



PRISON LAW OFFICE
General Delivery, San Quentin CA 94964
Telephone (510) 280-2621 • Fax (510) 280-2704
www.prisonlaw.com

Director:
Donald Specter

Managing Attorney:
Sara Norman

Staff Attorneys:
Rana Anabtawi
Rebekah Evenson
Steven Fama
Penny Godbold
Alison Hardy
Corene Kendrick
Kelly Knapp
Millard Murphy
Lynn Wu

Information Regarding Hepatitis C Virus (HCV) (November 2015)

Hepatitis C Virus (HCV) is a very complicated medical condition. Currently, CDCR prison doctors and primary care providers (PCPs) use a HCV Care Guide issued in October 2015 to evaluate and treat CDCR patients. A copy of the October 2015 HCV Care Guide should be available for review at your prison law library (if it is not, please let us know).

The other side of this page has basic information about HCV and treatment of HCV in CDCR that we have taken from the current Care Guide and other sources. This information may help you better understand HCV and the treatment that may be available.

If you have questions about HCV, we suggest that you put in a sick call request (Form 7362) and talk to your doctor or primary care provider. A medical appointment for HCV does not require a co-pay.

If you cannot resolve your HCV concern by talking with medical staff, you can file a 602-HC (medical appeal). Filing a 602-HC regarding HCV treatment should result in a written response from medical staff, and you should be able to appeal through all levels of review.

Prison Law Office will consider taking action regarding an individual prisoner's HCV concern only if that prisoner has filed a 602-HC and received a final level response (urgent cases are an exception). In addition, a Third Level or Director's Level Response to a 602-HC is usually required before a prisoner can file any formal legal action about a medical issue. You can send us a Third or Director's Level response to a medical appeal when you get it, and we will consider at that time whether we can ask prison medical officials about your situation.

**Please see other side of this page
for additional information**

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Additional Information About HCV Treatment

This information is based on the October 2015 HCV Care Guide and other medical policies and procedures.

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Any prisoner can request to be tested for HCV. A blood test is used to determine if a patient is infected with HCV. There is no co-pay for any medical appointment regarding HCV, including being tested.

Only 10-20% of people with chronic HCV develop severe liver disease; only 1-5% will die from complications of liver disease. It usually takes years or decades to progress to severe liver disease. There is no test that can predict who will progress to severe liver disease.

Whether treatment for HCV is necessary depends on many factors and circumstances. Certain circumstances, if present, exclude a patient from getting treated. Treatment decisions also depend on how much damage, if any, HCV has caused to the patient's liver.

Prison medical officials are only required to provide treatment if it is "medically necessary." Under the current Care Guide, treatment is considered medically necessary only for some HCV patients.

Under the Care Guide, a prison Primary Care Provider (PCP) should evaluate a patient with HCV and decide if treatment is necessary. If the PCP decides no treatment for HCV is necessary, the patient must be re-evaluated at least once every year to see if treatment should be provided.

If a PCP decides that a patient with HCV should get treatment, the patient's case must then be reviewed by the HCV Oversight Committee at headquarters. That committee then makes the final treatment decision.

If the HCV Oversight Committee decides that a patient should be treated, the type of treatment depends on the particular circumstances of each patient, including the HCV genotype. Treatment involves taking medications for a number of weeks, and may include medications most recently approved for HCV by the federal government, including Harvoni, Daklinza and Technivie. If medication is ordered, careful monitoring is required because of possible serious or potentially dangerous side effects.

**HCV is a complicated medical condition.
Ask your doctor or primary care provider
about your condition and treatment plan.**