(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 symptomatic 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]. He/she is experiencing the known symptoms of hepatitis C and is currently suffering from a constellation of complaints which include serious extra-hepatic manifestations such as [flu-like symptoms along with debilitating chronic fatigue/cryoglobulinemia]. [He/she] reports being incapacitated by the hepatitis C symptoms, often unable to get through an entire week without taking a day off. These days would potentially be regained following a course of treatment with \_\_**TRADE NAME**\_\_\_, representing a significant amount of time for increased productivity and quality of life. Based on these facts, 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 American Association for the Study of Liver Diseases and the Infectious Diseases Society of America (AASLD/IDSA) have concluded that the standard of care requires treatment of all hepatitis C infected patients: **“Evidence clearly supports treatment in all HCV-infected persons, except those with limited life expectancy (less than 12 months) due to non-liver related comorbid conditions.”** AASLD/IDSA have classified \_\_\_\_\_\_\_\_as “1A”, the first choice of therapies for hepatitis C infected patients, among the available alternatives.

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]