



October 23, 2017

Felicia Norwood, Director  
Illinois Department of Healthcare and Family Services  
201 South Grand Avenue East, 3rd Floor  
Springfield IL 62763-0002

Dear Commissioner Norwood:

We are writing to follow up on our June 27th meeting with the Department about changing the general criteria for prior authorization for direct-acting antivirals (DAAs) used to cure hepatitis C (HCV). As is discussed below, the Illinois State Medical Society Committee on Drugs and Therapeutics (Committee) recently met to discuss prior approval recommendations for Mavyret, a new lower-cost DAA from AbbeVie. We want to schedule a meeting with you in November to discuss next steps following the Committee's decision on Mavyret.

As we discussed at our meeting in June, Mavyret was approved for treatment of hepatitis C in August 2017, and is priced considerably lower than the other DAAs<sup>1</sup>. With the addition of a lower-priced treatment option and the end of the state budget impasse, this is an opportune moment for Illinois HFS to reconsider its coverage restrictions for DAAs. Many states have already significantly reduced restrictions on access to these medications. Illinois, however, continues to be an outlier with some of the most onerous coverage restrictions in the United States.<sup>2</sup> These restrictions, in addition to a burdensome and non-transparent prior authorization process, have kept hepatitis C treatment rates in Illinois unconscionably low among the Medicaid population.

HFS's policy is also contradictory to Illinois Department of Public Health policy. In an August 30, 2017, letter to ADAP prescribers and applicants, the Illinois Department of Public Health announced that it will continue to provide HCV therapy to enrollees in the ADAP program with a fibrosis score of at least F1 as verified by either serological or Fibroscan testing. As IDPH states, "clinicians and clients will have access to the most effective therapies to improve health outcomes and enhance quality of life". This statement indicates that IDPH understands the value

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<sup>1</sup> [www.bloomberg.com/gadfly/articles/2017-08-07/abbvie-mavyret-price-threatens-gilead-hepatitis-dominance](http://www.bloomberg.com/gadfly/articles/2017-08-07/abbvie-mavyret-price-threatens-gilead-hepatitis-dominance)

<sup>2</sup> Hepatitis C: The State of Medicaid Access; Center for Health Law and Policy Innovation; November 14, 2016

of these medications to improve the quality of life for patients. Changing the general criteria so that Medicaid patients too have greater access is the appropriate next step.

Consistent with the approach taken by IDPH, the HCV prescribing guidelines from the American Association for the Study of Liver Disease and the Infectious Diseases Society of America recommend “treatment for all patients with chronic HCV infection.”<sup>3</sup> Infected individuals who do not have access to this medication risk developing advanced liver disease, cirrhosis, and liver cancer. All of these conditions are devastating to patient health and costly to treat. In addition, left untreated, HCV is very susceptible to being transmitted from infected to non-infected individuals thereby increasing costs for the state, and compromising public health goals.

The Department’s current approach also runs afoul of federal Medicaid law when it restricts access to medically necessary drugs based solely on costs (42 U.S.C. §§ 1396a(a)(10)(A) and 1396d(a)(12)). However, the Legal Council for Health Justice and the AIDS Foundation of Chicago acknowledge that controlling Medicaid costs is a state goal. To that end, we have jointly drafted a letter to the pharmaceutical industry’s trade organization to urge them to negotiate reasonable prices with the Department so that Medicaid enrollees can benefit from these health-preserving medications. We are also working with HCV specialists familiar with Medicaid drug coverage to cost-out ending the limitations based on current pricing and uptake data. Now is the time for HFS to act to increase DAA access for Medicaid beneficiaries with hepatitis C. We now can and must improve access, reduce morbidity and mortality associated with HCV, enhance the health of thousands of Illinois residents, and reduce the continued spread of the disease while still providing responsible stewardship of the state’s limited resources. To that end, we want to schedule a meeting in October to discuss the Committee’s results and lifting restrictions from the Department’s General Criteria for DAAs.

We look forward to working with the Department to achieve our mutual goals of improving the health of the Medicaid population, addressing the fiscal impact of hepatitis C in Illinois, bringing Illinois into compliance with federal Medicaid laws, and avoiding litigation.

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<sup>3</sup> AASLD and IDSA HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C; July 6, 2016

Cc: Mollie Zito, General Counsel HFS  
Brent Stratton, Chief Deputy Attorney General  
Representative Greg Harris  
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