

May 3, 2016

To Whom it May Concern:

Our position with regard to Hepatitis C treatment for our AHCCCS patients is as follows:

- Treatment criteria and choices of therapies should be identical to what patients with private insurance receive
- There should be no restrictions based upon the degree of hepatic fibrosis. It makes no sense to restrict treatment only to patients with F3-F4 fibrosis. All patients with HCV should receive treatment
- The primary criteria for approving treatment should be
 - Ability of the patient to fully comply with treatment regimen to assure best chance of a cure
 - Ability of the patient to participate in risk reduction strategies when appropriate
- Restricting access to patients who use alcohol or drugs should only occur on a case-by-case basis
- It is the responsibility of the provider to manage the patients' other needs, such as HAV and HBV vaccination, imaging, etc. AHCCCS should assess providers for their "fitness" to provide HCV therapy, rather than harass experienced, well-qualified providers, regardless of specialty, to provide aspects of care they already know to do
- The choice of available therapies should be at the discretion of the provider, not AHCCCS. The available HCV therapies are not interchangeable, and should be carefully selected based upon the most appropriate option for any given patient. "Preferred therapies" based on payer contracting are not appropriate with HCV therapy if they restrict the provider's ability to properly match the optimal therapy to the individual patient

Sincerely,

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