

Jan Dils Veterans Disability Benefits Newsletter

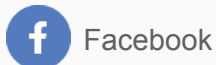
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## VETERANS DISABILITY BENEFITS IN THE NEWS



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With the holidays all wrapped up and the New Year officially off to a great start, my family and I (including my “work family”) are starting to settle back into the routines of daily life. I’m a little sad to say goodbye to the holidays until next year. But, I have to admit, I’m also excited to get back to working with my incredible team and fighting for the men and women who served our country.

For most if not all people struggling with a medical condition, medication is an important part of the daily routine. Of course, that includes the Veterans we represent in the fight to obtain disability benefits. That’s why I was so excited to hear about some new developments that mean good news for our disabled Veterans who need medication. We have included two

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[How to Qualify for Veterans Benefits](#)

[What You Should Know About Individual Unemployability](#)

[What are the Characteristics of Traumatic Brain Injury?](#)

[Evidence to Prove Military Sexual Assault](#)

[PTSD Claims for Veterans and Non-Military Individuals and Families](#)

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articles with details in this month's newsletter—be sure to take a look and let us know if you have any questions.

Speaking of questions, I want to remind you that we always welcome your calls and emails with questions you may have. The process of applying for Veterans benefits can be a confusing one, and we are always happy to share our experience and knowledge with you, and help you through the process quickly and successfully.

Thanks for reading, and we look forward to hearing from you soon!

Sincerely,



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**VA STUDY CONFIRMS HIGH CURE RATES WITH NEW HEPATITIS C DRUGS**



[DOWNLOAD](#)

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A Department of Veterans Affairs (VA) database study shows that new drug regimens for hepatitis C have resulted in “remarkably high” cure rates among patients in VA's national health care system.

Of the more than 17,000 Veterans in the study, all chronically infected with the hepatitis C virus at baseline, 75 percent to 93 percent had no detectable levels of the disease in their blood for 12 or more weeks after the end of treatment. The therapy regimens lasted 8 to 24 weeks, depending on patient characteristics.

“This promising news comes as VA is dedicating significant funds to help greater numbers of patients with hepatitis C,” said David Shulkin VA Under Secretary for Health. “In March, we announced our ability to fund care for all Veterans with hepatitis C for fiscal year 2016 regardless of the stage of the patient’s liver disease. VA has long led the country in screening for and treating hepatitis C. As of mid-September 2016 alone, the Department treated more than 100,000 Veterans infected with the virus. More than 68,000 of these patients had been treated with these new highly effective antivirals.”

The VA researchers analyzed data from four subgroups of patients infected with hepatitis C—genotypes 1, 2, 3, and 4—and found that genotype 1 patients showed the highest cure rates and genotype 3 the lowest. Genotype 1 was by far the most common type of infection among the four subgroups.

The study group of more than 17,000 Veterans included more than 11,000 patients with confirmed or likely cirrhosis, a liver disease that can result from hepatitis C, among other causes. The study team found "surprisingly high" response rates of around 87 percent in this group.

The overall results were consistent with those from earlier clinical trials that led to FDA approval of the three new drug regimens in the study: sofosbuvir (SOF), ledipasvir/sofosbuvir (LDV/SOF) and paritaprevir/ritonavir/ ombitasvir and dasabuvir (PrOD).

The drugs, introduced in 2013 and 2014, have been credited with revolutionizing hepatitis C treatment, which means a cure is now in reach for the vast majority of patients infected with the virus. Previously, using earlier drug regimens, most patients could expect, at best, only a 50 percent chance of a cure.

**"Our results demonstrate that LDV/SOF, PrOD and SOF regimens can achieve remarkably high SVR [sustained virologic response] rates in real-world clinical practice," VA researchers wrote.**

The new drug regimens examined in the study do not contain interferon, which has troublesome side effects such as fever, fatigue, and low blood counts. The newer drugs are considered far more tolerable than the older interferon-based antiviral regimens, although they are far more expensive.

The researchers extracted anonymous data on all patients in VA care who received HCV antiviral treatments between January 2014 and June 2015 using the VA Corporate Data Warehouse, a national, continually updated repository of data from VA's computerized patient records.

The study's optimistic finding is a source of optimism for Veterans and others infected with the hepatitis C virus,

according to coauthors Dr. Lauren Beste and Dr. George Ioannou, specialists in internal medicine and hepatology, respectively, with the VA Puget Sound Health Care System in Seattle.

According to the researchers, modern, direct-acting antiviral drugs for hepatitis C far outperform our older options in terms of efficacy and tolerability. With older drugs, most patients could not undergo antiviral treatment because they had contraindications or medication side effects. With newer options, almost anyone can safely undergo treatment for hepatitis C.

[VA research](#) continues to expand knowledge of the disease through scientific studies focused on effective care, screening, and health care delivery. Some studies look at particular groups of hepatitis C patients—for example, female Veterans, or those with complicated medical conditions in addition to hepatitis C.

For more information on VA care for hepatitis C, visit [www.hepatitis.va.gov](http://www.hepatitis.va.gov) and [www.hepatitis.va.gov/patient/hcv/index.asp](http://www.hepatitis.va.gov/patient/hcv/index.asp).

Source: <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=2846>



**NEW REGULATION DECREASES THE  
COST OF OUTPATIENT MEDICATION  
COPAY FOR MOST VETERANS**





The Department of Veterans Affairs (VA) is amending its regulation on copayments for Veterans' outpatient medications for non-service connected conditions. VA currently charges non-exempt Veterans either \$8 or \$9 for each 30-day or less supply of outpatient medication, and under current regulations, a calculation based on the medication of the Medical Consumer Price Index (CPI-P) would be used to determine the copayment amount in future years.

“Switching to a tiered system continues to keep outpatient medication costs low for Veterans,” said VA Under Secretary for Health Dr. David J. Shulkin. “Reducing their out-of-pocket costs encourages greater adherence to prescribed outpatient medications and reduces the risk of fragmented care that results when multiple pharmacies are used; another way that VA is providing better service to Veterans.”

This new regulation eliminates the formula used to calculate future rate increases and establishes three classes of outpatient medications identified as Tier 1, Preferred Generics; Tier 2, Non-Preferred Generics including over-the-counter medications; and Tier 3, Brand Name. Copayment amounts for each tier would be fixed and vary depending upon the class of outpatient medication in the tier.

**These copayment amounts will be effective  
February 27, 2017:  
\$5 for a 30-day or less supply - Tier 1 outpatient**

**medication**

**\$8 for a 30-day or less supply - Tier 2 outpatient**

**medication**

**\$11 for a 30-day or less supply - Tier 3 outpatient**

**medication**

These changes apply to Veterans without a service-connected condition, or Veterans with a disability rated less than 50 percent who are receiving outpatient treatment for a non-service connected condition, and whose annual income exceeds the limit set by law.

Medication copayments do not apply to former Prisoners of War, catastrophically disabled Veterans, or those covered by other exceptions as set by law.

Copayments stop each calendar year for Veterans in

[Priority Groups 2-8](#) once a \$700 cap is reached.

More information on the new tiered medication copayment can be found at:

<https://www.gpo.gov/fdsys/pkg/FR-2016-12-12/pdf/2016-29515.pdf>

Source: [https://www.va.gov/opa/pressrel/pressrelease.cfm?](https://www.va.gov/opa/pressrel/pressrelease.cfm?id=2843)

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Jan Dils, Attorneys at Law, handles Personal Injury Claims, Social Security and Veterans Disability for clients throughout West Virginia with offices located in Parkersburg-Beckley-Charleston-Huntington-Logan as well as one additional office located in Charlotte, North Carolina. But regardless of where you are located we are able to serve you or a family member Nationwide.

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