



OVERVIEW OF HEP C FREE WA
PRESENTATION FOR THE BREE COLLABORATIVE
HEPATITIS C WORK GROUP

FEBRUARY 3, 2022

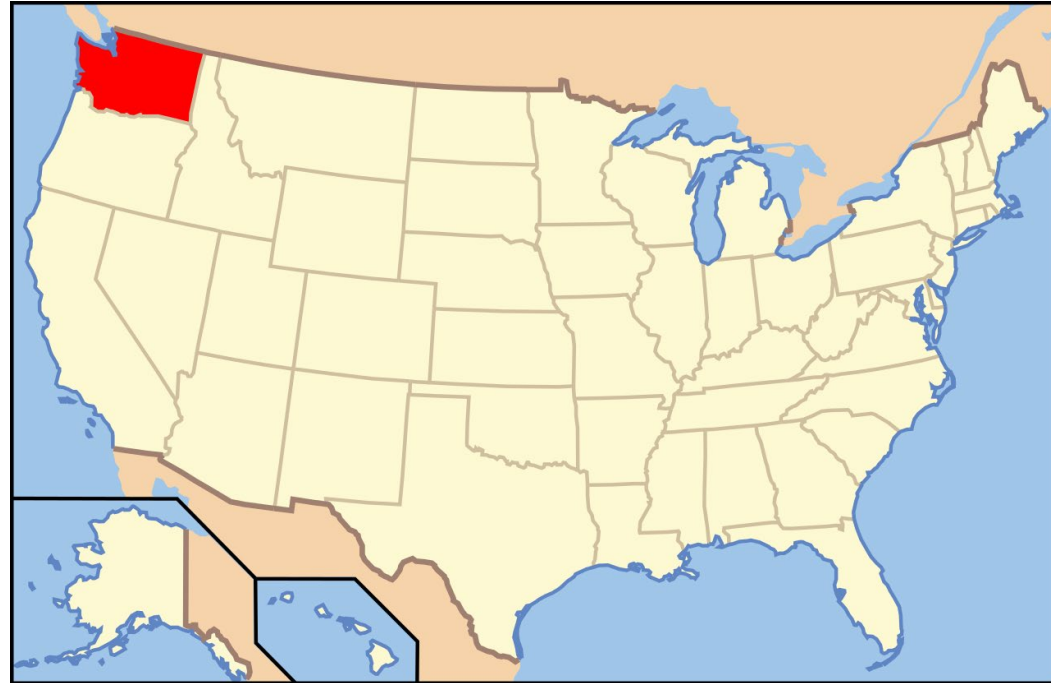
Key Presentation Objectives

To Provide:

1. A brief overview of the hepatitis C virus (HCV) in Washington State.
2. A description of the Governor's Directive related to HCV elimination.
3. An overview of Health Care Authority's work related to the Directive.

Background and Epidemiology of HCV

- RNA virus identified in 1988
- Most common chronic blood-borne infection in US
- Not vaccine preventable
- Spontaneously cleared in approximately 1 in 5
- ~ 4/5 become chronically infected




Prevalence of chronic HCV infection in US and WA State

¹Department of Health data; ²Hofmeister MG et al, Hepatology 2018; ³Kim HS et al, J Viral Hepat 2019 May;26(5):596-602

HCV in the United States: Routes of Transmission

- Sharing of drug injection equipment: 60% of cases
- Blood transfusion prior to July 1992
- Receipt of solid organ transplantation prior to 1992
- Receipt of factor concentrates made before 1987
- Sexual transmission (limited, primarily among people living with HIV)
- Tattoos in unregulated settings
- Intranasal drug use
- Birthing parent to child



Highest risk: sharing needles and syringes

Can also occur with sharing injection equipment such as water, cookers, and cotton filters

Hepatitis C in Washington State

- At the beginning of 2018, there were an estimated **59,100** (32,500-71,500) people living with HCV in Washington.

(Source: CDA Foundation, 2019)

- In 2017, 543 deaths attributed to chronic HCV.
- In 2018, 479 deaths attributed to chronic HCV, 118 new reports of acute infection, the highest in over twenty years.

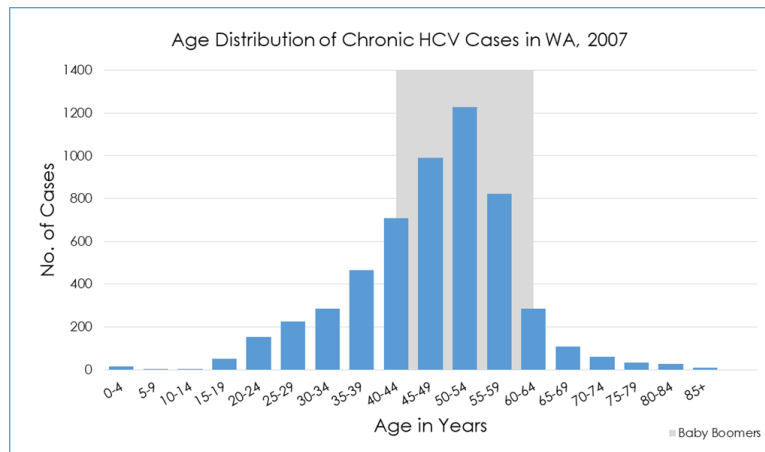
Newly Reported HCV cases			
Year	Acute	Chronic	Total
2012	54	4,865	4,919
2013	63	4,438	4,501
2014	83	5,995	6,078
2015	63	7,085	7,148
2016	95	8,118	8,213
2017	73	8,839	8,912
2018	118	8,085	8,203

Source: WA DOH Hepatitis Surveillance Records

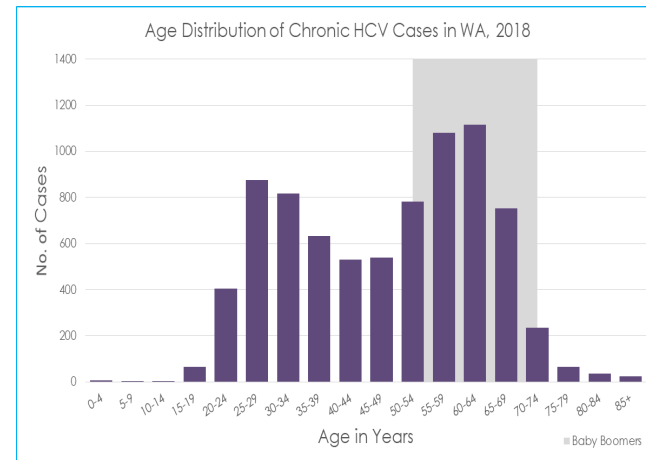
A Tale of 2 Epidemics

- As throughout US, there has been an age shift in HCV, reflecting **two epidemics: baby boomers and young people who inject drugs (PWID)**
- In WA in 2018, 118 new reports of acute HCV, the highest in 20 years

Chronic HCV in WA State



2007

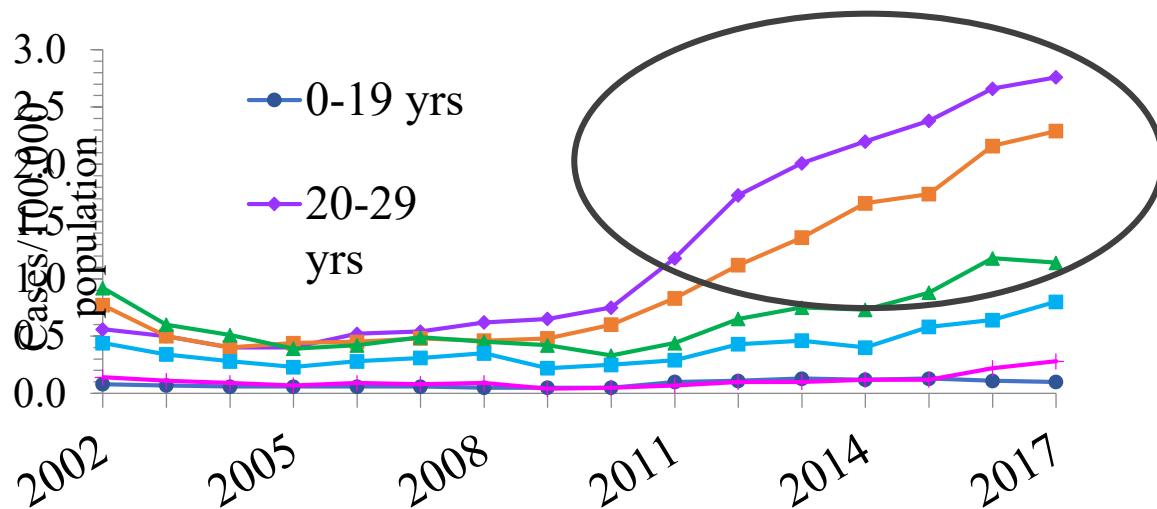


2018

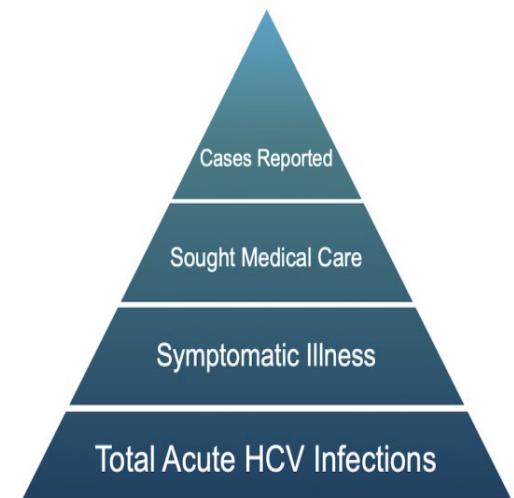
Source: WA State
Dept of Health

Opioid Epidemic and HCV

- **Emerging epidemic** of HCV infections among young PWID
- Closely related to increases in opioid use
- Reported acute infections are the “tip of the iceberg”



**Rates of reported acute hepatitis C by age group, US, 2002-2017
(CDC Viral Hepatitis Surveillance Data)**

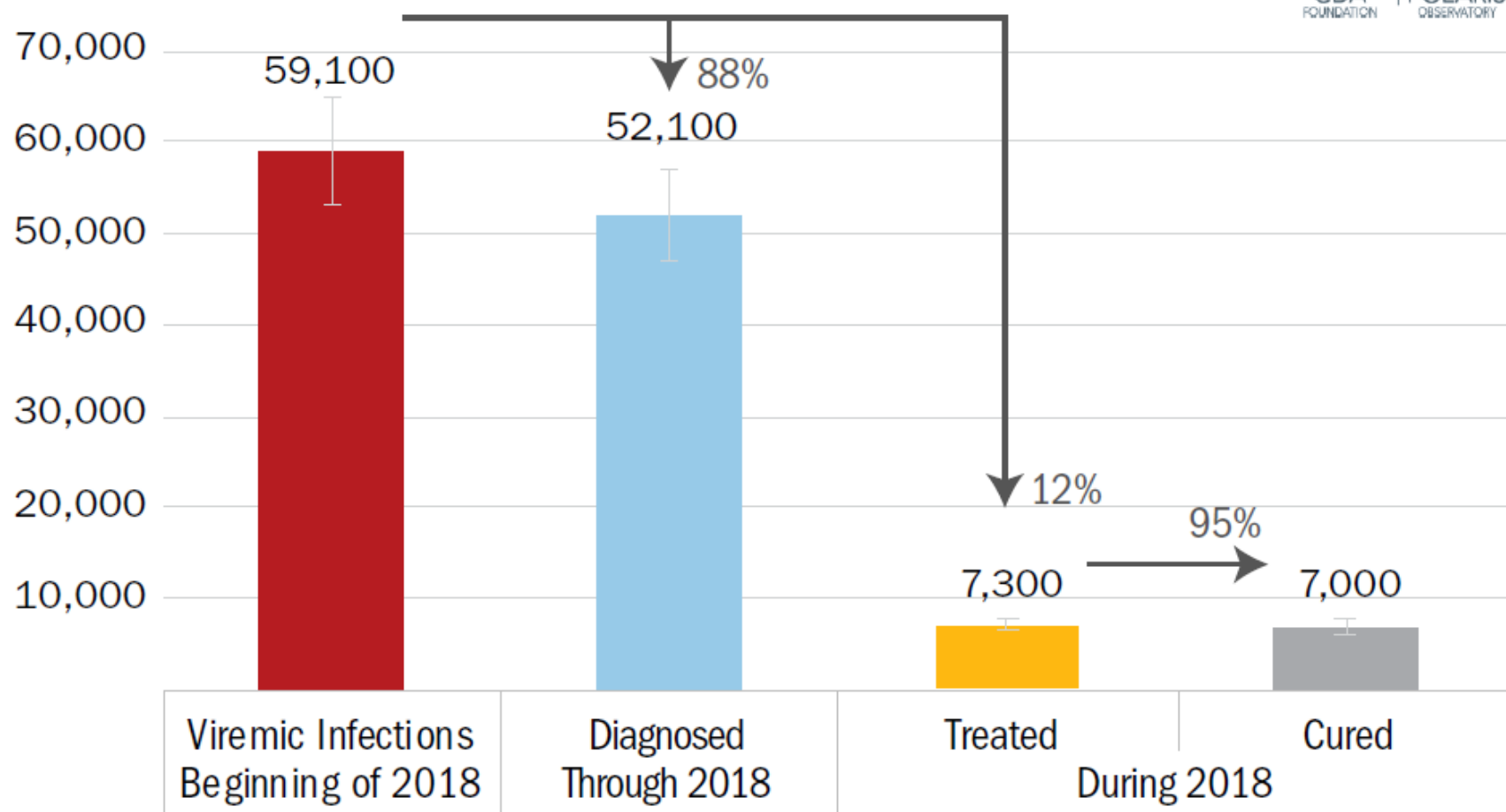


PWID: persons who inject drugs

Need for preventive services, linkage to care, treatment, and cure




Figure 1: HCV Care Cascade, Washington, 2018



Source: Center for Disease Analysis Foundation report, 2019 (Appendix A)

Governor Inslee issued directive on September 28, 2018 to eliminate Hepatitis C in Washington by 2030

JAY INSLEE
Governor



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DIRECTIVE OF THE GOVERNOR
18-13

September 28, 2018

To: Washington State Executive and Small-Cabinet Agencies

From: Governor Jay Inslee

Subject: Eliminating Hepatitis C in Washington by 2030 through combined public health efforts and a new medication purchasing approach

This year, an estimated 65,000 Washingtonians are living with the chronic Hepatitis C Virus (HCV), but fortunately, we now have a cure. HCV is the leading cause of liver cancer and liver transplants. The virus also causes other health problems, including debilitating fatigue, which can significantly impact the quality of life of those affected.

HCV is the most common blood-borne disease in the United States, and in Washington, from 2012 to 2017, nearly 40,000 new cases of HCV were reported, increasing each year. And while deaths from other infectious diseases have steadily declined over the past decade, HCV-related deaths continue to rise, now exceeding all deaths from other reportable infectious conditions combined.

Newly acquired HCV-infection reports show a 126% increase in Washington between 2013 and 2017 when compared to the prior five years, an increase linked to the opioid crisis. And while the disease has historically impacted Baby Boomers (those born between 1945 and 1965), younger people are now contracting the disease with greater frequency, again related to opioid use. Ultimately, Washington's HCV-related hospitalization charges totaled \$114 million between 2010 and 2014.

Confronting the HCV crisis is challenging because many Washingtonians living with HCV do not know they are infected. So, to reach affected communities, we must make enhanced public health efforts, including efforts to improve education, preventive services, and early detection of HCV to treat and cure existing infections and curb the onward transmission of the virus.

Fortunately, we see an opportunity to take action against HCV. In 2017, the National Academies of Sciences, Engineering, and Medicine released "A National Strategy" outlining how the United States can save nearly 30,000 lives from HCV-related deaths and eliminate HCV by 2030. Moreover, medications now exist to cure HCV in nearly all people appropriately linked to, and retained in, care. HCV drugs are expensive, but we can drive down costs by applying new purchasing strategies in which state agency health care purchasers collaborate with



Photos from Seattle Times, September 28, "Inslee: Erase hepatitis C in Washington by 2030"

<https://www.governor.wa.gov/sites/default/files/18-13%20-%20Hepatitis%20C%20Elimination.pdf>

Main Elements of Governor Inslee's Directive

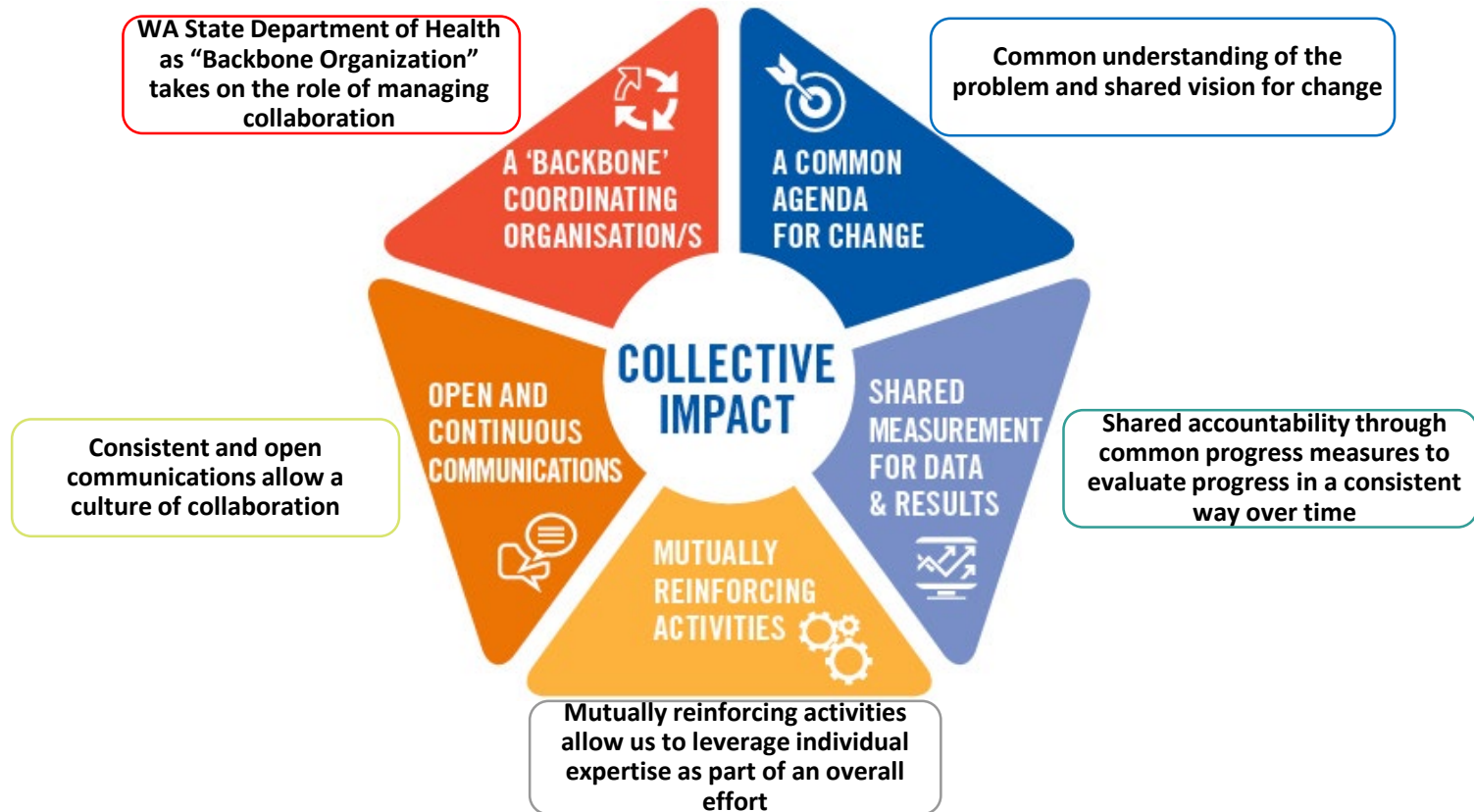
- HCA and DOH to jointly develop strategies to eliminate HCV from Washington State by 2030.
- HCA to develop a procurement strategy for all state covered lives.
- DOH, with multisector stakeholder group, to develop a comprehensive public health outreach strategy.

Statewide Hepatitis C Elimination Plan



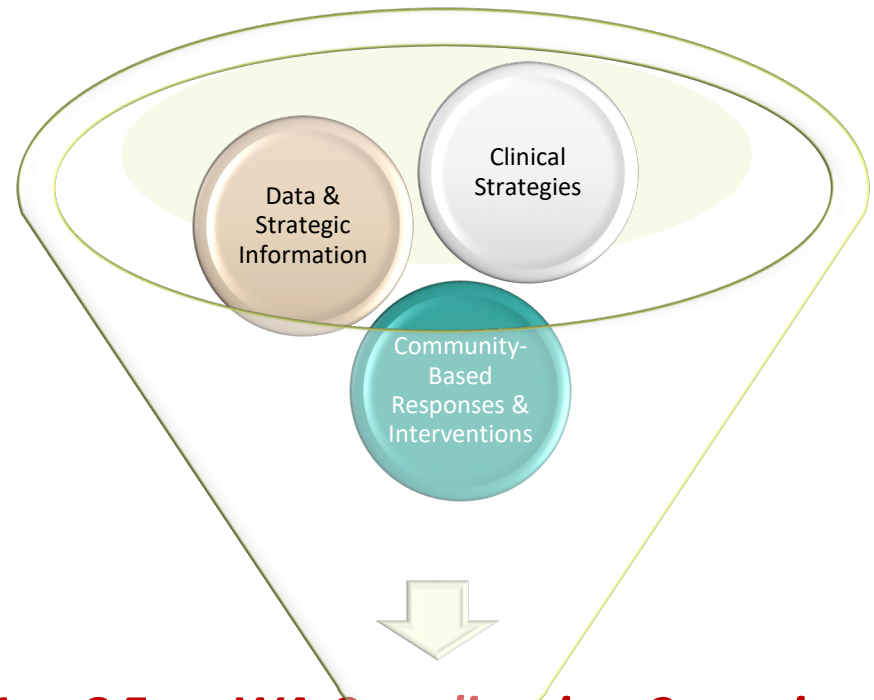
- DOH, in collaboration with any other relevant state agencies that it identifies, shall convene and facilitate an hepatitis C virus (HCV) elimination coordinating committee comprised of stakeholders from various sectors, including individuals personally affected by HCV.
- The committee shall draw on existing efforts, best practices, and community knowledge to develop, by July 2019, a comprehensive strategy to eliminate the public health threat of HCV in Washington by 2030.

Collective impact involves a group of people getting together to work on a complex issue



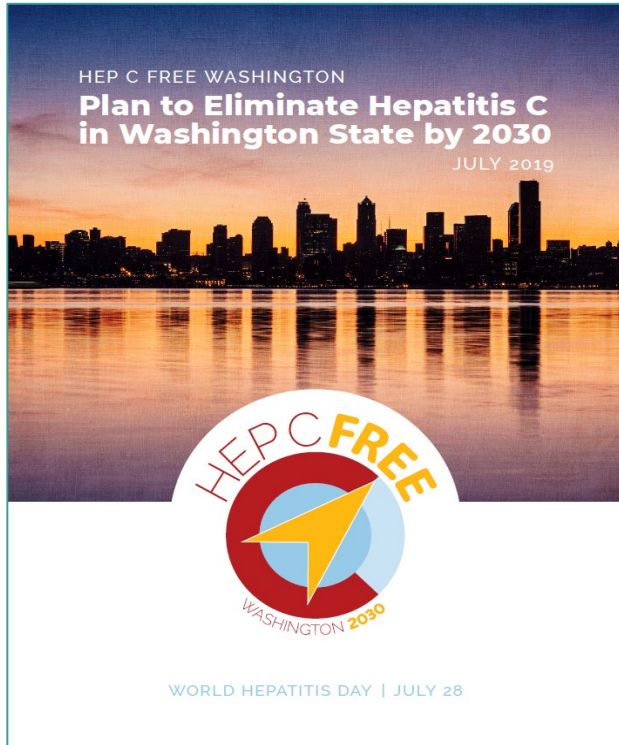
Hep C Free WA

Three topic-specific work groups made recommendations to the Coordinating Committee for what should be included in the Hep C Free WA plan to eliminate HCV by 2030.



Hep C Free WA Coordinating Committee

Hep C Free Washington's Plan



- Elimination plan released in July 2019
- Plan comprised of 15 goals and 90 recommendations

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/150nonDOH-HepCFreeWA-PlanJuly2019.pdf>

Current Status

COVID-19 and related response disrupted the process.

- The Committee did not meet through much of 2020. Re-engagement in 2021 to work on prioritizing recommendations. The prioritization process is almost complete – then we will work on implementation plans for the prioritized recommendations.
- Work Groups did not meet through much of 2020 and 2021, except for the Community-based Strategies & Interventions Work Group.
 - The Clinical Strategies Work Group met once. Unclear if the Work Group should continue to meet with the Bree is focused on hepatitis C (do not want to duplicate effort).

Building Clinical Capacity and Competency

- Clinical gaps in eliminating hepatitis C
 - Sufficient outreach tailored for specific populations.
 - Providers willing to treat people who continue to use drugs, as well as non-complicated cases.
 - Clinical case management and navigation.
 - Educational support for all clinical personal.

Additional information:

<https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Hepatitis/ProviderInformation>

HEP C FREE WASHINGTON
Urgent: Test and Treat People Who Use Drugs for Hepatitis C

Hepatitis C Virus (HCV) challenges and solutions

- In the United States, HCV kills more Americans than all other infectious diseases combined (HIV, TB, etc.).¹
- In Washington state, there are an estimated 59,100 people living with HCV infection, many of whom do not know it.²
- There has been a rise in acute (recent) HCV infections in Washington associated with injection drug use. As a result, Washington has seen increasing rates of newly reported cases of HCV among young adults ages 20–29 in recent years.³
- In the United States, 70% of new HCV infections occur in people who use drugs (PWUD).⁴

This increase in infections occurs at a historic moment in time when we have safe, well-tolerated medications that can cure HCV with a few months of treatment, and there is a statewide initiative to eliminate HCV. One of the challenges to achieving elimination is providing access to HCV cure among persons who use drugs.

In order to achieve our Hep C Free Washington goal to eliminate the public health threat of HCV by 2030, the Washington State Department of Health and the Health Care Authority advise health care professionals to follow evidence-based guidelines when making clinical decisions regarding the treatment of HCV for people who use drugs.

Washington Medicaid's pharmacy policy supports HCV treatment for all

- Any licensed prescriber can screen and treat HCV, including in primary care, without specialist clinical consultation.
- There is no prior authorization for the direct-acting antiviral Mavyret (prior authorization is required if a different medication is clinically indicated) and non-specialists can treat.
- There is no sobriety/abstinence requirement.
- Evidence of fibrosis is not required.
- Labs six months apart to validate chronic infection are no longer required by Medicaid, so patients can be treated and cured in the acute state to avoid transmitting the virus.

Fast Facts: HCV treatment for people who use drugs

- People who use drugs have high rates of medication adherence, achieve high rates of virologic cure, and have low rates of reinfection.^{5, 6, 7, 8}
- The direct-acting antivirals (DAAs) that cure HCV are well-tolerated with minimal side effects⁹ and there are no contraindications between the DAAs and medications for opioid use disorder (MOUD).
- Most people living with HCV can be treated in primary care or community-based settings.
- Eliminating HCV is good for individuals, the health system, and the public's health.¹⁰

In a recent survey of clinicians in Washington, a relatively large proportion of respondents reported serving people who use drugs in their practice. However, a relatively small proportion reported testing or treating them for HCV, despite awareness of drug use as a risk factor for HCV acquisition.

Do not delay: Test and treat today

 **Test all patients who inject drugs annually for HCV.**

Depending on the level of risk, more frequent testing may be indicated.

 **Treat HCV in people who use drugs, including people who inject drugs.**

Active or recent drug use or a concern for reinfection is not a contraindication to HCV treatment. Requiring sobriety as a condition of HCV treatment runs counter to current guidance from the Association for the Study of Liver Diseases and Infectious Diseases Society of America.

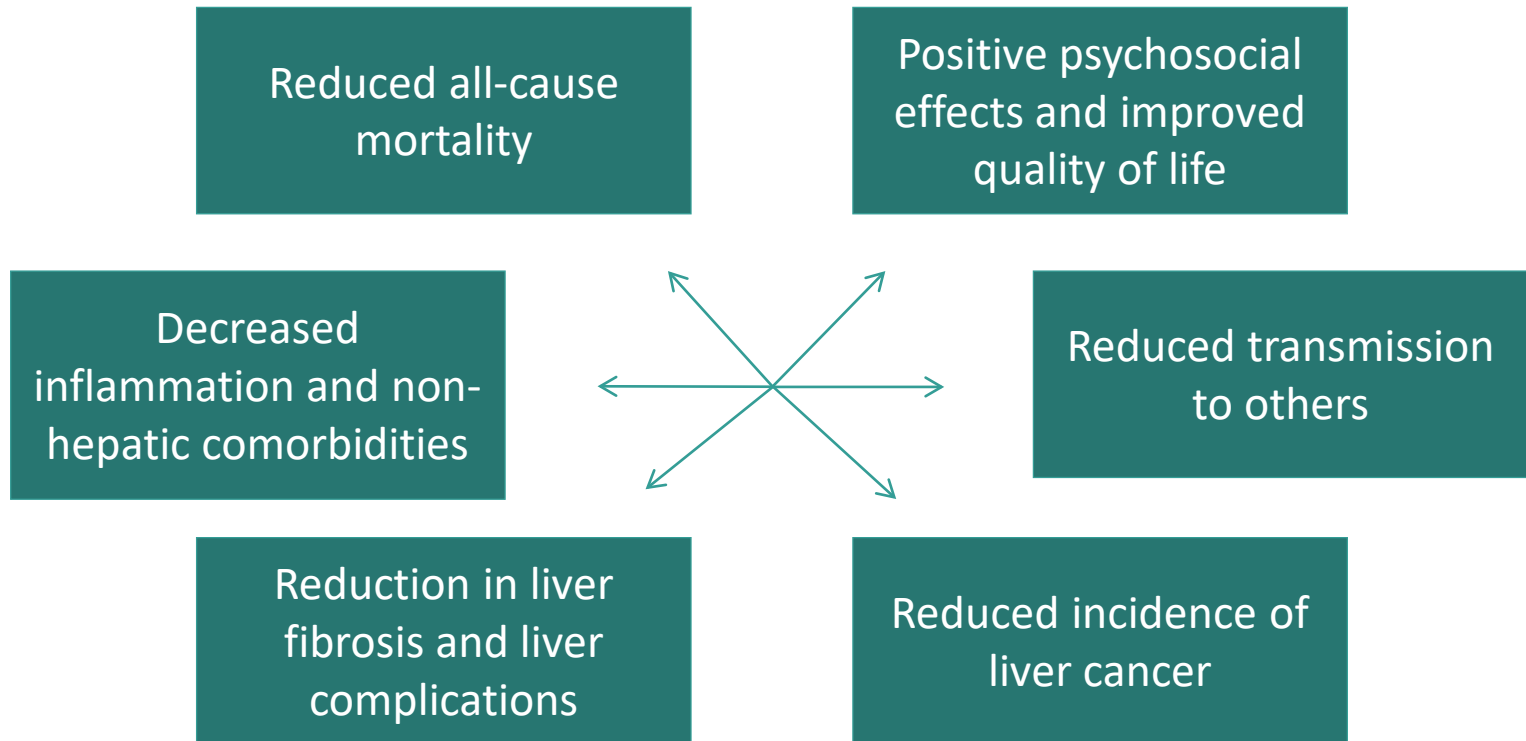
 **Provide nonjudgmental whole-person care and refer to services.**

Creating space for patients to have an honest dialogue about their drug use without fear of judgment or denial of services is imperative to provide the best care and health outcomes possible. Refer people who use drugs to harm reduction services, such as syringe service programs and substance use disorder treatment.

Primary Care Providers and HCV Elimination

- CDC / United States Preventive Services Task Force (USPSTF) recommend routine one-time time screening for HCV regardless of risk.
 - Repeat screening for HCV in persons with ongoing risk factors.
- Make Hep C treatment available as a routine part of primary care.
- Obtain a buprenorphine waiver in order to provide a comprehensive set of services for at-risk populations (HCV treatment in conjunction with medications for opioid use disorder).
- Contact partners, such as local health jurisdiction and syringe service programs to ensure people who use drugs have access to harm reduction services to prevent forward transmission.

Benefits of Cure of HCV



HCA's Purchasing Strategy

- Request for Proposals issued January 2019
- Requested discounted drug costs for all state covered lives as well as outreach support services
- Two new agreements effective 7-1-19
 - Medicaid which also describes the outreach services coordination
 - Non-Medicaid – same net costs for all non-Medicaid programs

HCA's Purchasing Strategy *(continued)*

- Medicaid represents a modified subscription model:
 - Guaranteed net unit price for the drugs
 - Drug cost is negligible after treatment goal met
 - Outreach support services are done in collaboration with the Hep C Free Washington work
- Non-Medicaid includes
 - Traditional rebate for public and school employees and those injured workers covered by L&I
 - Upfront discount and distribution for Dept. of Corrections and those living in state institutions.
 - Option to pursue 340b pricing for Dept. of Corrections
 - Option to expand to other purchasers

Medicaid Pharmacy Policy

- No sobriety requirement.
- Evidence of fibrosis not required.
- **Any** licensed prescriber allowed to screen and treat.
- Wait time to validate chronic condition not required.
- Prior Authorization **not** required for AbbVie's Mavyret product.

What makes HCV elimination possible in Washington State?

- Good access to syringe service programs
- Increasing access to medications for opioid use disorder
- Committed medical providers willing to treat and cure HCV
- Academic institutions with clinicians and educators studying HCV interventions and building provider capacity
- Medicaid expansion and a new Medicaid policies that makes it possible to treat majority of beneficiaries living with HCV
- AIDS Drug Assistance Program that supports HCV treatment for people who are living with HIV and HCV
- Improving HCV surveillance and assessment efforts
- CDC support for some HCV programming and surveillance

Potential barriers to HCV elimination in Washington State

- Increasing homelessness and displacement
- Increasing incidence of HCV among young people who inject drugs
- Racial/ethnic disparities in HCV and lack of racial/ethnic data in case reporting
- Many primary care providers not yet ready or willing to treat and cure HCV in their practices
- Limited federal investment in viral hepatitis surveillance, prevention, testing, and treatment interventions

Questions?

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World



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