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D.5 Dasabuvir, ombitasvir + paritaprevir + ritonavir, pegylated interferon alfa (2a & 2b)

Deletion from the Core List of the WHO Model List of Essential Medicines:

- **dasabuvir**
- **ombitasvir + paritaprevir + ritonavir**

Deletion from the Complementary List of the WHO Model List of Essential Medicines:

- **pegylated interferon alfa (2a & 2b)**

MSF agrees with the WHO Global HIV, Hepatitis and STIs Programmes department proposal for the removal of dasabuvir, ombitasvir + paritaprevir + ritonavir from the Core List of Section 6.4.4.2 "Medicines for hepatitis C", Sub-section 6.4.4.2.2 "Non-pangenotypic direct-acting antiviral combinations" of the WHO Model List of Essential Medicines and pegylated interferon alfa (2a & 2b) from the Complementary List of Sub-section 6.4.4.2.3 "Other antivirals for hepatitis C" of the WHO Model List of Essential Medicines (EML).

The application states that pangenotypic direct-acting antiviral (DAA) regimens allow removing the need for expensive genotyping, simplifying procurement and supply chains, facilitating a worldwide treatment expansion. Thus, the removal of non pangenotypic DAA regimens and interferon based regimens from the EML need to be considered.

Hepatitis C virus (HCV) infection is a major public health problem and cause of chronic liver disease that leads to approximately 400 000 deaths annually. In 2019, WHO estimated that 58 million persons were chronically infected and living with hepatitis C, with a disproportionately high burden in low- and middle-income countries (LMICs). In 2016 WHO developed the Global Health Sector Strategy on viral hepatitis 2016–2021, with the ambitious goal to eliminate viral hepatitis as a public health threat by 2030. While good progress has been made in several champion countries, there remains a major testing and treatment gap. In 2019, still only 21% of the 58 million persons with chronic HCV infection had been diagnosed, and 13% treated. Achieving the 2030 90% testing and 80% treatment coverage targets

for HCV elimination will require a radical simplification of care pathways to overcome barriers in access to HCV testing and treatment[1].

According to the 2018 WHO Guidelines for the care and treatment of persons diagnosed with chronic hepatitis C virus infection, only pangenotypic direct-acting antiviral (DAA) regimens are recommended for the treatment of HCV infection. For patient with chronic HCV infection aged 18 years and above, the three pangenotypic DAA regimens recommended are: sofosbuvir/velpatasvir (12 weeks regimen), sofosbuvir/daclatasvir (12 weeks regimen) and glecaprevir/pibrentasvir (8 weeks regimen)[2]. According to the 2022 WHO Updated recommendations on treatment of adolescents and children with chronic HCV infection, and HCV simplified service delivery and diagnostics, these DAA regimens are also recommended for the treatment of HCV infection in adolescents and children down to the age of 3 years[3].

MSF urges the 24th Expert Committee on the Selection and Use of Essential Medicines to delete dasabuvir, ombitasvir + paritaprevir + ritonavir from the Core List of Section 6.4.4.2 “Medicines for hepatitis C”, Sub-section 6.4.4.2.2 “Non-pangenotypic direct-acting antiviral combinations” of the WHO Model List of Essential Medicines and to delete pegylated interferon alfa (2a & 2b) from the Complementary List of Sub-section 6.4.4.2.3 “Other antivirals for hepatitis C” of the WHO Model List of Essential Medicines.

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[1] Updated recommendations on HCV simplified service delivery and HCV diagnostics: policy brief. Geneva: World Health Organization; 2022.
[2] Guidelines for the care and treatment of persons diagnosed with chronic hepatitis C virus infection. Geneva: World Health Organization; 2018.
[3] Updated recommendations on treatment of adolescents and children with chronic HCV infection, and HCV simplified service delivery and diagnostics. Geneva: World Health Organization; 2022.