Specialty Pharmacy and Specialty Clinical Collaboration Promotes Access to Direct Acting Antiviral Therapies for Hepatitis C

Authors: Cara Joyce, PhD[a], Julia Zhu, MPH[a], Ronald J. Hazen, MPH[a], Ambrose Delpino, PharmD, AAHIVP[a], Heather Kirkham, PhD, MPH[a], Carson Dietrich, BS[b], Shauna Markes-Wilson, BSPharm, RPh[a], Tomeka Kim, PharmD[a], Raymond A. Rubin, MD, FAASLD[b], Lance L. Stein, MD, FACP[b]
Affiliations: [a]Walgreens, Deerfield, IL, USA; [b]Piedmont Transplant Institute, Piedmont Atlanta Hospital, Atlanta, GA, USA

Objectives

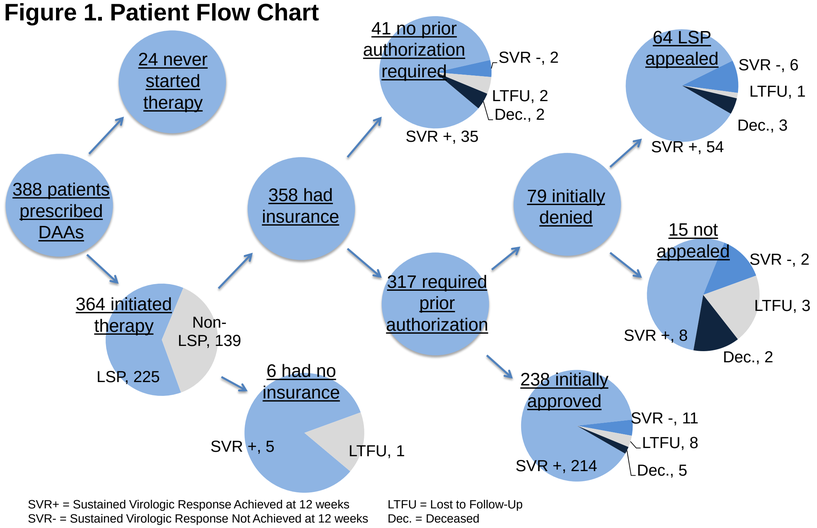
- Direct acting antiviral (DAA) therapies are effective treatments for hepatitis C virus (HCV). Access to DAAs can be negatively impacted by high costs, insurance coverage and complex patient management.[1-3]
- Walgreens Local Specialty Pharmacies (LSPs) coordinate with clinical practices to reduce access barriers to DAAs by facilitating prior authorization requests and appeals, locating copay assistance and providing proactive adherence support.
- This study describes the pharmacy workload and impact on DAA access and clinical outcomes, measured as sustained virologic response (SVR) or undetectable plasma HCV RNA 12 weeks after therapy completion, as the result of a liver clinic utilizing LSP services.

Methods

- This is a descriptive retrospective study using a joint clinical and pharmacy database.
- *Study Population:* HCV patients prescribed DAAs at Piedmont Transplant Institute from Dec, 2013-Dec, 2015 who also received LSP services.

Results

Figure 1. Patient Flow Chart



SVR+ = Sustained Virologic Response Achieved at 12 weeks
SVR- = Sustained Virologic Response Not Achieved at 12 weeks
LTFU = Lost to Follow-Up
Dec. = Deceased

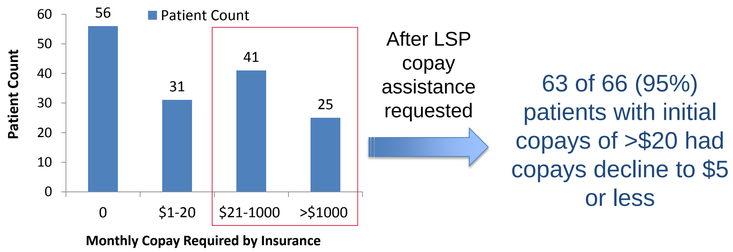
Characteristics	n (%)
Had Cirrhosis	211 (58%)
HCV Treatment Naïve	179 (49%)
Had Not Received a Liver Transplant	307 (84%)

Results (continued)

Table 1.(cont.) Baseline Characteristics of Included Patients (n=364)

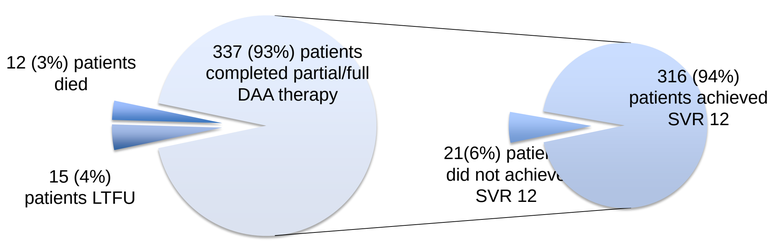
Insurance Type	
Commercial	249 (68%)
Medicare	64 (18%)
Medicaid	32 (9%)
Tricare	13 (4%)
No Insurance	6 (2%)
HCV Genotypes	
1 subtype a, mixed, unknown	245 (67%)
1b	71 (20%)
2	18 (5%)
3	27 (7%)
4	3 (1%)

Figure 2. LSP Copay Assistance Services (n=153 with copay info of 225)



Prescribed Time to Therapy	1-2 days	3-7 days	8-30 days	>30 days
n (%)	72 (38%)	47 (25%)	49 (26%)	21 (11%)

Figure 3. Completion of Therapy and SVR 12 Response (n=364)



Results (continued)

- Of 388 patients prescribed DAAs, data on prescription fills and LSP facilitated financial assistance was available for 364 (94%) patients included in the study. Though 225 (62%) patients were able to fill DAAs at the LSP, 139 patients (38%) were required to fill DAAs at a non-LSP pharmacy due to insurance requirements. Additional patient characteristics are shown in **Figure 1** and **Table 1.**
- About half of patients had cirrhosis (n=211, 58%) or were treatment naïve (n=179; 49%); the majority had not received a liver transplant (307; 84%). Prescription coverage included commercial plans (n=249; 68%), Medicare (n=64; 18%), and Medicaid (n=32; 9%). Most patients (n=317; 87%) required prior authorization for DAAs. Two-thirds of patients had HCV genotype 1a (n=245; 67%) (**Table 1**).
- Information on patient copays was available for 153 LSP patients; 56 (37%) had no copay, 31 (20%) had $1-20 copays, 41 (27%) had $21-1000 copays, and 25 (16%) had >$1000 copays. After LSP copay assistance requests, initial copays of >$20 declined to $5 or less for 63 (95%) of 66 patients (**Figure 2**). Full financial assistance was received for 20 patients with no insurance or no DAA coverage.
- In total, 337 (93%) patients completed full or partial treatment duration. Of those, SVR 12 weeks post-treatment was achieved for 316 (94%) patients (**Figure 3**).

Conclusions

- LSP DAA therapy assistance resulted in 94% SVR response at 12 weeks after therapy, despite the fact that many patients had cirrhosis or were treatment experienced, and some had a prior liver transplant.
- Collaboration between providers and LSP minimized delay in therapy, lowered rates of DAA denial, and maximized patient financial assistance. Future studies should examine health outcomes as a result of LSP involvement in clinical care.
- Limitations include: 1) the study population may not be representative of all patients seeking treatment for HCV; 2) the study is observational; and 3) some patients were lost to follow-up.

References

1. Trooskin SB, Reynolds H, Kostman JR. Access to Costly New Hepatitis C Drugs: Medicine, Money, and Advocacy. *Clin Infect Dis.* 2015;61(12):1825-1830.
2. Bailly F, Pradat P, Virlogeux V, Zoulim F. Antiviral Therapy in Patients with Hepatitis C Virus-Induced Cirrhosis. *Dig Dis.* 2015;33(4):613-623.
3. Kohli A, Shaffer A, Sherman A, Kottilil S. Treatment of hepatitis C: a systematic review. *JAMA.* 2014;312(6):631-640.

Presented at the 2016 National Association of Specialty Pharmacy (NASP) Annual Meeting & Expo in Washington, DC, Sep 26-28, 2016. For more information on this presentation, please contact: heather.kirkham@walgreens.com. This research was approved by Quorum IRB (# 30978/1) and funded by Walgreen Co. Authors are employees of Piedmont Transplant Institute or Walgreen Co. for whom this research was conducted.