

In response to your call for public comment at the upcoming May 25, 2022 Drug Utilization Review Board Meeting, Gilead appreciates the opportunity to provide comments on the existing prior authorization criteria for Hepatitis C (HCV) therapy.

We request that the state consider:

- Allowing primary care physicians to prescribe HCV therapies
  - Non-specialists increasingly play a pivotal role in caring for patients with HCV. This paradigm shift in the management of these patients has been facilitated largely by the increasing availability of safe and effective regimens with curative characteristics.
  - Several studies suggest that treatment in non-specialist settings is effective, without compromising treatment efficacy or safety<sup>1-5</sup>
- Permitting HCV treatment for patients who inject drugs
  - Patients with recent injection drug use respond to antiviral therapy<sup>6</sup>
  - In addition, a study reported that each person who injects drugs infected with HCV is likely to infect about 20 others, and that this rapid transmission of the disease occurs within the first 3 years of initial infection<sup>7</sup>
  - In an analysis<sup>8</sup> from NVHR [National Viral Hepatitis Roundtable] and CHLPI [Center for Health Law and Policy Innovation of Harvard Law School], policies which mandate periods of sobriety prior to hepatitis C treatment and laws that restrict harm reduction services may perpetuate stigma associated with drug and alcohol use and discourage people who use drugs or alcohol from seeking HCV testing and treatment<sup>9</sup>.

Thank you for your consideration of these changes in an effort to eliminate HCV in West Virginia.

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