



March 1, 2024

RE: Recommendation to remove prior authorization for Hepatitis C treatment

To members of the Minnesota Senate and House of Representatives:

We write in support of HF3578/SF3532, the bill to modify Prior Authorization (PA) in Minnesota. Specifically, requiring a PA for treatment for Hepatitis C virus, results in unnecessary burdens for providers and patients that lead to delayed access to care and worsened health outcomes.

The latest state data indicates over 31,000 Minnesota residents are living with chronic Hepatitis C virus (HCV) infection. The longer these individuals living with HCV go untreated the greater their risk of death from liver failure, hepatocellular carcinoma, or other HCV-related causes of mortality. By Race, HCV in Minnesota disproportionately impacts American Indians and African Americans, with rates of chronic infection over 800% and 300% higher than Whites respectively.¹ Untreated, a person with HCV who is injecting drugs can infect up to 20 persons within the first 3 years of diagnosis.²

Direct Acting Antivirals (DAAs) have revolutionized treatment for HCV. Patients without decompensated cirrhosis can expect a cure rate of nearly 100%. Despite the availability of these lifesaving medications, treatment uptake among at-risk populations remains low, due in large part to system level barriers like the current PA requirement.

The PA requirements are not evidence based and contradict current treatment recommendations provided by the American Association for the Study of Liver Disease (AASLD) and the CDC. Current requirements to provide documentation of chronic infection and genotyping, documentation of education and interventions for persons using drugs, and the requirement to obtain specialist consultation for certain patients that could be safely treated within primary care clinics are unnecessary and biased and simply delay care.

PA requirements in state Medicaid plans are especially burdensome, reinforcing existing disparities in access to care and unfairly targeting specific groups with higher rates of HCV infection. According to the CDC, people with Medicaid are 46% less likely to receive HCV treatment than those with private insurance. According to the Hepatitis C: State of Medicaid Access National Summary Report, Minnesota falls behind 24 other states on its access to hepatitis C treatment report card. We strongly encourage Minnesota to join the cohort of states removing prior auth requirements and reducing barriers to HCV treatment.

References:

1. Minnesota Department of Health, Chronic Hepatitis C Infection Statistics,
[https://www.health.state.mn.us/diseases/hepatitis/c/stats/current.html#:~:text=As%20of%20Dec.,C%20virus%20\(HCV\)%20infection](https://www.health.state.mn.us/diseases/hepatitis/c/stats/current.html#:~:text=As%20of%20Dec.,C%20virus%20(HCV)%20infection), accessed Aug 30 2023
2. Magiorkinis, G.; Sypsa, V.; Magiorkinis, E., et. al. Integrating phylodynamics and epidemiology to estimate transmission diversity in viral epidemics. PLoS Comput Biol 9(1):e1002876, 2013