11 November: Treatment prioritisation

November 12, 2015 By David Pieper

I consider myself to be extremely lucky to have had access to treatment with the new drugs before the majority Australians, especially as my liver is in pretty good shape. I wasn't too impressed at being told in 2012 that I would probably die WITH hepatitis C, not OF it. Actually it is just luck that I happened to fit the criteria for a clinical trail in August of this year. What is not luck, is the three years I spent asking, negotiating and regularly turning up for my appointments to see if there was any way I could access interferon-free treatment.

There are many reasons why people would want immediate access to treatment. It might be because they have cirrhosis or fibrosis; it might be they plan to have children; it might be the psychological burden of hep C or it might be the real risk of transmission. In my case I had twice transmitted hep C to my partner through sex and there was a real possibility it could happen again. But everybody's reason is for wanting treatment is valid and nobody should be denied treatment if they want it.

Many people look at the high prices charged by drug companies and enormous cost of treating everyone with hep C, and say it will be impossible for Government to fund the new DDAs and treatment must be prioritised. In many countries, treatment is only available for the sickest. I believe for wealthy countries it is not the lack of funds, but the lack of political will that prevents everyone having access to treatment. If we bring enough pressure to bear, Government will find the money. If we say it is unaffordable, Government will agree with us that it is unaffordable. We must insist that Governments, and where applicable insurers make treatment available for everyone.

Things are different in the US obviously, but Medicaid access restrictions are being challenged too. The Director of Harvard Law School's Center for Health Law and Policy Innovation, Robert Greenwald, states that "...we found that access restrictions are not based on scientific evidence, current treatment guidelines or clinical data" Such restrictions contradict the American Association for the Study of Liver Disease and the Infectious Disease Society of America treatment guidelines which support treatment for all HCV-infected persons.

It is time to challenge treatment access restrictions to hep C meds.

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