March 3, 2025

Dr. Steven Lieberman
Acting Under Secretary for Health Veterans Health Administration

Dr. Jennifer Martin, PharmD
Special Assistant for Deputy Chief Consultant, Patient Care Services

Department of Veterans Affairs
810 Vermont Ave., NW
Washington, DC 20420

Dear Drs. Lieberman and Martin:

On behalf of veterans and patients living with liver disease and the practitioners and researchers who work for better liver health, Global Liver Institute (GLI) and the American Association for the Study of Liver Disease (AASLD) are writing to express our shared concern that the U.S. Department of Veterans Affairs (VA) is advancing adverse Criteria for Use of a new medication to treat Nonalcoholic Steatohepatitis (NASH), now known as Metabolic Dysfunction-associated Steatohepatitis (MASH), to include biopsy, contrary to the label from the Food and Drug Administration (FDA) and AASLD's clinical guidelines. With FDA approval, healthcare practitioners should be empowered to prescribe treatment to their patients consistent with clinical guidelines and best available evidence without unnecessary delays.

Despite each organization's strong relationships with the VA, there was no opportunity for public stakeholder consultation regarding criteria that may deny patients access to medically appropriate medication. While the VA states its "recommendations are based on medical evidence, clinician input, and expert opinion," we do not believe the VA Criteria for Use requiring liver biopsy is consistent with clinical practice considerations and clinical guidance.

AASLD and GLI request the removal of the VA Pharmacy Benefits Management Services and National Formulary Committees recommendation of biopsy as a Criteria for Use for Resmetirom for NASH/MASH. At this time, Resmiteron is the only drug approved for the treatment of this condition. As more medications in this class are developed and approved, we urge that a requirement for liver biopsy not be imposed if it is not required as part of the FDA approval or supported by clinical guidance.

As background, resmetirom was approved by the FDA on March 14, 2024[1] and celebrated by the liver community. It was approved for the treatment of adults with noncirrhotic NASH with moderate to advanced liver fibrosis, in conjunction with diet and exercise. This breakthrough followed years of NASH multi-stakeholder advocacy and partnership with medical societies, such

[1] https://www.fda.gov/news-events/press-announcements/fda-approves-first-treatment-patients-liver-scarring-due-fatty-liver-disease

as AASLD, researchers in both drug and diagnostic development. The hope of the liver health community is that this successful approval and the robust and diverse pipeline of therapies to follow will open a new era of care options for people living with NASH/MASH. As noted by the FDA, approximately 6-8 million people in the U.S. currently have NASH/MASH with moderate to advanced liver scarring. This condition is the fastest-growing cause of cirrhosis, liver cancer, and liver transplant. With researchers anticipating 23.2 million cases of NASH/MASH in the U.S. by 2050[2], this drug is another tool to treat a stage of this serious, progressive disease.

We emphasize that the FDA intentionally did *not* recommend or require a liver biopsy when prescribing this medication. This decision reflected the FDA's responsiveness to the voices of patients from Global Liver Institute's Externally-Led, Patient-Focused Drug Development Meeting in 2022[3] and the impact of the Beyond the Biopsy™ collaborative. The removal of the biopsy recommendation would also align the VA with the most recent AASLD Practice Guidances on *Resmetirom Therapy for Metabolic Dysfunction-Associated Steatotic Liver Disease*[4] and *Blood-Based Noninvasive Liver Disease Assessment of Hepatic Fibrosis and Steatosis*[5].

This approval should give patients and healthcare practitioners a long-awaited tool to change the trajectory of chronic liver disease. Instead, veterans will uniquely face significant hurdles in accessing the drug under the current criteria that call for a biopsy. The other 96% of patients, including Tricare beneficiaries, can receive medication to treat NASH/MASH using noninvasive diagnostics, allowing providers and patients to determine the best course of action.

As drafted by the VA Pharmacy Benefits Management Services and National Formulary Committee, a liver biopsy is one of the inclusion criteria, all of which must be met.[6] The Criteria for Use state support for cost-effective use of the drug, yet even the Institute for Clinical and Economic Review (ICER), the VA's partner in formulary decisions that conducts cost-effectiveness analyses, did not recommend the use of a biopsy. ICER stated that "access to liver biopsy is limited by the number of hepatologists, and clinical experts do not believe that it is reasonable to require liver biopsy prior to beginning therapy" and concluding "liver biopsy should not be universally required for diagnosis."

AASLD and GLI are requesting due process to appeal this decision formally. As the VA's Criteria for Use document states, "The content of the document is dynamic and will be revised as new information becomes available." Therefore, we welcome guidance from the VA on how to ensure this additional information is considered by the Pharmacy Benefits Management Services and National Formulary Committee so that it reflects the science and ensures veterans receive access to care. We also look forward to transparency related to the evidentiary basis for these decisions.

Please contact Jeff McIntyre, GLI Vice President for Liver Health, for additional information at jmcintyre@globalliver.org.

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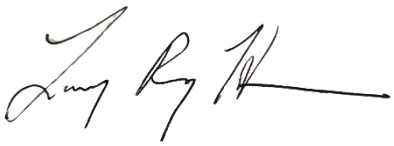
[2] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2829360#google_vignette
[3] https://globalliver.org/wp-content/uploads/2022/07/FINAL_NASH_EL_PFDD_REPORT.pdf
[4] https://journals.lww.com/hep/fulltext/9900/resmetirom_therapy_for_metabolic.1055.aspx
[5] https://journals.lww.com/hep/fulltext/9900/aasld_practice_guideline_on_blood_based.810.aspx
[6] https://www.va.gov/formularyadvisor/DOC_PDF/CFU_Resmetirom_REZDIFFRA_in_Metabolic_Dysfunction-associated_Steatohepatitis_Criteria_Apr_2024.pdf

Sincerely,



Matthew R. D'Uva, FASAE, CAE
Chief Executive Officer - Ex Officio
American Association for the Study of Liver Diseases

Larry R. Holden
President & Chief Executive Officer
Global Liver Institute

cc:
Chairman Jerry Moran, Senate Veterans Affairs Committee
Ranking Member Richard Blumenthal, Senate Veterans Affairs Committee
Chairman Mike Bost, House Veterans Affairs Committee
Ranking Member Mark Takano, House Veterans Affairs Committee