

Public Comments to Bree Hepatitis C Elimination

November 3, 2022

Guideline Section	Comments	Draft Response
General	<p>These recommendations are well needed. It is time to take hepatitis C seriously as a public health threat and to provide similar levels of resources/funding to address it as we do for other infectious diseases like HIV and COVID-19.</p> <p>We have a rare opportunity to eliminate HCV in WA given the state's success negotiating a contract with Abbvie so that all Washingtonians living with HCV can be treated and cured. We should not squander this precious opportunity.</p>	<p>Language added to the executive summary to increase urgency around HCV elimination in Washington state:</p> <p>We have a rare opportunity to eliminate HCV in Washington state, given the state's focus on a drug purchasing strategy and connecting Washingtonians living with HCV to treatment. We should not squander this opportunity</p>
General	<p>We are currently getting ready to launch a HEP C [care coordination] program to specifically help patients access Hep C, through a contract with Medicaid Amerigroup</p>	<p>Offer a recommendation in the plan section to "Consider partnerships with community-based care coordination programs."</p>
General	<p>Any information on contingency management as an option to promote adherence to treatment?</p>	<p>Several articles have been written on this topic:</p> <ul style="list-style-type: none"> • https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6704472/ • https://www.ohtn.on.ca/rapid-response-effectiveness-of-and-best-practices-for-using-contingency-management-and-incentives-in-hepatitis-c-infection-among-people-who-use-drugs/ <p>Several examples of increased adherence, not always statistically significant.</p> <p>Is contingency management within scope? If so, should we make specific or general recommendations?</p>
General	<p>One topic generally missing are recommendations related to the ease with which pharmacies (commercial pharmacies or 340b pharmacies) are able to procure DAAs for HCV for patients. Pharmacist training is needed state-wide on how to process prescriptions for DAAs (namely, WA</p>	<p>Broad comments and recommendations for pharmacists are included throughout public comment and incorporated into the document.</p>

	Medicaid's preferred DAA, Mavyret): many try to process it through the insurance plan, rather than through the state, and erroneously generate unnecessary paperwork and delays. Some 340b pharmacies will refuse to fill DAAs for patients with Medicaid.	
Focus Areas	There could be more emphasis on educating/encouraging/incentivizing primary care providers to prescribe medications for HCV. More treaters are needed, period.	Amend recommendations for “engaging providers” to include more information about incentivizing primary care providers to prescribe medications for HCV.
Health Delivery Systems	Include recommendations related to pharmacy-procurement of DAAs. Such as: - Educate pharmacists on how to process prescriptions for DAAs, including state-preferred DAAs for patients with Medicaid - Encourage commercial pharmacies and 340b community pharmacies to be able to fill prescriptions for DAAs for all insurance types, or to communicate accessible alternative pharmacies for DAA prescriptions to the patient and prescribing clinician	Added recommendations to Health Delivery Systems – Utilizing Non-Traditional Models: <ul style="list-style-type: none"> ▪ Encourage commercial pharmacies and 340b community pharmacies to be able to fill prescriptions for DAAs for all insurance types, or to communicate accessible alternative pharmacies for DAA prescriptions to the patient and prescribing clinician. <ul style="list-style-type: none"> ○ Educate pharmacists on how to process prescriptions for DAAs, including state-preferred DAAs for patients with Medicaid
Health Delivery Systems	Healthcare system leaders need to send a clear message that primary care providers can/should treat hepatitis C (not just specialists). Also, providers, teams and clinics who provide hepatitis C treatment to vulnerable population (people who inject drugs, homeless persons, persons from minoritized communities) should be held up/rewarded for their efforts. Healthcare systems should take advantage of the skills and knowledge of pharmacists. Also, they should send their treating providers out into the community rather than rely on the traditional model of making patients come to see a specialist in a hospital-based clinic.	Added/amended the following recommendations in Health Delivery Systems: <ul style="list-style-type: none"> • Ensure adequate training and support for all physicians to treat hepatitis C, including primary care providers. • Recognize and reward providers, teams, and clinics who provide HCV treatment to priority populations (people who inject drugs, homeless persons, etc.) • When possible, allow providers who treat HCV to work at these community sites instead of offering only hospital-based clinical services.

<p>Providers and Clinicians</p>	<p>- Encourage clinics and clinical teams in non-traditional settings to create mechanisms for safely storing hepatitis C medications for patients who prefer to have less than the typical 4-weeks of medications on their person [To remove barriers to care for patients who are living homeless or otherwise do not have a safe place to storage large or bulky amounts of medication; some such patients prefer to only have 1 week of medications on their person, returning to the clinical team each week, for instance]</p>	<p>Added recommendation to Providers – Utilizing Non-Traditional Models:</p> <ul style="list-style-type: none"> ▪ Encourage clinics and clinical teams in non-traditional settings to create mechanisms for safely storing hepatitis C medications for patients who prefer to have less than the typical 4-weeks of medications on their person to remove barriers to care for patients who are living homeless or otherwise do not have a safe place to storage large or bulky amounts of medication.
<p>Providers and Clinicians</p>	<p>Could also recommend that all provider training programs (medical schools, residencies, etc.) provide training in HCV treatment.</p>	<p>Add recommendation to Providers -> Engaging Providers</p> <ul style="list-style-type: none"> • Provider training programs (medical schools, nursing programs, residencies, etc.) provide training in HCV treatment.
<p>Health Plans</p>	<p>- Educate payers to remove any existing requirements for pharmacist-based DAA-related counseling to patients, in favor of guidance that either pharmacists OR the clinical team can perform the counseling [To remove barriers to care for patients who are living homeless, do not have a phone, or otherwise have trouble being reached by mail-delivery pharmacies]</p>	<p>Added recommendation to Health Plans -> Utilize Non-Traditional Models:</p> <ul style="list-style-type: none"> ▪ Remove existing requirements for pharmacist-based DAA-related counseling to patients, in favor of guidance that either pharmacists OR the clinical team can perform the counseling.
<p>Health Plans</p>	<p>It is essential to reimburse for reflexive RNA testing for all positive screening Ab tests.</p>	<p>Amended recommendation to Health Plans -> Engaging Providers:</p> <ul style="list-style-type: none"> ▪ Reimbursement models <u>must support</u> reflexive PCR testing to confirm positive HCV antibody tests.
<p>Public Health</p>	<p>Create and maintain a list of pharmacies that will fill DAA medications, by insurance plans, to guide clinicians on where to send prescriptions</p>	<p>Uncertain who would be responsible for maintaining list of pharmacies by ability to fill DAA medications. Discuss: Is there a current public health entity capable of maintaining this record? Should we include this recommendation as an aspirational goal?</p>

Public Health	More "direct-to-consumer" advertising is needed. There are many public health messages about HIV/PrEP and COVID vaccines. Why not HCV? Give persons who are infected/want to be treated a "1-800-HCVmeds" number to call.	Added recommendation to public health -> Engaging Providers <ul style="list-style-type: none"> • Develop "direct to consumer" education campaigns about HCV treatment options and how to find a provider to access medication.
Additional Comments	Thank you for this important topic	No changes to document – thank you Hep C workgroup team!