

Major Issues in New York State Hepatitis C Policy (it's mostly about **money**)

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2014 NYC HEP Health Care Access
Training

Four Big Problems

- ★ **The Great Gold Rush of 2014:** Gilead's list pricing for 12 week courses of Sovaldi (\$84,000) and Harvoni (\$95,000) is transparently greed-driven.
- ★ **Payers Running for the Hills:** Public and private insurers are establishing exclusion criteria in order to contain drug costs.
- ★ **Treatment Infrastructure Not at Scale:** Far too few clinicians ready to provide HCV care and treatment, and not equally distributed around the state.
- ★ **Underinvestment & Policy Barriers to Prevention:** New infections outpace cures and deaths alongside very little investment in prevention and large geographic gaps.

Treatment Pricing

No competition (for now), limited government leverage. **What to do?**

- ★ Don't let them off the hook.
- ★ Pressure NYS to put political capital behind deeper discounts.
- ★ Push for federal patent action.



Insurance Coverage

NYS Medicaid is emblematic of direction in which insurers are going (i.e. cost aversion trumped up in clinical language):

- ★ Treatment restricted to those with F3+ liver disease (advanced fibrosis).
- ★ Vague limits on treatment access for drug and alcohol users.
- ★ HIV co-infected people must have maintained undetectable viral load for 6 months.
- ★ Restrictions on qualified prescribers.
- ★ Sovaldi criteria recently adopted for Harvoni, will be reviewed in Spring 2015.

Are cost fears legitimate?

Yes and no.

- Gilead has already expressed willingness to offer rebates in return for expanded coverage (not good enough, but a start).
- New AbbVie and BMS drugs likely to bring costs down somewhat, and more so over time.
- Express Scripts report estimating \$3.6 billion in cost for NYS is outdated and misunderstood.
- Current providers cannot treat many people. This is a long term project.

Care & Treatment Infrastructure

- ★ Major shortage of specialists. Imprecise proxy, but in 2007 only 2,335 AASLD members in entire country.
- ★ Not evenly geographically distributed, major challenge in NYS.
- ★ Need to follow HIV/AIDS model and integrate with other specialties and primary care: DAA regimens lend themselves to this.

Prevention

Incidence overwhelmingly related to injection drug use. New outbreaks documented among young/new injectors around NYS.

- ★ Harm reduction organizations receive c. \$12 million in NYS + NYC funding annually. Large geographic gaps, *very* little dedicated HCV funding.
- ★ Some amount of sexual transmission, and not clear that sexual HIV prevention initiatives in most-at-risk groups are appropriate for HCV prevention. No dedicated funding.
- ★ Extremely limited local surveillance funding hinders data-driven program and funding targeting.
- ★ NYS appropriation for HCV-specific programming in FY2014: \$1.11 million. Less than \$1 million more from CDC.
- ★ In FY2013, CDC alone put >\$70 million into NYS HIV prevention programs.

Budget Proposal

\$20 million budget proposal submitted to Gov. Cuomo and legislative leadership in early December.

- ★ Roughly \$10 would expand prevention services, incl. syringe exchange and wraparound services, opioid agonist therapy, and sexual transmission prevention.
- ★ \$10 million would expand DOH care and treatment capacity building, local surveillance, and testing and linkage to care.
- ★ Coalition includes VOCAL-NY, Housing Works, ACT UP NY, Treatment Action Group, Health GAP, 1199SEIU Healthcare Workers East, and Harm Reduction Coalition

Thanks!

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