



October 11, 2022

RE: Hepatitis C medication access

Public comment for Drug Use Review Board

My name is John Phoenix. I am an Advanced Practice Registered Nurse in Las Vegas who works in the space of treating Hepatitis C. I also work in the space of treating HIV, LGBTQ, Substance use, and Primary Care. My work is through the lens of harm reduction, meaning helping people change behaviors by making behaviors safer. Our clinic population is largely Medicaid-covered, with over 52% of our current clients receiving Medicaid benefits.

One of the most effective harm reduction strategies that we have with respect to Hepatitis C is removing all the barriers to Hepatitis C treatment. By removing barriers, we can move forward to appropriately deal with the Hepatitis C epidemic that is impacting the entire US. In Nevada, according to www.HepVu.org, we have over 21,900 cases of Hepatitis C. Nevada's numbers are higher than the national average. The populations most disproportionately impacted communities in Nevada are the very members covered by Nevada Medicaid.

As a provider directly involved in the treatment of Hepatitis C, seeing firsthand the stigmatizing barriers that are in place related to access I am asking this committee to remove all barriers to care with respect to Hepatitis C. Specifically the barriers that need to be removed:

1. Remove ALL prior authorization restrictions for all FDA-approved hepatitis C medications. Prior authorizations are only a cost containment barrier that places an excessive burden on provider offices, stigmatizes care, places an access barrier to care, and does not improve the outcome of people living with Hepatitis C.
2. Remove the restriction of specialists for hepatitis C treatment. Nationally professional organizations are mobilizing primary care providers through educational efforts to engage primary care in providing access to Hepatitis C treatment. The American Association For the Study of Liver Disease (AASLD) has recommendations for treating all people with acute and chronic hepatitis C. I am including a link to the guidelines <https://www.hcvguidelines.org/evaluate/when-whom> The guidelines are attached to this public comment letter to be included with my public comment as a reference.
3. Remove formulary restrictions for all FDA-approved Hepatitis C medications for all patients living with Hepatitis C needing treatment. Currently, there are two pan-genotypic (treat all genotypes of Hep C). Both medications are successful in treating Hepatitis C. Both medications have specific benefits as well as cautions for treatment populations. Placing formulary restrictions on both of these medications places an unnecessary burden on the provider, places access to care barriers, delays the implementation of treatment, and does not improve patient outcomes. In treating persons living with Hepatitis C, providers need to be able to select the

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necessary medication that they believe is the best treatment option for the person in front of them being treated, and any delays in treatment only serve to increase opportunities for clients to disengage in care and not receive treatment.

I ask this committee to take the right steps to improve access to care, remove barriers to care, reduce the stigma associated with living with Hepatitis C, and help to contribute to reducing the community burden of Hepatitis C. By reducing the community burden we are reducing new infections, we are reducing overall costs of care, and most importantly we are saving lives and providing the care to the most vulnerable residents of Nevada, which is the overarching goal of the Nevada Medicaid Program. Only through removing barriers such as prior authorizations, treating provider restrictions, formulary restrictions, and coverage parity will Nevada be able to positively impact our response to Hepatitis C.

Regards;

John Phoenix, MSN, APRN, FNP-C

