

Removing Health Insurance Barriers and Incorporating Harm Reduction with a Physician - Nurse - Phlebotomist - Pharmacist Team, to Optimize Hepatitis C Virus (HCV) Treatment in a U.S. Co-Located HCV/Methadone Maintenance Program

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

INHSU 2019 – Montréal, Canada

September 13, 2019

Jhabchi@codacinc.org



Disclosures

- This work was supported in part by the University of Rhode Island College of Pharmacy Healthcare Research Operating Fund

Background



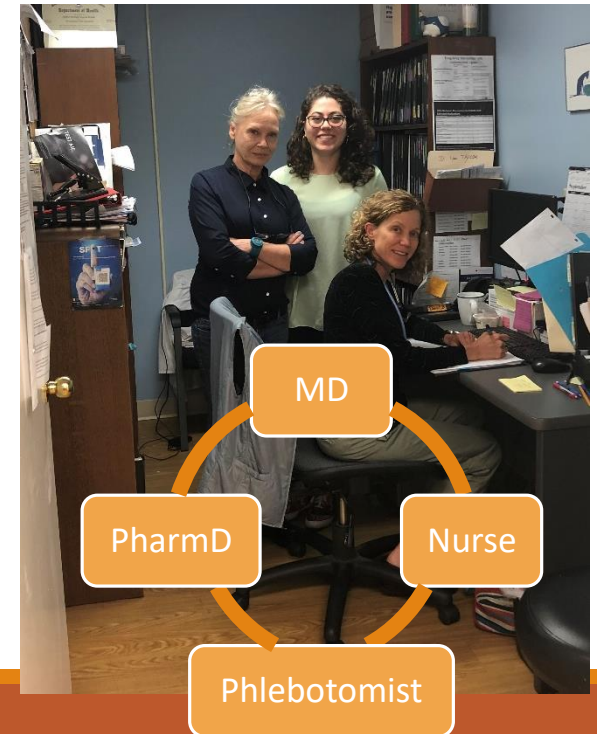
- In the U.S., a minority of HCV-infected persons with opioid use disorder undergo HCV treatment
- Co-located HCV and opioid agonist therapy (OAT) along with harm reduction (HR) can facilitate prevention and cascade to cure



Setting



- RI's only non-profit methadone maintenance program (MMP)
 - 8 sites. Largest: Providence. 1,000 patients/day receive methadone
- Under-resourced clinic and patient population
- '1-stop shopping'/co-located, whole-person care
 - 2014 started HCV clinic, universal HCV testing and care
 - Includes HIV/HBV/STI testing and care, HAV/HBV vaccination
 - Low-threshold, trusting environment
 - Walk-ins/same day visits, HR, access to NEP, naloxone
- Pharmacist added to Physician-Nurse-Phlebotomist team August 2018



RI Medicaid (federal/state health insurance for low-income persons) DAA Access

Aug 2014 -
June 2018

- RI Medicaid restrictions: DAAs only for persons with F3/F4 fibrosis **and** either non-drug/alcohol use for 6 months **or** addiction treatment

July 1, 2018

- All DAA restrictions lifted under threat of lawsuit

Barua Annals Internal Medicine 2015

[Letter to Officials Requesting Access to Hepatitis C Treatment for Rhode Island Medicaid Patients](#)

Streamlined HCV Care

PA = long, bureaucratic form

Enter Care at MMP

- Universal (opt-out) HCV Ab screening with reflexive RNA and genotype

Nurse navigates patient to 1st visit with Physician

Pharmacist begins Prior Authorization (PA)

1st Medical Visit

- Appointment with HCV physician
- History, physical
- Evaluation of liver disease, co-existing diagnoses
- DAAs ordered

PA Process

- 11 different PAs depending on patient's insurance
- Each insurance has different requirements
 - Lab testing, time from result to PA, fibrosis assessment
- Each insurance locked into specific pharmacy

PA Submitted

PA Approved

2nd Visit

- Treatment initiation

Neighborhood Health Plan of Rhode Island
333 Prairie Ave, Providence, RI 02905
Phone: 1-401-781-4399 Fax: 1-401-781-4645

Walgreens
333 Prairie Ave, Providence, RI 02905
Phone: 1-401-781-4399 Fax: 1-401-781-4645

Hepatitis C Prior Authorization Form
Customer Services: 1-801-459-6820 Fax: 1-866-423-0945

Instructions:
• This form is to be used by participating physicians and providers to obtain coverage for drugs to treat hepatitis C.
• Please complete both pages and fax this prior authorization form along with all applicable documentation required directly to Neighborhood Health Plan of Rhode Island at 1-866-423-0945 to request any delays in review.

Please fax the authorization to the local Walgreens Pharmacy located at 333 Prairie Ave in Providence, RI 02905 01615

Please complete the following information: Date of Request: ___/___/___
Do you need this request decision within 24 hours? (24 hours is our normal turn-around time)

PATIENT INFORMATION (complete all requested information)

Patient Name: _____ PHN: _____ Male Female
Address: _____ City: _____ State: _____ Zip Code: _____
Phone #: _____ Email Address: _____ Drug Allergies: _____
Insurance Provider (Please include copy of front and back of card): _____ HSP: _____
Policy/Group #: _____ Phone #: _____ Relationship to Patient: Self Other

CLINICAL ASSESSMENT (complete all requested information)

Hepatitis C genotype: 1 2 3 4 Other: _____

Most recent viral load: _____ IU/mL Test date: _____
Testing date must be within 90 days of this PA request

Hepatic fibrosis stage: stage 0 stage 1 stage 2 stage 3 stage 4

Test used to determine disease stage (check all that apply):
Documentation must be submitted with PA request

AST to Platelet Ratio Index (APRI)
 Fibroscan score
 Fibrotest score
 Imaging study consistent with cirrhosis
 Liver biopsy indicating METAVIR score

Is cirrhosis present? Yes No
If yes, please indicate if patient has compensated or decompensated cirrhosis: compensated decompensated
If decompensated cirrhosis, then please answer questions below:
(a) Does patient have moderate or severe hepatic impairment class B or C? Yes No
(b) Is patient under the care of a specialist with experience in that condition - ideally in a liver transplant center? Yes No

Treatment status: treatment naïve treatment currently on therapy (start date: _____)

Provide previous Hepatitis C drug therapy (if applicable):

<input type="checkbox"/> Drug(s): _____	Dose: _____	Date(s): _____	Side effect/Inadequate response
<input type="checkbox"/> Drug(s): _____	Dose: _____	Date(s): _____	Side effect/Inadequate response
<input type="checkbox"/> Drug(s): _____	Dose: _____	Date(s): _____	Side effect/Inadequate response

Neighborhood Health Plan of Rhode Island
Hepatitis C Prior Authorization Form
Updated July 2018

Page 1 of 2

HCV Outcomes Results: Total

- Retrospective chart review
- Physician evaluated 424 patients April 2014 - August 2019
- 276 initiated DAAs (65%)
- 218 had SVR12 collected (79%)
 - 26 still on treatment or post-treatment follow-up
 - 32 lost to follow-up (SVR 82%)
 - 205/218 achieved SVR12 (**94%**)

Total Treated	276
Female (%)	96 (35)
Mean Age, yrs (min-max)	43 (22-71)
Genotype	
1a (%)	157 (56)
1b (%)	17 (6)
2 (%)	18 (7)
3 (%)	64 (23)
4 (%)	17 (6)
6 (%)	1 (<1)
Mixed (%)	4 (1)
Insurance	
Public (%)	Medicaid 255 (92) Medicare 16 (6)
Private (%)	5 (2)

Comparing DAA Treatment Before and After Lifting DAA Restrictions

Characteristics of patients who initiated DAAs Pre - July 1, 2018 (4 years total)		Characteristics of patients who initiated DAAs Post - July 1, 2018 (1 year total)	
Total Seen ¹	186	Total Seen ²	143
Total Treated (%)	73 (39)	Total Treated (%)	109 (76)
Mean Age (min-max)	54 (29-71)	Mean Age (min-max)	38 (22-65)
Female (%)	19 (26)	Female (%)	43 (39)
Fibrosis Stage F3/F4 (%)	52 (71)	Fibrosis Stage F3/F4 (%)	9 (8)

¹92 Medicaid recipients treated via research studies providing DAAs excluded from analysis.

²2 Medicaid recipients treated via research studies providing DAAs excluded from analysis

92 of these could not access DAAs via Medicaid pre-July 1, 2018

Conclusions

- With removal of DAA restrictions:
 - We can treat a higher proportion of patients
 - Younger patients can access treatment before advanced fibrosis develops
 - We can treat transmitting populations, reducing time with viremia and stemming HCV spread
 - A higher proportion of treated patients are women, possibly reflecting the rising HCV incidence among young women in the U.S.
- Incorporating a pharmacist facilitates DAA treatment in an HCV clinic embedded in a MMP
- The U.S. time-intensive PA process remains a barrier to expanding capacity

- Thank you to all of our patients