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

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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.
- 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

1. Patient Flow Chart

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

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

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

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>n (%)</th>
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<tbody>
<tr>
<td>Commercial</td>
<td>249 (68%)</td>
</tr>
<tr>
<td>Medicare</td>
<td>64 (18%)</td>
</tr>
<tr>
<td>Medicaid</td>
<td>32 (9%)</td>
</tr>
<tr>
<td>Tricare</td>
<td>13 (4%)</td>
</tr>
<tr>
<td>No Insurance</td>
<td>6 (2%)</td>
</tr>
</tbody>
</table>

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

- 63 of 66 (95%) patients with initial copays of >$20 had copays decline to $5 or less

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

- 12 (3%) patients died
- 337 (93%) patients completed partial/full DAA therapy
- 316 (84%) patients achieved SVR 12
- 216 (59%) patients did not achieve SVR 12

Conclusions

- 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 naive (n=179; 49%); the majority had not received a liver transplant (307; 84%). Prescription coverage included commercial plans (n=249; 68%), Medicare (n=64; 16%), and Medicaid (n=52; 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 $21-100 copays, and 25 (16%) had >$100 copays. After LSP copy 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).

References


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