REMOVING HEALTH INSURANCE BARRIERS AND INCORPORATING HARM REDUCTION WITH A PHYSICIAN - NURSE - PHARMACIST TEAM, TO OPTIMIZE HEPATITIS C VIRUS (HCV) TREATMENT IN A U.S. CO-LOCATED HCV/METHADONE MAINTENANCE PROGRAM

Habchi J[1], Sprecht-Walsh S[1], Goris E[1], Bratberg J[2], Hurley L[1], Hart S[1], Thomas A[2], Taylor LE[1,2]

[1]CODAC Behavioral Healthcare, [2]University of Rhode Island

Background: In the U.S., a minority of HCV-infected persons with opioid use disorder undergo HCV treatment. Co-located HCV and opioid agonist therapy (OAT) along with harm reduction (HR) can facilitate prevention and cascade to cure. Rhode Island (RI) Medicaid (federal/state health insurance for low-income persons) supplied DAAs only for persons with F3/F4 fibrosis and either non-drug/alcohol use for 6 months or addiction treatment, until July 1, 2018, when DAA restrictions were lifted.

Description of model of care/intervention: The physician-nurse team added a pharmacist in August 2018 to assist with the 30-minute per DAA prescription Prior Authorization (PA) process (11 different PAs, 9 public, 2 private payer) at our integrated HCV/OAT/HR clinic, at RI's only non-profit methadone maintenance program (MMP). We conducted a retrospective chart review comparing DAA treatment pre-and-post July 1, 2018.

Effectiveness: From April 2014-March 2019, the physician-nurse team evaluated 376 patients, mean age 43 (21-71 years), 34% female. 237 initiated DAAs, mean age 44 (21-71 years), 34% female, genotypes 1a (57%), 1b (6%), 2 (7%), 3 (21%), 4 (7%), 6(<1%), mixed (1%); 98% had public health insurance (92% Medicaid, 6% Medicare), 2% private; 163/175 (93%) achieved SVR (30 on treatment or post-treatment follow-up before SVR12, 44 lost to follow-up).
Pre-July 1, 2018: 72 patients initiated DAAs (22% of patients seen), mean age 54, 26% female, 68% F3/F4. Post-July 1, 2018: 70 patients initiated treatment (60% of patients seen), mean age 38, 37% female, 7% F3/F4. Ninety-five patients treated via research studies providing DAAs were excluded from pre-post Medicaid DAA access analysis (all Medicaid recipients).
Conclusion: Removing DAA restrictions and incorporating a pharmacist facilitates DAA treatment in an HCV clinic embedded in a MMP. Younger persons access treatment before advanced fibrosis develops, reducing potential years of HCV transmission. The U.S. time-intensive PA process remains a barrier to expanding capacity.

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