

Treatment of veterans with hepatitis C in the United States Department of Veterans Affairs

To the Editor:

As Director of the National Hepatitis C Program for the United States Department of Veterans Affairs [VA], the largest provider of care in the United States for HCV, I would like to respond to the statements by Dr. Bennett Cecil in the October 2012 issue of the *Journal of Hepatology* about access to and quality of care for HCV-infected Veterans in VA care [1].

1. Dr. Cecil used data from 2005 [2] as the basis for his statement that only 12% of Veterans with HCV in VA care have received anti-viral therapy. However, two of the references he cited explicitly contradict that figure [3,4]. In fact, the actual proportion treated is more than double that. As of September 30, 2012, internal VA data show over 25% of HCV-infected Veterans in VA care having received such treatment, compared to 17% in non-VA settings [5].
2. Dr. Cecil incorrectly states that both boceprevir and telaprevir are on the VA National Formulary; actually, only boceprevir is, with telaprevir available for use by VA providers as a non-formulary agent [6].
3. Dr. Cecil states that telaprevir is viewed as "too expensive" for use by VA but did not provide any evidence for this contention. In fact, a VHA policy memorandum issued in September 2011 stipulates that cost is not to be a factor in prescribing HCV protease inhibitors. Dr. Cecil did not provide an evidence-based rationale for his preference for prescribing telaprevir.
4. Dr. Cecil implies that he is responsible for anti-viral treatment of almost 600 HCV patients at the Louisville VA; however, multiple providers actually care for the patients with HCV infection at that facility. With regard to use of triple therapy at the Louisville VAMC, as of November 2012, 37 patients had initiated triple therapy (36 boceprevir, 1 telaprevir). Ten were on therapy at that time. Of the remaining 27, six (22.2%) had achieved an SVR, seven were discontinued for lack of efficacy, six were discontinued for toxicity, and eight for non-adherence.
5. The Louisville VAMC's screening/evaluation process includes a review by a clinical pharmacy specialist of drug/drug interactions, current laboratory results, and monthly monitoring of prescription fills. Patients for whom treatment is appropriate attend a mandatory education class and provided information on HCV, anti-viral therapy, and drug side effects, as well as the importance of drug compliance and obtaining repeat laboratory tests. In addition, a treatment plan and follow-up clinic appointments are reviewed. This class is scheduled weekly, but also has been done at other times at the convenience of individual Veterans (M. Rothschild, personal communication).

Finally, and most importantly, Dr. Cecil's assertions that "VA has not shown enthusiasm for treating HCV patients" and that it is "not going to treat very many of them" are incorrect. Since FDA approved the first direct acting anti-virals in May 2011, VA has treated almost 4500 patients with triple therapy, spent over \$100 million in antiviral drug acquisition costs, published updated treatment guidelines recommending use of regimens incorporating direct acting antivirals [7], trained hundreds of VA health care providers to deliver anti-viral therapy, championed integrated models to address treatment-limiting comorbidities [8], added dozens of clinical resources to its HCV Web site (www.hepatitis.va.gov), and moved aggressively to increase access to evaluation and treatment of HCV through teleconsultation models [9].

As a VA clinician who provides care for Veterans with HCV, I am proud of VA's HCV Program, which is recognized as a national leader in the integrated care of patients with this disease [10]. Although there is always room for improvement in any therapeutic service in any health care system, VA has been striving to deliver high-quality, evidence-based care to as many Veterans with HCV as possible, and will continue to do so.

Conflicts of interest

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

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