(Date)

(Name)

(Insurance Company Name)

(Address)

(City, State ZIP)

**Re: (Patient's Name) – Medication for Hepatitis C Virus (Genotype \_\_\_)**

      (Type of Coverage, Group number/Policy number)

To Whom It May Concern:

This letter is in support of approval for \_\_\_**TRADE NAME**\_\_\_ (generic medication names) for the treatment of **[PATIENT NAME]**’s hepatitis C (genotype \_\_\_). I have been seeing this patient for hepatitis C since [date], and I have recommended \_\_\_**TRADE NAME**\_\_\_ for treatment of [his/her] hepatitis C infection.

**[PATIENT NAME]** had a hepatitis C viral load count of [viral load] on [date]. Although he/she is currently asymptomatic, he/she is HIV co-infected, HCV infection in people with HIV is associated with significantly greater morbidity and mortality despite HIV viral suppression. As a result, the current American Association for the Study of Liver Diseases and the Infectious Diseases Society of America (AASLD/IDSA) guidelines report, **“HCV treatment in HIV-infected patients should be a priority for providers, payers, and patients.”** (<https://www.hcvguidelines.org/unique-populations/hiv-hcv>). Based on the guidelines, it is my medical opinion that **[PATIENT NAME]** should initiate treatment with \_\_\_**TRADE NAME**\_\_\_ immediately.

\_\_\_**TRADE NAME**\_\_\_ is [covered/not specifically excluded from coverage] under this patient’s health plan. It is the least expensive and the most cost effective alternative among the available oral regimens. The hepatitis C viral infection is progressively destroying the patient’s liver. This will lead to far more costly complications for both the healthcare plan and the healthcare system, including the potential costs of a liver transplant with its attendant monitoring and medications (known to be greater than $500,000), as well increased risks of permanent injury or loss of life.

[Your medical policy on \_\_\_**TRADE NAME**\_\_\_ is not consistent with the current standard of care for the treatment of hepatitis C.] The AASLD/IDSA have concluded that the standard of care requires treatment of all hepatitis C infected patients: **“Treatment is recommended for all patients with acute or chronic HCV infection, except those with a short life expectancy that cannot be remediated by HCV therapy, liver transplantation, or another directed therapy”** (IA Recommendation, AASLD).AASLD/IDSA have classified \_\_\_\_\_\_\_\_\_\_\_as “1A”, the first choice of therapies for hepatitis C infected patients, among the available alternatives. ([AASLD‐IDSA Recommendations for Testing, Managing, and Treating Hepatitis C Virus Infection](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faasldpubs.onlinelibrary.wiley.com%2Fdoi%2Fpdf%2F10.1002%2Fhep.31060&data=02%7C01%7Ccollinj3%40sn.rutgers.edu%7Cfd0ec695c45842522d8308d7b9fb36a7%7Cb92d2b234d35447093ff69aca6632ffe%7C1%7C0%7C637182361272372691&sdata=gdOc59GuQMJuolD4psXH%2B7ixceg4VSbEXlISD%2Fblsvw%3D&reserved=0" \t "_blank)).

In so far as the potential benefits and harms of treatment with \_\_\_**TRADE NAME**\_\_\_ for **[PATIENT NAME]** and the total costs of approving \_\_**TRADE NAME**\_\_\_ are compared with the available alternatives and costs to this individual patient of not commencing treatment now, I have concluded that \_\_\_**TRADE NAME**\_\_\_ is medically necessary according to the current standard of care.

Sincerely,

[Provider Name]