



Bluestone Primary Care

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To: DUR Board – Rational Drug Therapy
Re: HCV Preauthorization Requirement (Prescriber Restrictions)
Date: May 23, 2022

Treatment for HCV in communities, especially rural communities, is delayed when patients are required to see a specialist for treatment. Programs such as WVHAMP are very valuable in training a primary care provider to treat HCV, but once a provider is trained, a consultation requirement is unnecessary and contributes to the delay of treatment. This in and of itself increases community risk and increases overall costs.

(Please refer to NIH Study <https://pubmed.ncbi.nlm.nih.gov/28785771/>)

As a primary care provider and a MAT Provider in rural Southern WV, I have been treating HCV since March 2020 after I completed the very first training through WVHAMP. According to WVRHA, I have submitted the most consults out of the entire WVHAMP training program. 108 of those patients have achieved SVR12, giving me a **97.3% cure rate**.

I have treated commercial and Medicare patients without consult to WVHAMP with 100% cure rate on those patients.

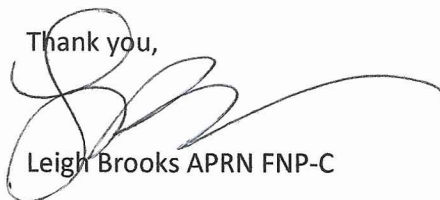
Currently, there are no prescriber restrictions in WV on treating HBV or HIV.

It has been my experience that primary care providers do not typically treat a disease that they are not trained to do so. There are multiple options for a PCP to become trained to treat HCV. There are also options to consult a specialist, if the PCP feels that is necessary. In addition to WVHAMP, the National Clinician Consultation Center is available to any prescriber who feels the need to consult to a specialist with regard to HIV, HCV, Substance Use Management, PEP, PrEP.

AASLD/IDSA has adopted the “Simplified Treatment Algorithm” for which makes treatment from a primary care standpoint very do-able.

There are only 14 states, including WV, that continue to restrict providers in treating this widespread disease. WV needs this restriction removed or at least lightened.

Thank you,



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