UNITED INDIAN HEALTH SERVICES, INC.

**Healthy mind, body, and spirit for generations of our American Indian Community**

January 19, 2018

RE:

To whom it may concern,

I am writing to appeal the decision to deny coverage of the medication on the basis of inadequately severe liver fibrosis. This is directly contrary to the Level 1A recommendation by the American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA).

Treatment is recommended for all patients with chronic HCV infection, except those with a short life expectancy that cannot be remediated by HCV therapy, liver transplantation, or another directed therapy. Patients with a short life expectancy owing to liver disease should be managed in consultation with an expert.

Secondarily, this directly contradicts the AASLD and IDSA Level 1B recommendation for treatment of women of childbearing age considering pregnancy to reduce the risk of HCV transmission to future offspring.

I believe that this limitation on prescription coverage could be interpreted as an attempt to limit costs and deny coverage rather than provide for patient safety and I intend to appeal this decision to the highest level if needed. Please reference the New England Journal of Medicine article “Outcomes of Hepatitis C Virus Infection by Primary Care Providers” published June 2011. Studies have shown, even prior to the newer medications being available that treatment outcomes are similar if not better when patients with HCV are treated in their primary care setting using an ECHO model for support.

I am a physician with board certification in Family Medicine. I have clinical experience in treating Hepatitis C during/post residency using interferon/ribavirin, completed the Hepatitis C 101 treatment course from UCSF in 2016, and am an active participant in the UCSF Hepatitis C project ECHO group. I have experience with treating Hepatitis C using AASLD guidelines and have access to hepatology consultation as needed during treatment through the hepatologists at UCSF. In the last 2 years I have initiated treatment for 74 patients with Hepatitis C. Of the 40 that have completed therapy, 97.5% have achieved 12 week sustained viral response (SVR).

I work with a care team that includes a nurse, a Hepatitis C nurse case manager, a medical assistant and a pharmacy technician. Follow-up visits and monitoring are assured using a tracking database with monthly provider visits during therapy at a minimum.

Please let me know if you need any additional information.

Sincerely,

Dr. Kathleen Cassel