



January 15, 2014

Ms. Jennifer Lalani, R.Ph.  
Acting Chair, Florida Medicaid P&T Committee

Ms. Lalani:

The AIDS Institute is formally requesting that the Florida Medicaid Program add all Hepatitis C treatments to the formulary as soon as they are approved by the FDA. This should include the newest therapies approved during the 4<sup>th</sup> quarter of 2013, simeprevir and sofosbuvir.

Since its inception, The AIDS Institute has consistently advocated for the optimal care and treatment of persons living with HIV/AIDS. This advocacy has broadly supported – long before they became buzzwords – the concepts of “Medical Home”, “Continuum of Care” and “Care Completion”. A fundamental part of each of these concepts is the necessity of having ALL therapeutic options available to ALL patients for whom they are medically indicated.

With the release of the very first protease inhibitor for the treatment of AIDS in December 1995 came the financial challenge of providing the best medication regimens for the best therapeutic outcome. Repeatedly, Florida has met this challenge, despite ever-changing obstacles, and routinely included all HIV/AIDS medications on the Medicaid formulary.

Today, we need to continue this important and enlightened position and tradition with Hepatitis C therapies. Those who will benefit should have access to all therapeutic options.

Late 2013 saw a paradigm shift begin in the treatment of Hepatitis C. Two new therapeutic options became available. These options are notable because, for the first time, they offer the opportunity to provide a functional cure while reducing both the duration of treatment and the impact of drug toxicities. During the next 12-24 months, multiple new treatment options will become available for this disease. In short, treatment of hepatitis C is about to emulate the progress made in the HIV/AIDS realm – only much more quickly.

It is imperative that the Committee work toward helping everyone throughout the Medicaid system understand both the positive health impact and the costs of these new therapies. Several studies have been published that are helpful in shaping this conversation and in developing a better understanding of the value these new treatments will bring to individual patients and our society as a whole.<sup>1 2</sup>

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<sup>1</sup> Younossi, Z.M., Singer, M.E., Mir, H.M., Henry, L., Hunt, S., Impact of Interferon Free Regimens on Clinical and Cost Outcomes for Chronic Hepatitis C Genotype 1 Patients, Journal of Hepatology (2013), doi: <http://dx.doi.org/10.1016/j.jhep.2013.11.009>

<sup>2</sup> Hepatitis C virus therapy is associated with lower health care costs not only in noncirrhotic patients but also in patients with end-stage liver disease. S. C. Gordon\*, F. M. Hamzeh†, P. J. Pockros‡, R. S. Hoop†, A. R. Buikema§, E. J. Korner† & N. A. Terrault <http://www.ncbi.nlm.nih.gov/pubmed/23981040>

This is a new era and a unique opportunity for patients who have Hepatitis C. Testing guidelines have recently been revised and updated and both the CDC and the USPSTF stipulate that all Baby Boomers (1945-1964) be tested for Hepatitis, including Hepatitis C. Now, exciting new treatment options are available and more are coming. A convergence of increased awareness, increased testing and vastly improved treatment regimens provide a unique public health opportunity. We must seize it by assuring that those Medicaid patients who will benefit from treatment will be able to access the ideal, individualized regimens their providers recommend and prescribe.

Sincerely,

A handwritten signature in blue ink that reads "Michael Ruppal". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Michael Ruppal  
Executive Director