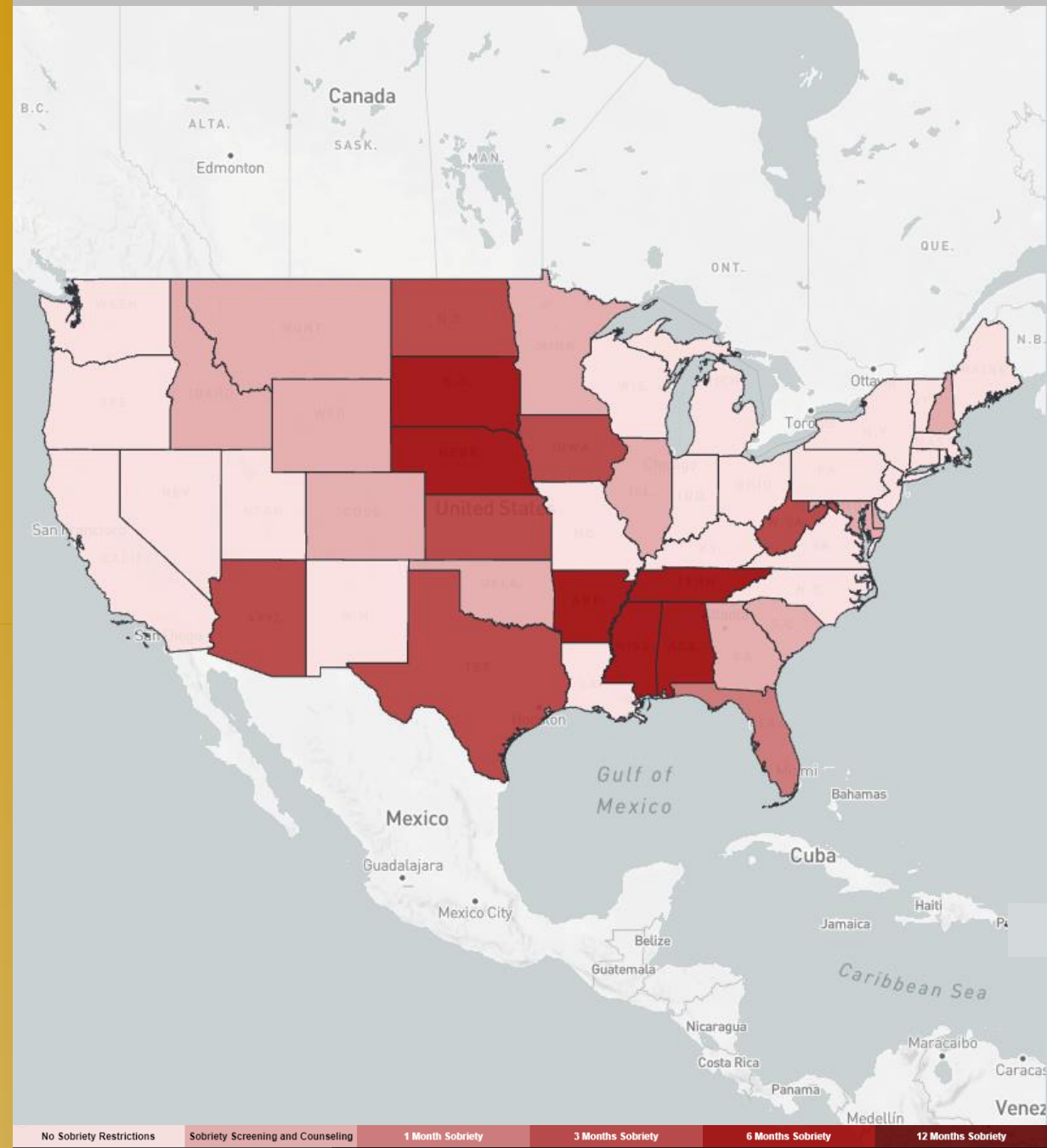
Assistant Professor of Epidemiology

Georgia State University



HepVu.org | Facebook.com/HepVu | @HepVu

Sobriety Treatment Restrictions, 2021 (as of April 2021)



Webinar Panelists



Phil Waters, J.D., Staff Attorney,
Center for Health Law and Policy
Innovation (CHLPI), Harvard Law
School



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



Lynn E. Taylor, MD, Director of HIV
and Viral Hepatitis Services, CODAC
Behavioral Healthcare; Research
Professor, University of Rhode Island;
Director, RI Defeats Hep C

Agenda

HepVu & Treatment Restrictions Overview

Hepatitis C: The State of Medicaid Access

Advocacy & Removing Treatment Restrictions

Discussion: Challenges and Moral Dilemmas
of Treatment Restrictions

Q&A

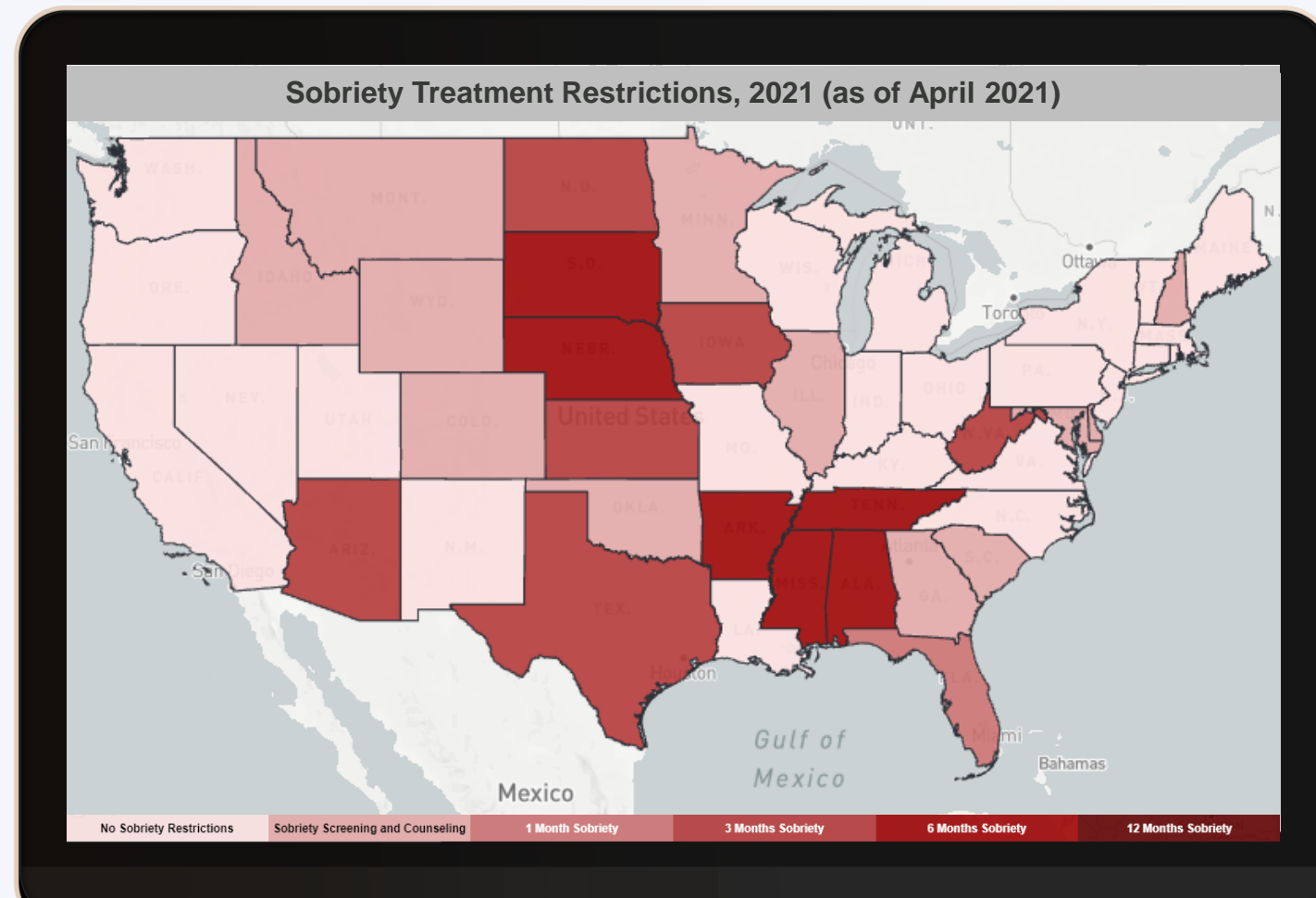
HepVu & Treatment Restrictions Overview

Heather Bradley, PhD, HepVu
Project Director, Assistant Professor
of Epidemiology, Georgia State
University

Mission

Making data on the viral hepatitis epidemic **widely available, easily accessible, and locally relevant** to inform public health decision making.

Partnership between Gilead Sciences and Rollins School of Public Health at Emory University.



New Data

To inform public health decision making

**Fibrosis
Restrictions**

By year from 2017
to 2021

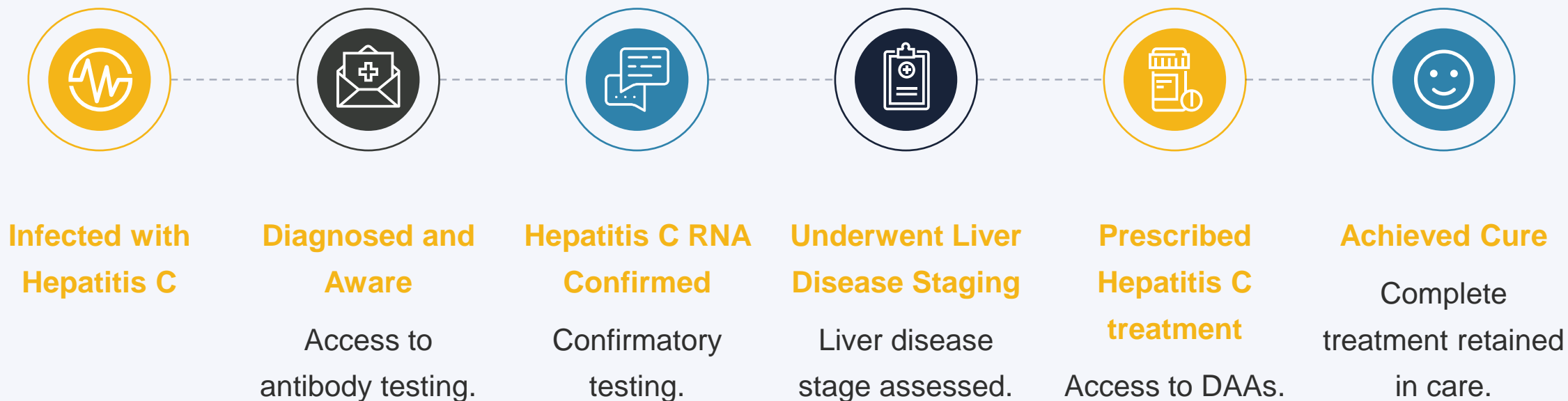
**Sobriety
Restrictions**

By year from 2017
to 2021

**Prescriber
Restrictions**

By year from 2017
to 2021

Hepatitis C Testing & Care



Testing...to Treatment?

- 2.3 million people are living with Hepatitis C...**half are undiagnosed**
- CDC recommends all adults get tested for Hepatitis C, especially anyone with a history of injection drug use
- ***Journal of Primary Care and Community Health***: Boston Medical Center (BMC), found that hospital-wide, total Hepatitis C testing **decreased by 49.6%** over a 3.5-month period from March 16 – June 30, 2020

SPOTLIGHT ON HEPATITIS C

Approximately **2.3 million people** are living with **Hepatitis C infection** in the U.S.

In 2018, there were an **estimated 50,300 Hepatitis C infections** in the U.S.

Get tested.

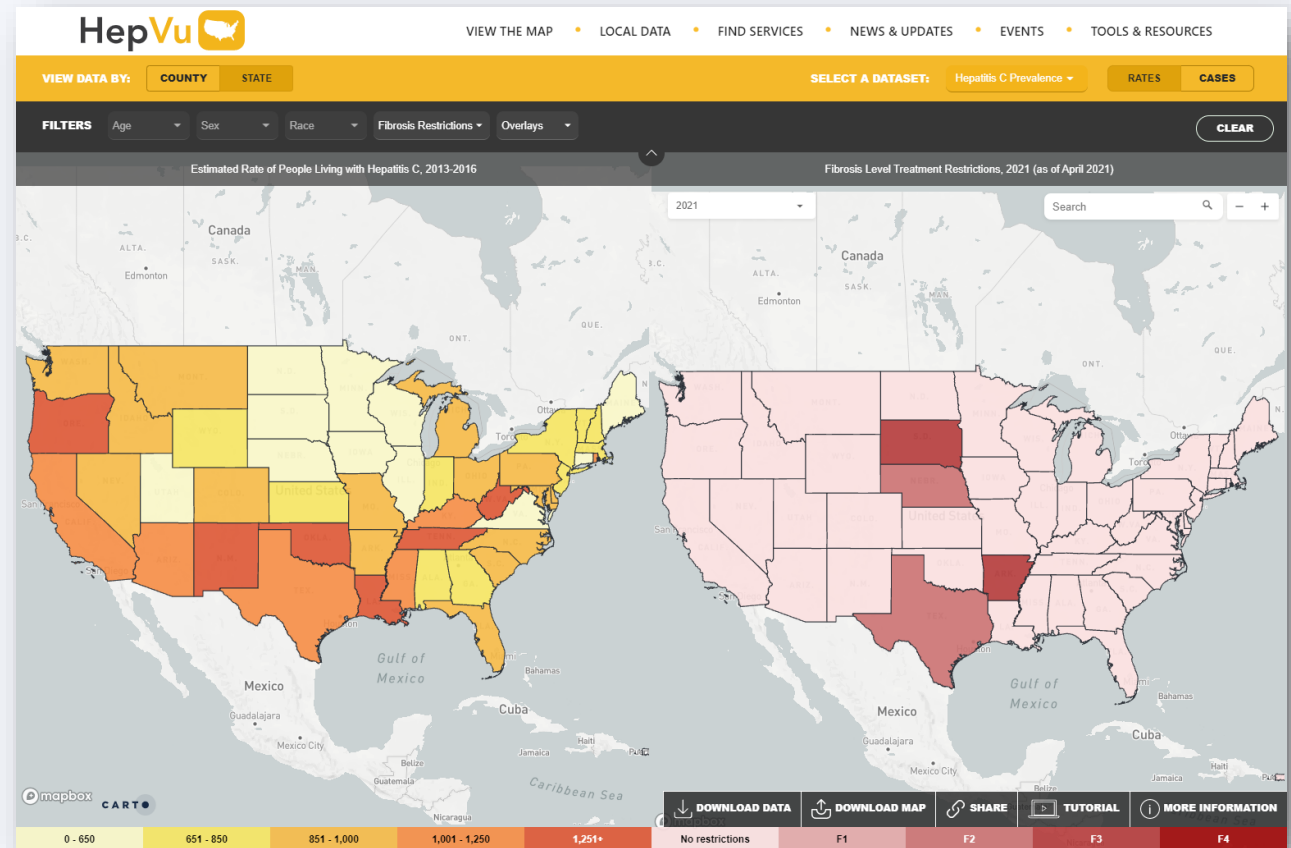
Learn more at HepVu.org/HepatitisABC

CDC recommends testing for certain groups, including **Baby Boomers** (born between 1945-1965) and anyone with a **history of injection drug use.**

HepVu.org SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION VIRAL HEPATITIS SURVEILLANCE - UNITED STATES, 2018 HepVu

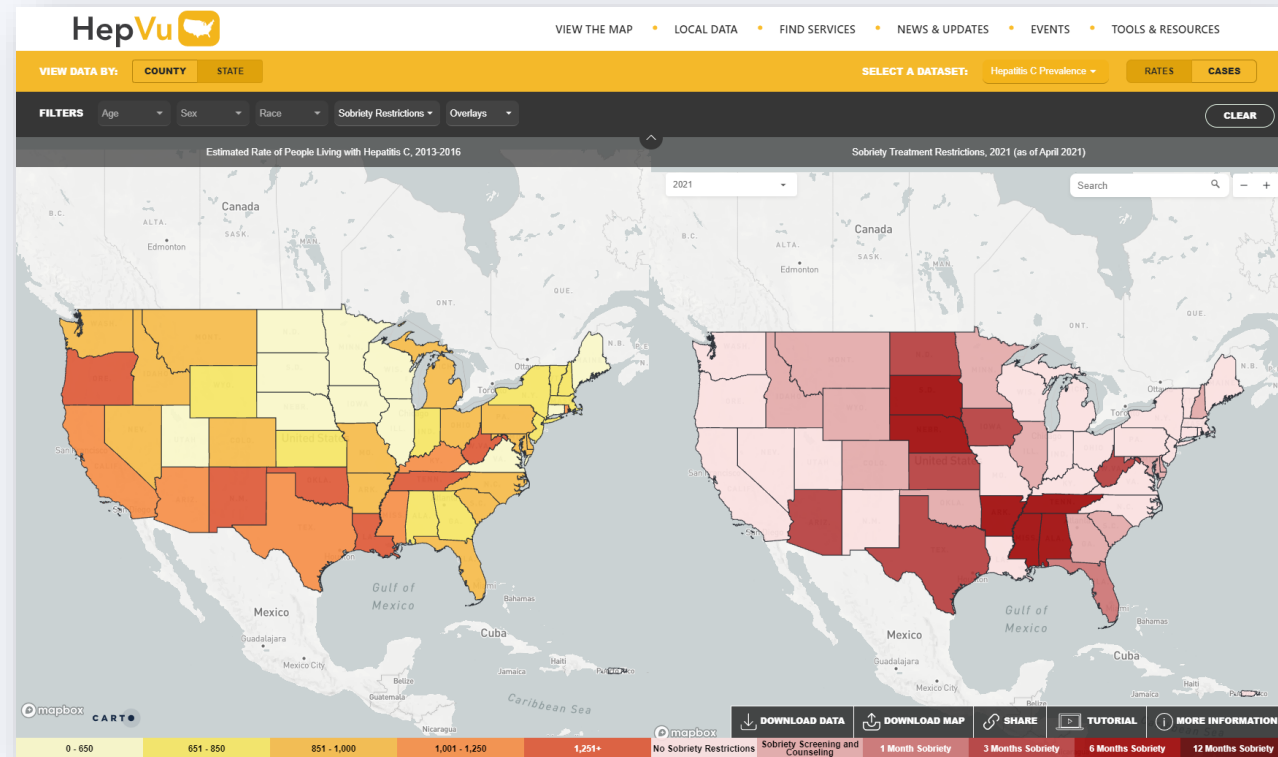
Comparison Map

Fibrosis Restrictions



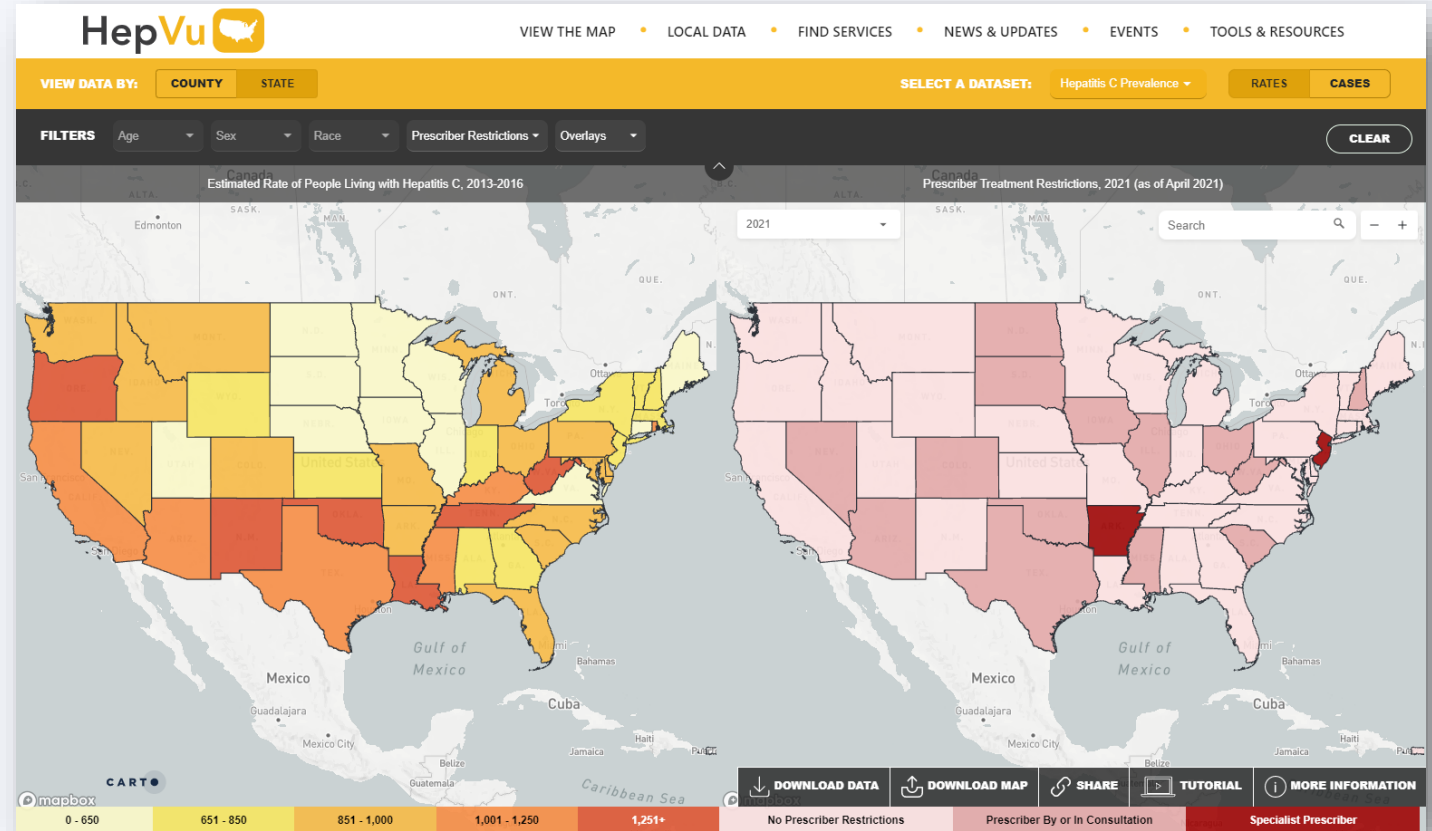
Fibrosis restrictions require patients to wait until Hepatitis C severely damages their liver before receiving Hepatitis C treatment.

Sobriety Restrictions



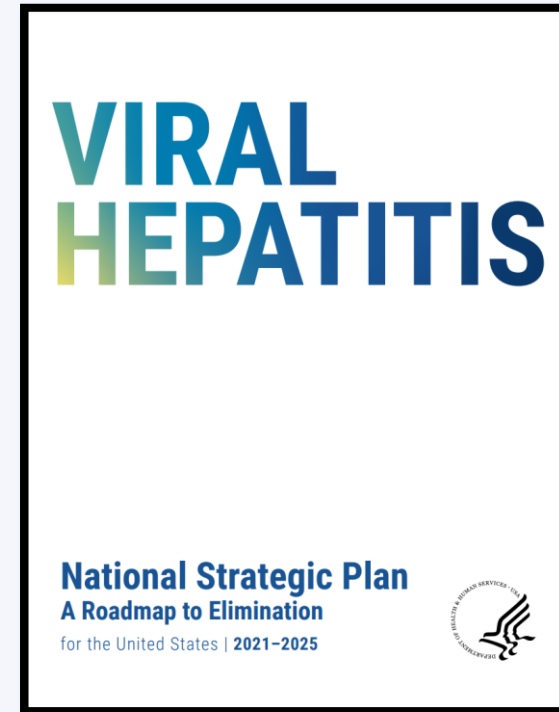
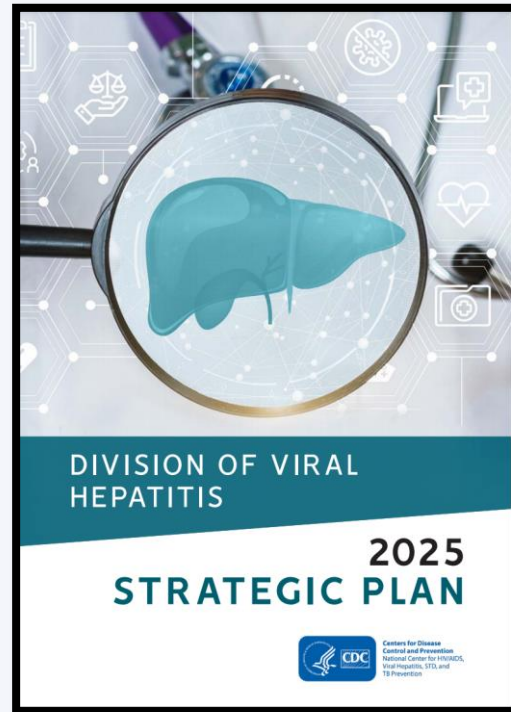
Sobriety restrictions require individuals to abstain from using alcohol and/or drugs for a specified timeframe prior to starting Hepatitis C treatment.

Prescriber Restrictions



Prescriber restrictions limit the type of clinicians that can prescribe Hepatitis C treatment.

Why Map Treatment Restrictions?



Hepatitis C: The State of Medicaid Access

Phil Waters, J.D., Staff Attorney,
Center for Health Law and Policy
Innovation (CHLPI), Harvard Law
School

HCV Treatment Access in Medicaid

2013

DAAs come to market at a high price, payers impose restrictions on access

2014

Preliminary review of Medicaid coverage shows frequent restrictions

2015

CMS issues guidance to states that Medicaid must cover medically-necessary DAAs

2016

WA Medicaid sued for policy requiring severe liver damage before treatment

2017

StateofHepC.org launched, detailing Medicaid treatment restrictions

Continued advocacy results in removal of restrictions entirely in 21 states

2021

Movement of restrictions by year mapped on HepVu

Hepatitis C: The State of Medicaid Access

Documents the current state of Medicaid fee-for-service Hepatitis C treatment access policies.

Findings are based on surveys of Medicaid officials, publicly available documents, and official press or media releases.

HEPATITIS C: THE STATE OF MEDICAID ACCESS

May 2021 National Progress Report

The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) and the National Viral Hepatitis Roundtable (NVHR) share a commitment to ensuring that all individuals living with hepatitis C (HCV) are able to access the cure for HCV, one of the deadliest infectious disease in the United States. We are pleased to report that our collective advocacy is working.

In particular, the launch of our Hepatitis C: The State of Medicaid Access report in 2017 has successfully supported efforts to eliminate treatment access restrictions. Since 2014, access to direct-acting antivirals (DAAs) in state Medicaid programs has been incrementally expanded, often in response to advocacy and impact litigation. Importantly, there has been immense progress in transparency. **In 2014, 18 states had unclear fibrosis restrictions, 15 states had unclear sobriety restrictions, and 23 states had unclear prescriber restrictions.** Now, all states have known criteria, in part due to pressure from advocates for this information to be publicly available.


Since 2017, 32 states have either eliminated or reduced their fibrosis restrictions, 21 have loosened their sobriety restrictions, and 25 have scaled back their prescriber restrictions. There are also now 7 states that, in addition to removing all restrictions, have removed prior authorization for treatment entirely: Washington, Louisiana, New York, California, Indiana, Wisconsin, and most recently Michigan. In these states the barriers to getting treatment in Medicaid have been paved over with a road to treatment.


We have made tremendous progress in removing barriers to treatment since the launch of the State of Hep C in 2017, particularly with fibrosis restrictions. But our work continues. Discriminatory sobriety restrictions persist and continue to undermine our collective efforts to address both hepatitis C and the growing opioid epidemic. CHLPI and NVHR remain committed to capitalizing on the momentum we enjoy today and to advocating for the removal of all states' HCV treatment access restrictions.

We have the tools to eliminate HCV in the US, but it requires the removal of all discriminatory HCV treatment access restrictions as well as leadership and resources to turn the promise of the cure into a reality for all.

For more information about *Hepatitis C: The State of Medicaid Access* please go to www.stateofhepc.org.

Published: May 19, 2021

 **CENTER for HEALTH LAW and POLICY INNOVATION**
HARVARD LAW SCHOOL

 **NVHR**
National Viral Hepatitis Roundtable

Medicaid Treatment Access Restrictions



Fibrosis

Disease progress as measured by liver scarring (fibrosis).



Sobriety

Periods of abstinence from substance and/or alcohol use prior to treatment.



Prescriber

Limiting which health care providers can prescribe treatment.

Mapping Progress

Fibrosis

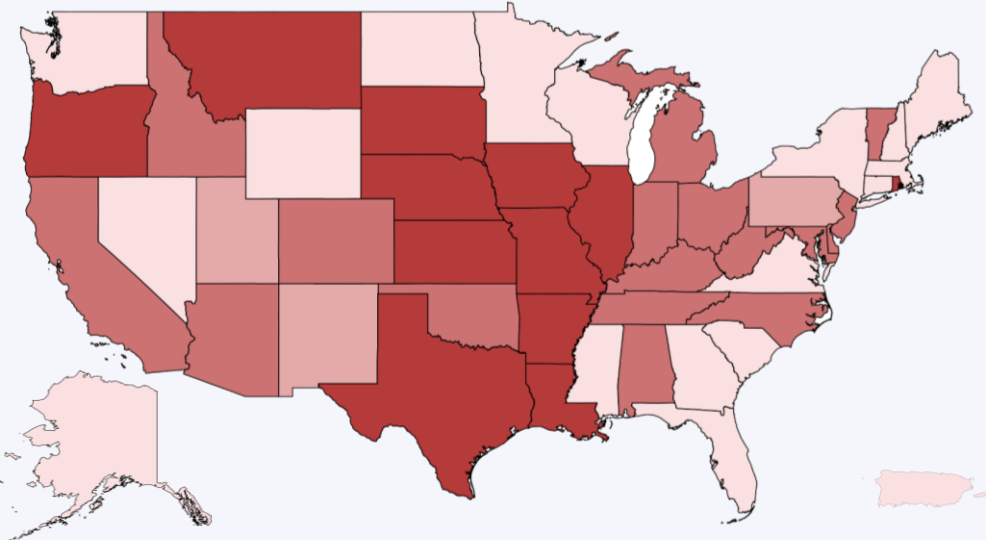


The U.S. has seen the biggest progress to date in removing fibrosis restrictions.

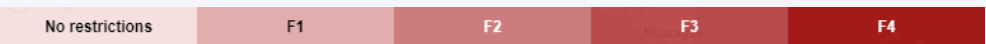
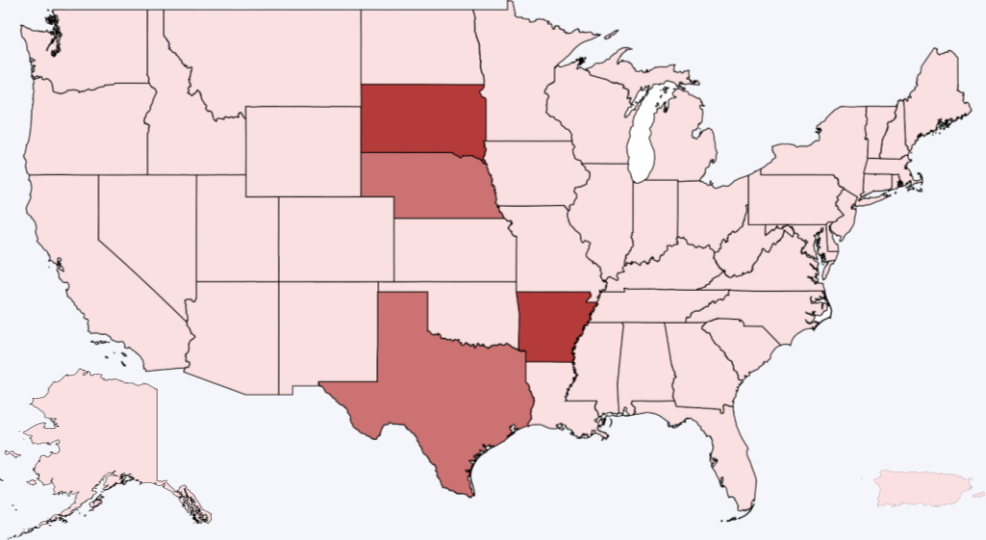
Since 2017, 32 states have either eliminated or reduced their fibrosis restrictions.

Only 4 states have restrictions remaining.

Fibrosis Level Treatment Restrictions, 2017



Fibrosis Level Treatment Restrictions, 2021 (as of April 2021)



Mapping Progress

Sobriety

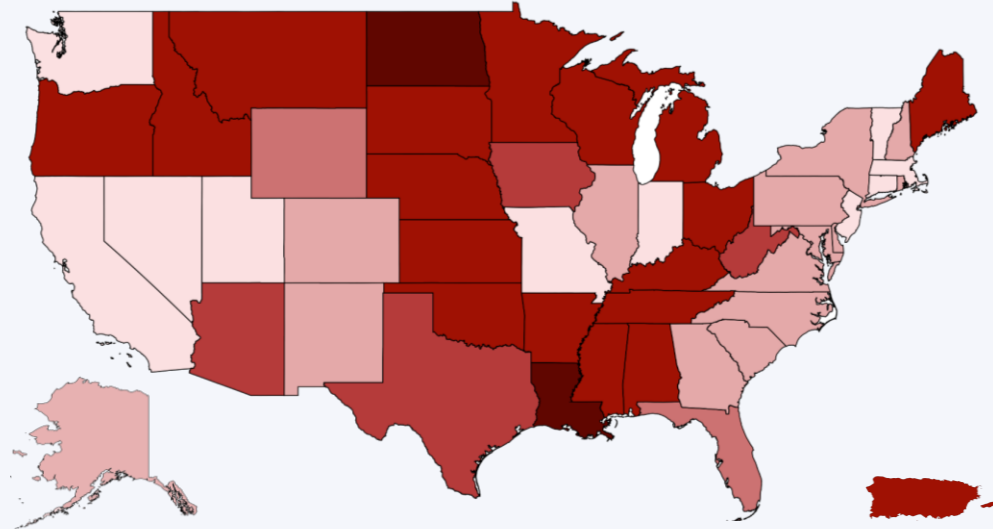


Since 2017, 21 states have loosened their sobriety restrictions.

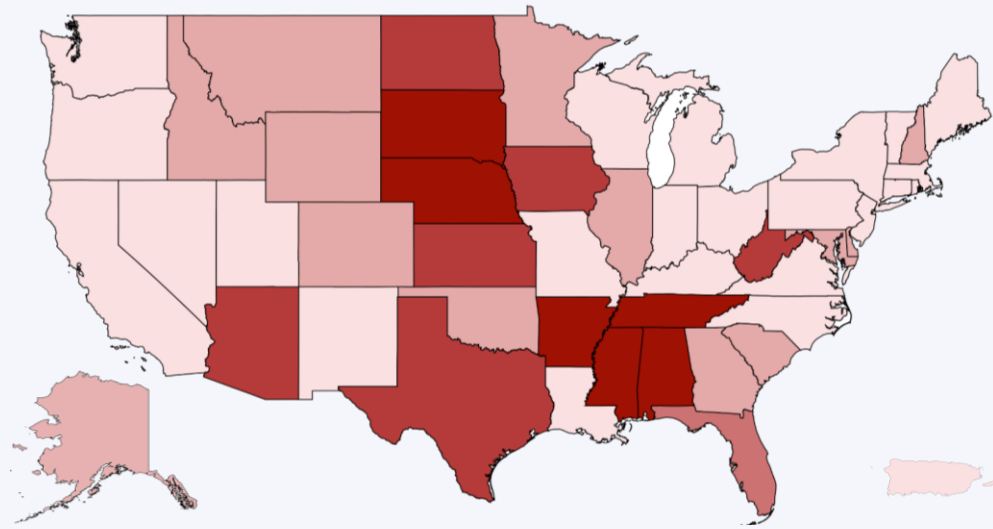
39 states impose no minimum period of abstinence.

Length required has shortened overall.

Sobriety Treatment Restrictions, 2017



Sobriety Treatment Restrictions, 2021 (as of April 2021)



Mapping Progress

Prescriber

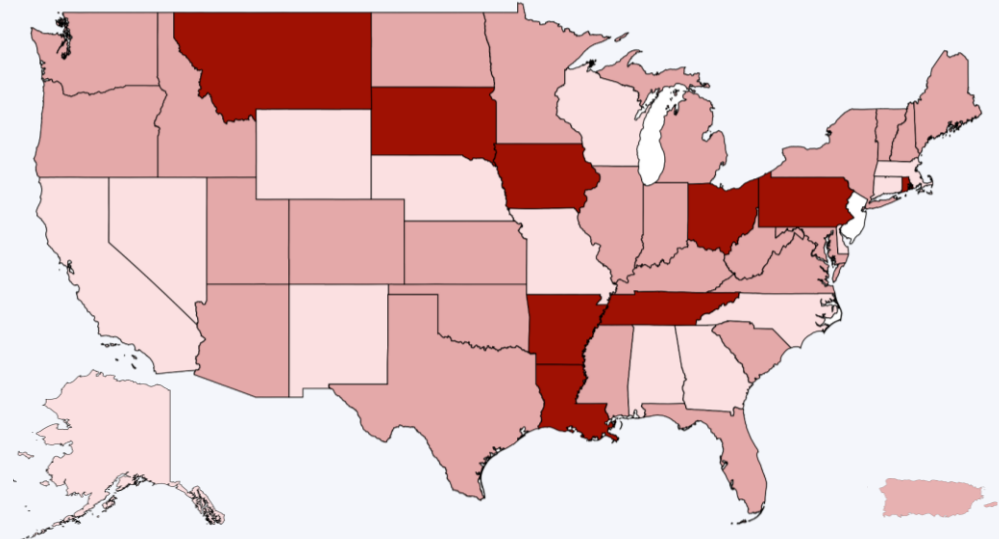


Since 2017, 25 states have scaled back their prescriber restrictions.

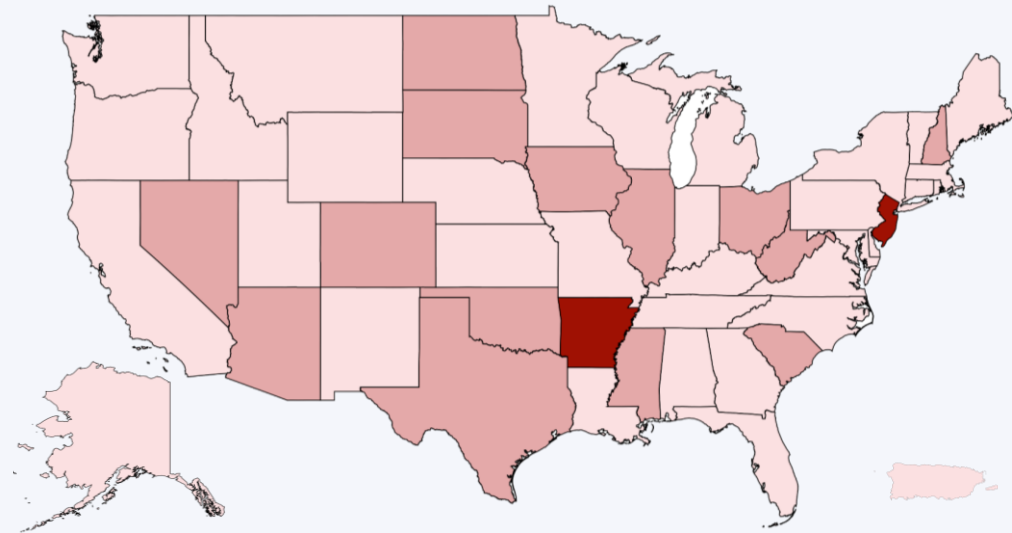
18 states require specialist involvement, only 2 require prescription written by specialist

Training programs for primary care providers and mid-level practitioners on Hepatitis C.

Prescriber Treatment Restrictions, 2017



Prescriber Treatment Restrictions, 2021 (as of April 2021)



No Prescriber Restrictions

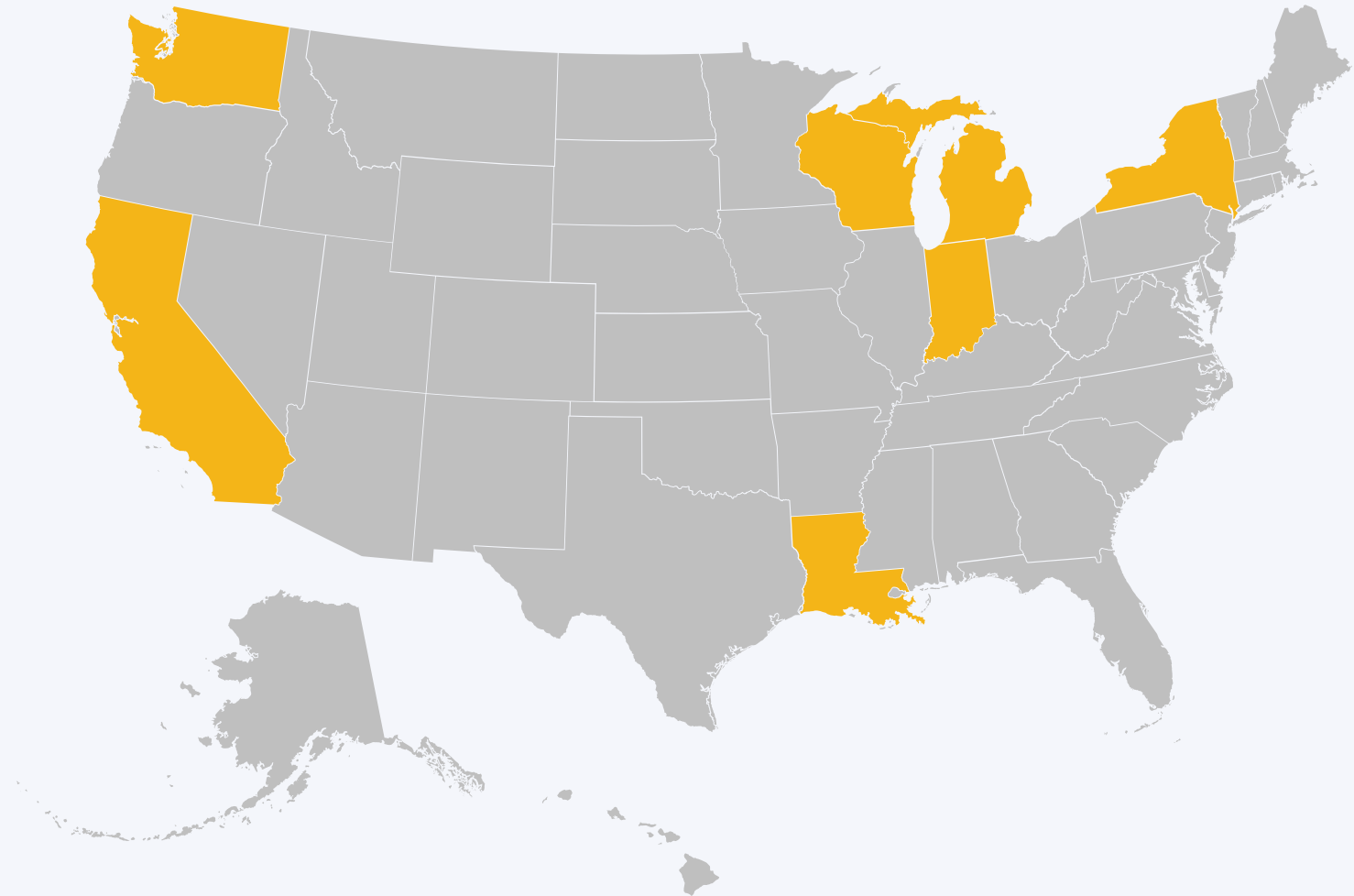
Prescriber By or In Consultation

Specialist Prescriber

Prior Authorization

Seven states now allow access to DAAs in their Medicaid programs without requiring prior authorization at all.

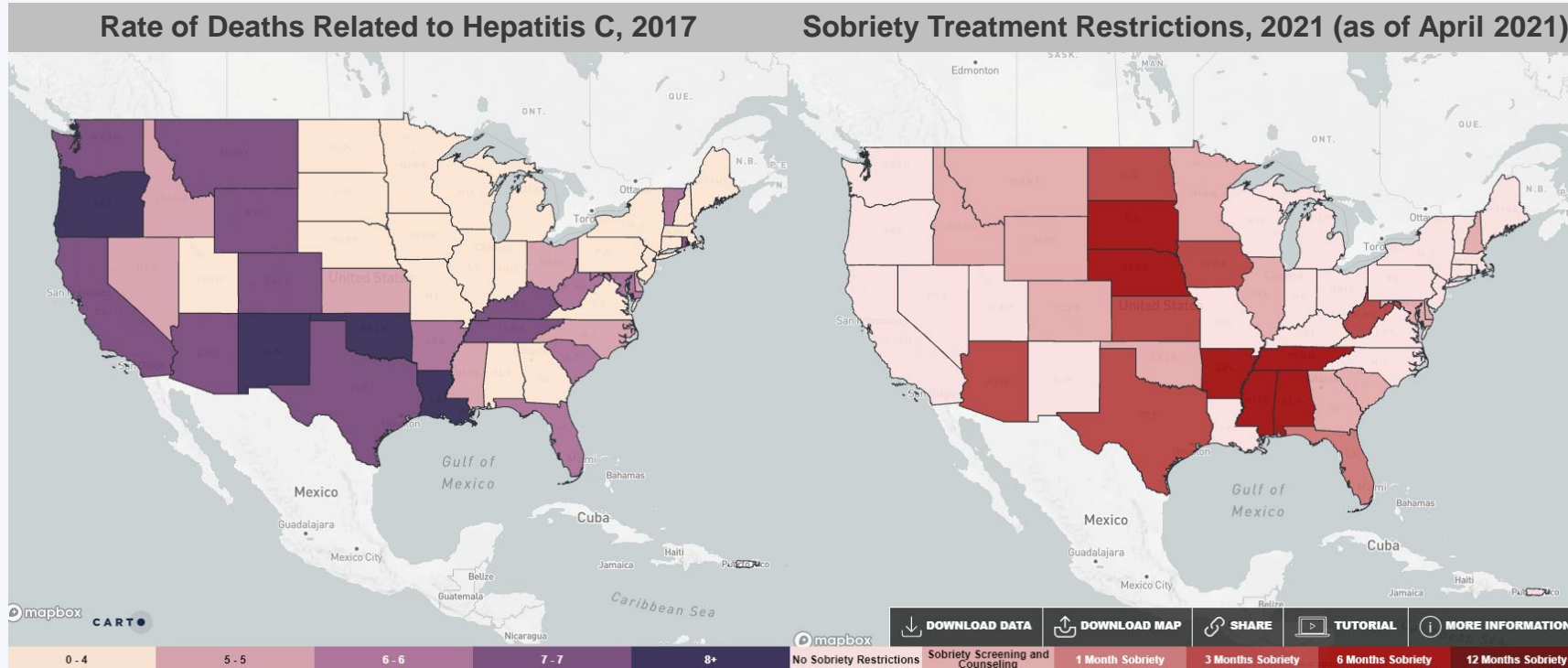
This obviates the need for burdensome paperwork and streamlines treatment.



Advocacy & Removing Treatment Restrictions

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

Data Visualization as an Advocacy Tool



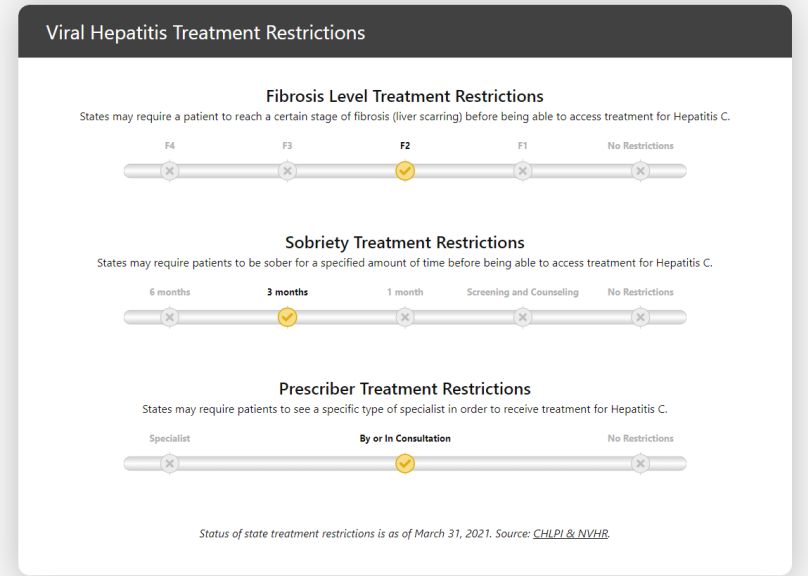
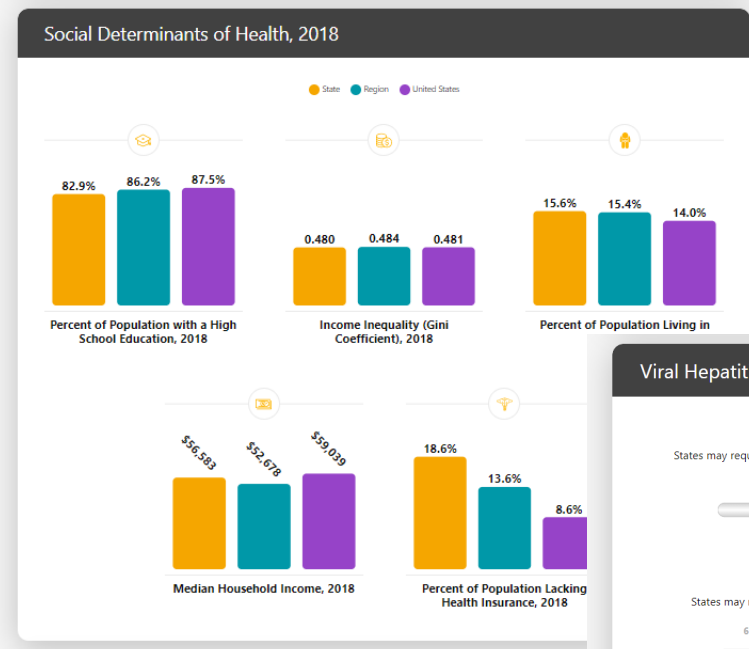
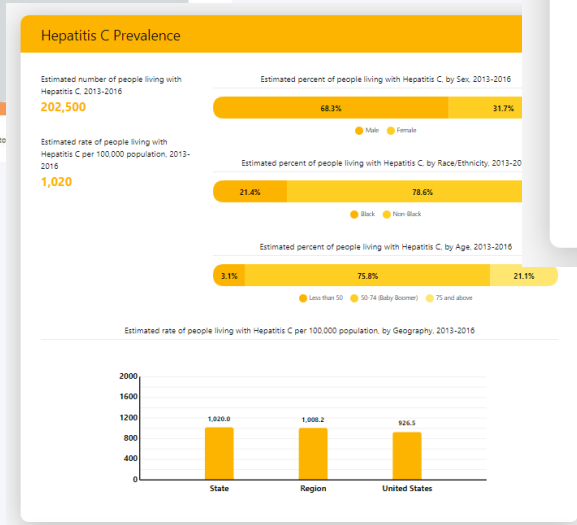
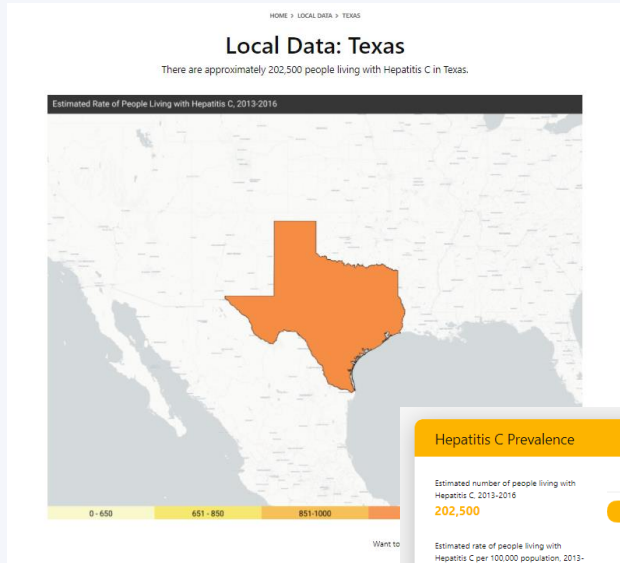
Tells a (Local) Story

Makes Data Accessible

- Additional Comparisons**
- Overdose Mortality/Sobriety Restrictions
 - Hep C Prevalence/Prescriber Restrictions
 - Hep C Mortality/Fibrosis Restrictions

Data Visualization as an Advocacy Tool

Treatment Access Restrictions now available in each state's profile



Patient Advocacy

- **Share your story** with legislators and other policymakers such as the Medicaid Director, Secretary of Health, Governor's Office, etc.
- **Provide public comment** at Medicaid Pharmacy & Therapeutics Committee and/or Drug Utilization Review Board meetings
- **Engage in state coalitions** and support awareness, education, and advocacy efforts
- **Leverage opinion editorials, letters to the editor, and social media** to spread awareness about how treatment access restrictions are impacting you

FIRST OPINION

We can't eliminate hepatitis C without removing barriers to treatment

By Nick Voyles Nov. 14, 2020

[Reprints](#)



Paulette Walton, a registered nurse in charge of coordination of hepatitis C treatment at the San Francisco General Hospital Opiate Treatment Outpatient Program, shows a pack of pills used to treat the virus at the clinic.

LAURA MORTON FOR STAT

As Americans fight the Covid-19 pandemic, the epidemic caused by the hepatitis C virus also continues to rage, especially among marginalized communities. And while some barriers to accessing health care have been eliminated during Covid-19,

Provider Advocacy

- **Compile examples of treatment access issues and provide public comment** at Medicaid Pharmacy & Therapeutics Committee and/or Drug Utilization Review Board meetings
- **Send sign-on letters and/or request meetings** with the Medicaid Director, Secretary of Health, Governor's Office, etc.
- **Leverage opinion editorials, letters to the editor, and social media** to spread awareness about how treatment access restrictions impact patients
- **Present and publish** on treatment access restrictions

November 9, 2020

Stephanie Azar
Commissioner
Alabama Medicaid Agency
501 Dexter Avenue, PO Box 5624
Montgomery, AL 36103-5624

Re: COVID-19 and Access to Hepatitis C Treatment

Dear Commissioner Azar:

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 Alabama 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.

Statesman

Opinion

Opinion: Hepatitis C is a curable disease. Texans shouldn't have to wait for a cure

By Dr. Mamta Jain

Posted Mar 7, 2020 at 5:46 AM

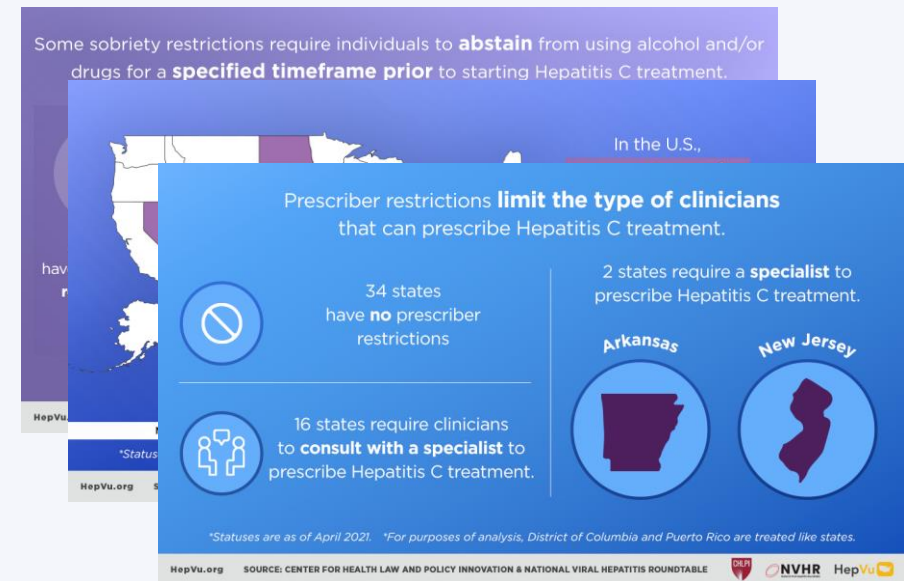
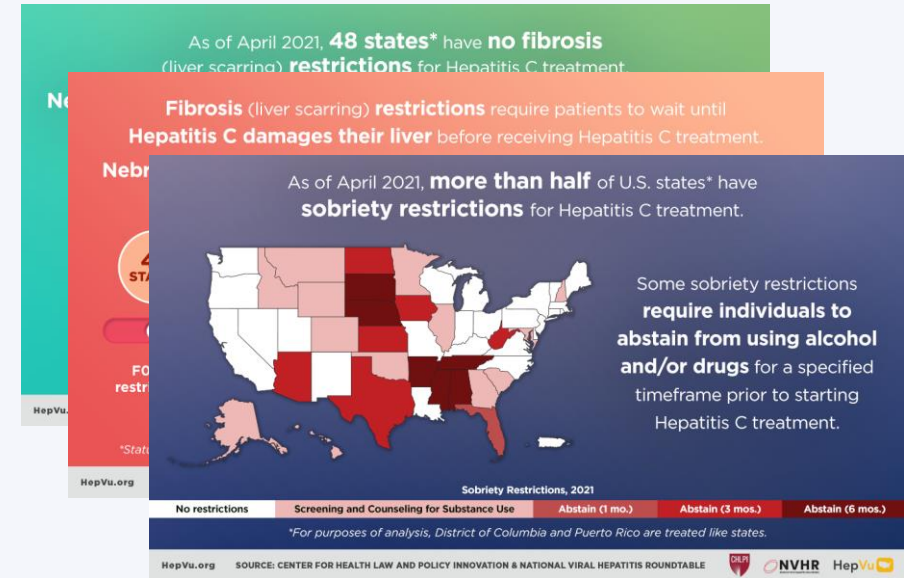
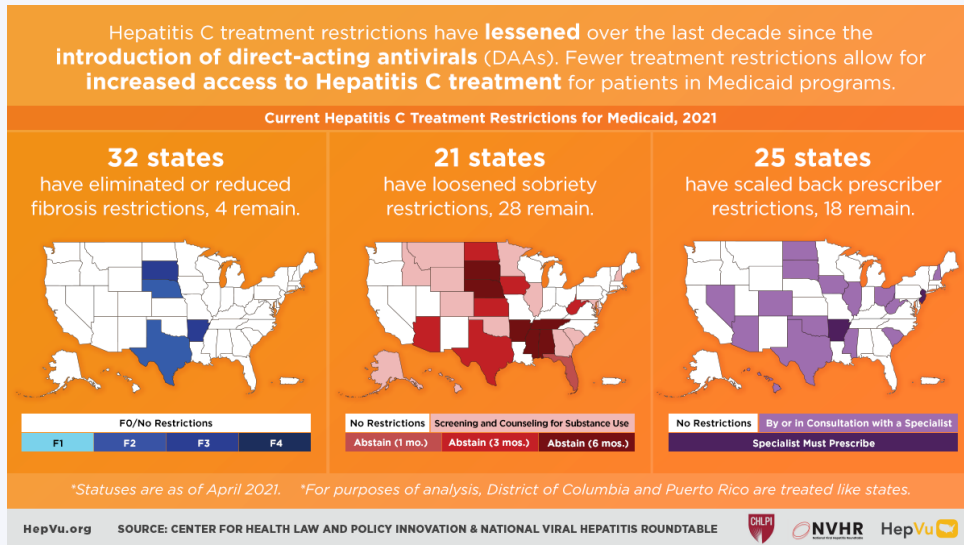
Disproportionately high rates of viral hepatitis and liver cancer are jeopardizing the lives of countless Texans. Unfortunately, discriminatory and illegal restrictions on treatment prevent thousands from accessing necessary care. Current Medicaid restrictions on hepatitis C treatments leave too many patients untreated, leading to further complications and rising liver cancer rates.

Supporting Broader Advocacy Efforts

- **Support federal advocacy efforts** led by organizations like NVHR, such as calling on CMS and HHS to hold states accountable in removing treatment access restrictions
- **Track denials and engage with NVHR/CHLPI** about what you're seeing on the ground - this is helpful for litigation
- **Share information about the removal of restrictions** and the impact in your community
- **Join the NVHR Voices4Hep network** and let us know how we can help support your advocacy efforts!



Social Advocacy



Discussion: Challenges and Moral Dilemmas of Treatment Restrictions

Lynn E. Taylor, MD, Director of HIV and Viral Hepatitis Services, CODAC Behavioral Healthcare; Research Professor, University of Rhode Island; Director, RI Defeats Hep C

Thank you for joining: HepVu's Visualizing Hepatitis C Treatment Restrictions

Subscribe to HepVu's newsletter and blog updates at HepVu.org/email-signup

The recording and slides will be available on HepVu.org