FACILITATING ACCESS TO DIRECT-ACTING ANTIVIRALS IN A COMMUNITY-BASED POINT-OF-DIAGNOSIS MODEL FOR HEPATITIS C TREATMENT: THE ROLE OF THE PHARMACY TEAM IN THE NO ONE WAITS (NOW) STUDY

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Background:
Despite simplified hepatitis C virus (HCV) treatment algorithms, insurance-related barriers prevent same-day HCV treatment upon diagnosis in the United States (US). We aimed to assess how direct partnership with a pharmacy team facilitated point-of-diagnosis HCV treatment among a socially marginalized population in a community setting.

Description of model of care/intervention/program:
The No One Waits (NOW) Study was a single-arm clinical controlled trial of a neighborhood-based point-of-diagnosis HCV treatment model conducted between July 2020 and October 2021, with targeted sampling for people experiencing homelessness, injecting drugs in an urban US community and eligible for simplified HCV treatment. Upon disclosure of positive HCV RNA results, participants were offered enrollment into same-day HCV treatment and given a study-provided 2-week sofosbuvir/velpatasvir (SOF/VEL) starter pack; additional insurance-provided SOF/VEL was requested to complete 12 weeks of treatment. If insurance was unavailable, SOF/VEL was provided in 2-week increments using study supply. We describe the longitudinal collaboration with an integrated pharmacy team for NOW model success.

Effectiveness:
Eighty-seven participants were eligible and started HCV treatment at the same visit they were diagnosed. Most were currently unsheltered (61%), currently injecting drugs (80%), had an income below federal poverty line (97%), 72% had managed care insurance, and 25% were Black and African American. Of the 87, 70% transitioned to insurance-covered treatment within two weeks, and 90% transitioned before completing treatment. Of the 9 who never transitioned to insurance-covered treatment, 7 were uninsured at the treatment start, and 2 had VA- or Kaiser-sponsored insurance. Pharmacy members also supported patients in navigating barriers with managed plans requiring specialty pharmacy dispensation and telephone consent, transporting medication to neighborhood sites, and applying for copay assistance.

Conclusion and next steps:
Direct partnership with an experienced pharmacy team played a critical role in transitioning participants to insurance-covered treatment quickly and advocated for patient-centered solutions to copay and medication dispensing barriers. The study-provided 2-week starter pack was key to providing treatment at the point of diagnosis.

Disclosure of Interest Statement:
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