

# Caring Ambassadors Program, Inc.

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Public Comment of the Caring Ambassadors Program

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**Public Comment**  
**Oregon Drug Use Review / Pharmacy & Therapeutics Committee**  
**Prior Authorization Criteria for Hepatitis C DAA's**  
November 29, 2018

Dear Committee members,

The Caring Ambassadors Program (CAP) is a national, nonprofit, advocacy organization based in Oregon City, Oregon. We are here to support the proposed changes to the prior authorization criteria for hepatitis C DAA's.

When you vote yes today...

From a patient:

*Thank you, when you vote yes today...*

- *it means I no longer must live with an infectious disease I can spread to my friends and family.*
- *It means I can live a full and productive life and perhaps see my grandchildren grow up*
- *It means I no longer face the stigma of having contracted hepatitis C and deemed not worthy of treatment.*
- *It means I can live the rest of my life without the fear of what this virus will do to me.*
- *It means I have greatly reduced my risk of liver cancer.*
- *It means I can be cured.*
- *It means I can eliminate hepatitis C in my family.*

From a physician:

*Thank you, when you vote yes today...*

- *it means I no longer have to discriminate and deny treatment to my poorest patients while I cure others.*
- *It means I no longer have to see my patients die from hepatitis C. I get to watch them thrive.*
- *It means I can eliminate hepatitis C from my clinic.*

[www.CaringAmbassadors.org](http://www.CaringAmbassadors.org)

The Caring Ambassadors Program, Inc. is a 501(c)(3) nonprofit public charity.

From a community member and advocate:

*Thank you, when you vote yes today...*

- *it means I no longer have to test people and then tell them they cannot be treated because they are on the Oregon Health Plan*
- *it means I can help navigate them into care and cure and save thousands of lives.*
- *It means we can reduce the community viral load and protect all citizens.*
- *It means we can all work together to eliminate hepatitis C in Oregon.*

Thank you for voting yes today.

CAP greatly appreciates the work you and state agencies are doing to reach the goals of the Oregon Health Authority; improved lifelong health, increased accessibility to quality care and affordable care.

Sincerely,



Executive Director

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## What has changed that would compel the P and T committee to drop fibrosis criteria?

I would like to emphasize **8 important facts** that have been realized in recent months and years that strongly support dropping fibrosis criteria to facilitate universal treatment of hepatitis C in Oregon:

1. Death rate from HCV in Oregon is highest in the US<sup>i</sup>
2. In the OHP population, DAA treatment of HCV has been demonstrated to result in a very high cure rate and low side-effects
3. International and national scientific advisory entities (WHO and National Academy of Sciences, Engineering and Medicine) recommend treating all persons infected with HCV to accomplish eradication of HCV by 2030 with emphasis of treatment in groups responsible for transmission (PWID).<sup>ii</sup>
4. Treatment by primary care providers and PWID is highly effective<sup>iii</sup>
5. HCV infection, independent of the extent of liver fibrosis, is associated with
  - Increased diabetes mellitus, chronic kidney disease, cardiovascular disease
  - Decreased in quality of life due to fatigue, malaise and depression.
  - These non-liver manifestations are all reduced 25% up to 50% with HCV cure.<sup>iv</sup>
6. Improvement in quality of life with HCV cure (independent of liver scarring) and IN work-related productivity results in additional savings to society of at least an additional 50% of healthcare related costs of HCV.<sup>v vi</sup>
7. Cost of HCV treatments have dropped ~>75% in recent years and drug manufacturers offer further cost reduction when fibrosis-related treatment criteria dropped.
8. Treatment of patients with little fibrosis (F0 and F1) at current decreased costs is highly cost-effective with respect to medical expenses.<sup>vii viii</sup> Cost-effectiveness is even greater when reduced HCV transmission and resolution of extrahepatic effects are considered.

Consequently, these patient care, public health and economic facts now support the Oregon Health Divisions goal to prioritize treatment of all Oregonians with HCV. Moreover, we welcome the P & T committee's role to facilitate the Oregon's commitment to eradicate HCV by promoting negotiations with industry to further reduce medication costs and expanded treatment of HCV.

Kent Benner MD, FAASLD, The Oregon Clinic

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<sup>i</sup> Hepatitis C Infections in Oregon, May 2017, Oregon Health Division

<sup>ii</sup> A National Strategy for the Elimination of Hepatitis B and C: Phase Two Report.

<http://nationalacademies.org/hmd/Reports/2017/national-strategy-for-the-elimination-of-hepatitis-b-and-c.aspx>

<sup>iii</sup> The Liver Meeting, 2018, San Francisco, CA. Abstracts #18 and #52

<sup>iv</sup> Rossi C, et al. Sustained Virologic Response reduces the incidence to extrahepatic manifestations of chronic hepatitis C infection. *The Liver Meeting*, San Francisco CA 11/2018. Abstract 148. *Hepatology* 2018. 68:92A.

<sup>v</sup> Younossi Z, et al. Extrahepatic manifestations of hepatitis C: a meta-analysis of prevalence, quality of liver and economic burden. *Gastroenterology* 2016. 150:1599-1608.

<sup>vi</sup> Juanbeltz R, et al. Impact of successful treatment with direct-acting antiviral agents on health-related quality of life in chronic hepatitis C patients. *PLoS One* 2018 Oct 9;13(10):e0205277.

<sup>vii</sup> Cipriano LE, Goldhaber-Fiebert JD. *MDM Policy Pract.* 2018 Jan-Jun; 3(1): 2381468318776634.

<sup>viii</sup> Leidner AJ, et al. Cost effectiveness of hepatitis C treatment for patients in early stages of liver disease. *Hepatology* 2015; 61(6):1860-69.

