

Reply to: “Treatment of veterans with hepatitis C in the United States Department of Veterans Affairs”

To the Editor:

I would like to thank Dr. Ross.

- (1) Dr. Ross does not state how many veterans with HCV are currently receiving care at the Department of Veterans Affairs (VA). In 2008, VHA clinicians cared for over 147,000 veterans with chronic HCV [1]. Treating 4500 patients with HCV in 20 months is only 225 patients per month. The VA is currently treating less than 2% of infected veterans per year with boceprevir and telaprevir. It will take more than fifty years for the VA to treat all of their HCV infected patients. Evidence based care of an infectious disease is cure of the infection not the development of integrated models to address comorbidities. If 98% of patients with a curable infection are not treated each year, the VA's response is inadequate.
- (2) The VA does a better job with the human immunodeficiency virus (HIV) treating 78% of veterans [2]. The number of patients on antiviral therapy clearly indicates that HIV is a high priority for the VA while HCV treatment is not.
- (3) Telaprevir is not available as a non-formulary drug at the Louisville VA. Boceprevir is on the formulary there.
- (4) More than 1800 patients with HCV antibodies have been identified at the Louisville VA over 19 years. They had multiple physicians providing care.
- (5) \$100 million for antiviral therapy over 20 months is \$5 million per month. This is clearly inadequate to treat 147,000 veterans with hepatitis C. This is why legislation should be passed so that all veterans with HCV immediately pre-qualify for their choice of Medicaid or Medicare. They could then obtain antiviral therapy in the private sector instead of waiting for the VA to treat 2% of them each year. Now, many are trapped in the VA system while their curable infection progresses to liver cancer, liver failure and death.

Conflict of interest

The author declared that he does not have anything to disclose regarding funding or conflict of interest with respect to this manuscript.

References

- [1] <http://www.hepatitis.va.gov/provider/policy/HCV-state-of-care-2010.asp>.
- [2] http://www.va.gov/opa/publications/factsheets/fs_hiv_aids_treatment.pdf.

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