Public Testimony Registration

1 message

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Confirm by Address?
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Representing Other?
Representative of:
Non-affiliated/private?
Statement of No Conflicts:
Disclosures:Yes
Organization1/Role1: Gilead / Advisory Board
Organization2/Role2: /
Organization3/Role3: /
Organization4/Role4: /
Summary of Testimony: I am currently employed at St. Joe's as noted above in the Center for Liver Disease and Transplantation. Our clinic treats around 500 patients with HCV yearly. The current guidelines greatly limit patient care as we are required to use Mavyret unless certain circumstances permit it. However, the benefits from a provider and more importantly patient standpoint are countless. In addition, we as the provider should be able to dictate what treatment the patient receives, not what insurance can get for the cheapest rate. Patient safety is the number one priority. With the new anticipated rates of Harvoni and Epclusa, price will no longer be of concern. As a result, it is and has always been the preferred regimen(s) and we were using long before Mavyret. It is easier to use, patient's prefer the one pill daily with or without food dosing, and it has significantly less DDI. In addition, we can safely use it in decompensated patients. There is no reason, especially if the rate is comparable or less than Mavyret, to not have it on formulary.
Drug/Product: Harvoni Epclusa
Therapeutic Drug Class: DAA (HCV treatment)