

Letter Urging Removal of Prior Authorization for HCV Cures In Illinois Medicaid,

Submitted November 17, 2022

We are concerned healthcare providers who are requesting that Illinois Medicaid remove the prior authorization (PA) requirement for hepatitis C virus (HCV) direct-acting antiviral coverage to address the racial disparities caused by the PA process. Our patients join us in this request.

The Centers for Disease Control (CDC) recently reported that nationally, there are lower HCV treatment rates among Medicaid populations compared to other insured groups, and lower rates among non-white Medicaid participants than white Medicaid participants.¹ The CDC also recognized that Medicaid participants who live in states with treatment restrictions have lower odds of receiving HCV treatment than participants living in states without such restrictions. Sixteen Medicaid programs (including four in the Midwest) have already removed the PA requirement for most patients: Alaska, Arizona, California, District of Columbia, Idaho, Indiana, Louisiana, Massachusetts, Michigan, Missouri, New Hampshire, New York, Rhode Island, Virginia, Washington, and Wisconsin.²

The undersigned providers have labored under the PA process for HCV antivirals in Illinois for years, and we have witnessed these disparities firsthand. The criteria for PA approval of HCV treatment wastes healthcare resources, increases costs, and jeopardizes patient health. By requiring a genotype for pangenotypic treatment, along with other extensive, time-limited, and unnecessary tests, Illinois Medicaid delays and denies HCV treatment for our patients. The PA process puts our patients at risk for further complications such as cirrhosis, liver cancer, and extrahepatic diseases that cause mortality with HCV.

Moreover, the CDC report acknowledges what we have seen for years as we usher our patients through these restrictions -- PA is a barrier for all Medicaid participants, and disproportionately hinders the ability of our patients who are not white to obtain these cures. It is time for the Department of Healthcare and Family Services to remedy this disparity and make HCV cures available without PA.

Sincerely,

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¹ "Vital Signs: Hepatitis C Treatment Among Insured Adults — United States, 2019–2020," U.S. DEP'T OF HEALTH AND HUM. SERVICES & CTRS. FOR DISEASE CONTROL AND PREVENTION, vol. 71, no. 32, at 1013 (Aug. 12, 2022), <https://www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7132e1-H.pdf>.

² "Hepatitis C: State of Medicaid Access," CTR. FOR HEALTH LAW AND POLICY INNOVATION & NAT'L VIRAL HEPATITIS ROUNDTABLE (Oct. 2022), <https://stateofhepc.org>.

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Access Community Health Network

American Liver Foundation

Asian Health Coalition

Community Liver Alliance

Erie Family Health Centers, Inc.

Howard Brown Health

Lake County Health Department and Community Health Center

Midwest AIDS Education and Training Center (MATEC)

National Viral Hepatitis Roundtable

PCC Community Wellness Center

Pozen Family Center for Human Rights

PrimeCare Health Community Health Centers

Tapestry 360 Health Centers (formerly Heartland Health Centers)

Treatment Action Group (TAG)

Rural Health Inc.