

11/12/2014

Illinois Hepatitis C (HCV) Task Force
Bilandic Building
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Chicago, IL 60601

Testimonial to Recent HCV Treatment Guidelines / Medication Therapies / Trends

History: After recent months of HCV medications therapy denials by the Illinois Department of Healthcare & Family Services (IDHFS), an inquiry was made to the HCV Task Force in October 2014 to discuss the intended plans for the new drug therapies becoming available in 2014. The inquiry triggered a discussion to the IDHFS team led by Dr. Arvind Goyal to better understand why medications for HCV were consistently being denied for fill. Per Dr. Goyal's request, recent patient case examples were sent to him for review and a call was scheduled with the IDHFS team on 10/17/2014.

Discussion Points of meeting on 10/17/2014:

Patient Case Reviews

– All cases revealed patients had not progressed to a metavir score > 4.

Review of 25 HFS Criteria for Sofosbuvir (Sovaldi)

– Only treating “the sickest of the sick” at this time (metavir score >4) based on medication efficacy in the low 90% range, especially with anticipated “better” medications coming soon.

-There was not a specific plan or thought on what would evolve with the new medication (Harvoni), which is more cost effective, 98%+ effective and now available, however, new guidelines are being developed but not available currently.

-Plan to treat all metavir scores and particularly the community that is actively spreading the disease. Only treating metavir scores > 4, potentiates the



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decompensated and cirrhotic liver past recovery and increases the risk for liver cancer.

-Dispensing medication in 2 week intervals is a guideline to decrease diversion based on cost of medication.

-Other guidelines to prevent diversion include patient commitment letter, once in a lifetime treatment, no medication replacement, provider assessment, no abuse potential and no established street value.

-Increased refills only decrease compliance and setting the scenario for treatment failure.

-Manufacturer has labeled the package and stated in the package insert to dispense in original bottle.

Treating to Cure HCV

-only treating metavir >4 would not lead to a cure. The populations who are actively spreading HCV are all metavir scores.

-Waiting to treat when the liver is cirrhotic and unable to regenerate only increases other costly hepatic issues (carcinoma, transplant, etc.). Liver cancer is the most modifiable and preventable cancer there is by treating HCV.

-HCV is a curable disease only if treated across a population.

-Utilizing resources to assist in medication therapy and patient support that are readily available to ensure patient success in completing course of treatment.

Sincerely,

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