

For Immediate Release

HIV Medical Organizations Challenge Insurer Restrictions to HCV Treatment

WASHINGTON, DC – The American Academy of HIV Medicine (AAHIVM) and the HIV Medicine Association (HIVMA), the two largest professional associations representing HIV clinicians in the U.S., are challenging new health plan cost control policies barring many qualified HIV care providers from prescribing certain medications that treat hepatitis C (HCV).

Of the 1.1 million Americans living with HIV, approximately 30 percent are co-infected with HCV. Many of these patients are currently being successfully cared for by an HIV practitioner. Yet some insurers are now enforcing policies to limit or remove HIV care providers' ability to prescribe new HCV medications.

These restrictive insurance policies exclude HIV providers who are not trained as gastroenterologists, hepatologists, or infectious diseases specialists from prescribing some medicines to treat HCV, and create other barriers to providing the best available care to patients with HCV infection.

“There is no medical rationale for excluding some HIV providers from prescribing HCV medications,” said Donna Sweet, MD, AAHIVS, chair of the AAHIVM Board of Directors, an internist and HIV specialist. “HIV providers who have been treating HCV/HIV co-infected patients for years are uniquely qualified to manage potential drug toxicities and side effects stemming from combining treatment for HIV and HCV. These restrictive policies not only limit access to the new HCV treatment for many people with HIV but could lead to treatment disruptions and other serious adverse health consequences for patients.”

While many new treatments have been developed for HIV patients over the last 20 years, hepatitis C claims the lives of over 16,000 Americans annually. However, a new drug approved for the treatment of HCV earlier this year offers a significantly improved cure rate over older treatments.

“Thanks to the treatments available today, most of our patients with HIV do not die from AIDS-related illness, but from other conditions, including liver disease,” said Joel Gallant, MD, MPH, FIDSA, chair of HIVMA and an infectious diseases and HIV specialist. “Many people co-infected with HIV and HCV have been waiting a long time for more effective and tolerable HCV treatment. Now that a cure is available, it is unconscionable to deny them access to medical providers who are well qualified to administer and manage this treatment.”

AAHIVM and HIVMA have received reports of insurers instituting these policies from practicing HIV providers in several states. In an attempt to address the growing trend, AAHIVM and HIVMA have sent letters to insurers urging their immediate discontinuation and re-evaluation of these policies.

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