February 21, 2014

Dear Medicaid Director,

On behalf of the National Viral Hepatitis Roundtable (NVHR), a coalition of over 200 medical, public health, and community-based organizations working to end the hepatitis B and C epidemics, I am writing to let you know about an important new resource, “Recommendations for Testing, Managing, and Treating Hepatitis C” and to urge you to update your state’s Medicaid formulary to reflect these new guidelines. These recommendations, which can be found at [www.hcvguidelines.org](http://www.hcvguidelines.org), were developed by the American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA), two of the nation’s most trusted experts on the diagnosis, management, and treatment of chronic hepatitis C. NVHR urges you to use these recommendations to help inform your decision making process as you determine availability of hepatitis C treatment to eligible Medicaid patients in your state.

These guidelines highlight the dramatically transformed hepatitis C treatment landscape following the Food and Drug Administration’s (FDA) recent approval of Sovaldi (sofosbuvir) and Olysio (simeprevir). Sovaldi has been approved for use in treating all hepatitis C genotype infections, with demonstrated high cure rates, shorter duration of therapy for many patients, and interferon-free therapy for some, meaning far fewer side-effects and ability to complete treatment. Sovaldi plus Olysio is recommended for patients with genotype 1 infection who cannot tolerate interferon and have an urgent reason to be treated now. Sovaldi and Olysio are the first of many powerful new treatments expected to receive FDA approval in the next two to three years which will lead to all-oral treatment regimens for all patients and with anticipated cure rates over 90%.

We are very concerned about the high prices of Sovaldi and Olysio and the impact on the ability of public programs such as Medicaid to provide access to those who need it. We support any efforts to negotiate the lowest possible prices for your Medicaid program through increased rebates. Negotiating for increased rebates on future treatments as they gain FDA approval will also be critical to ensure patient access to these medications.

We also believe it is imperative to recognize the importance of the new wave of hepatitis C treatments in terms of safety and efficacy. These drugs are not just a welcome advancement in therapy; they offer the possibility of a cure for the overwhelming majority of people with chronic
hepatitis C, who were previously precluded from treatment because of contraindications to interferon, resulting in fewer cases of advanced liver disease, liver cancer and liver transplants. Although costly, these new medications represent cost-effective approaches while also improving health outcomes, including a cure for many people who are living with hepatitis C.

It is imperative that decisions regarding access to hepatitis C drugs be made based on sound medical and scientific information. We strongly urge you to consult the AASLD/IDSA treatment guidelines as you make formulary decisions.

Please let us know if you have any questions or need additional information. We would be happy to facilitate discussions with recognized experts in hepatitis C treatment, including members of the AASLD/IDSA recommendations panel. If you have any questions, please contact me at (415) 235-8593 or rclary@nvhr.org. Thank you very much for your consideration.

Sincerely,

Ryan Clary
Executive Director