



Sovaldi Hepatitis C Treatment: When Profit and Patients Collide

May 13, 2014 By [Lucinda K. Porter RN](#)

[Sovaldi](#) (sofosbuvir) is dominating hepatitis C treatment news. I wish the news was confined to Sovaldi's ability to cure hepatitis C, but its price tag is getting the lion's share of headlines. Looking at the past few days, here are some articles on the cost of curing hepatitis C: [Hep](#), [NPR](#), [PBS](#), [Albany Herald](#), and [Corrections.com](#).

The [wholesale acquisition cost](#) for twelve weeks of Sovaldi is \$84,000 or \$1000 a pill. This does not include the cost of peginterferon, ribavirin, labs, medical costs, and drugs for side effects. Since genotype 3 patients need 24 weeks of treatment, the cost exceeds \$168,000. A 48-week treatment for hepatocellular carcinoma patients awaiting transplant is around a half a million dollars.

However, the real cost of curing hepatitis C is not about dollars and cents; it's about saving lives, patients' quality of life, and the freedom to access medical care. On the other side of this issue is the right to make a profit, even if it is a gigantic one derived from those who are ill. In short, Gilead's \$1000 pill kicked off an enormous debate. Does a company have the right to make an excessive profit from the vulnerable, particularly when it is the only viable option for patients? Should taxpayers shoulder the burden, increasing Gilead's coffers? Who is protecting patients so we can access these drugs?

Gilead acquired sofosbuvir when it purchased [Pharmasset](#) for \$11 billion. Gilead's first quarterly sales were \$2.3 billion. A Reuters article by Deena Beasley, quotes RBC Capital Markets analyst Michael Yee as saying that this is the highest quarterly ever for a new drug.

Assuming that some of the 2.7 million Americans have already been cured, the cost of treating everyone else would exceed a quarter trillion dollars. To cope with Sovaldi's price, the Veterans Administration, Kaiser, and various state Medicaid programs proposed limits on who can be treated and who should wait. Patients with advanced liver disease, such as those with cirrhosis or liver cancer, receive priority. It is good that the sickest are receiving priority, but it isn't good enough. Hepatitis C patients die earlier from other diseases. Our ability to work and quality of life is impaired. We can infect others. The list goes on...

On March 20, 2014, Congressional Rep Henry Waxman and colleagues sent a letter to Gilead requesting a briefing on the cost of Sovaldi. The deadline for this information was April 3. I have

not yet seen a reply from Gilead. Please pay attention to this issue, as input to your elected officials may make a significant difference in settling this debate.

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