High SVR Rates in HCV Infected Patients With Multiple Co-Morbid Medical Conditions Treated With HCV DAAs in Community Practice Using a Specialized Pharmacy Team

Bryan Hamysak, MD, Jena Mann, FNP, Ruben Ramirez, MD, Jae Kim, MD, Richard Guerrero, MD, Timothy Yan Frank, MD, Robert Mitchell, MD, Kim Himyu, FNP-C, Kimberly Christiansen, RN, Carmen Landavera, MD, Nicole Loo, MD, Naim Alkhouri, MD, Jennifer Walls, MD, Fabian Rodas, MD, Eric Lawitz, MD, Lisa D. Pedicone, PhD, Fred Poordad, MD.

1Health Outcomes Centers, Waco, TX; 2Health Outcomes Centers, El Paso, TX; 3Health Outcomes Centers, Corpus Christi, TX; 4Health Outcomes Centers, San Antonio, TX; 5Texas Liver Institute, San Antonio, TX; 6Texas Liver Institute, University of Texas Health, San Antonio, TX; 7R&R Strategies, Inc., Bedminster, NJ.

High SVR rates in HCV infected patients with multiple co-morbid medical conditions treated with HCV DAAS in community practice using a specialized pharmacy team. This IRB-approved, ongoing study captures outcomes on a cohort of 705 patients from community practices across Texas. Patients had chronic hepatitis C and were treated with DAAS regimens selected by the physician. Insurance carrier and prior auth process data were also captured. Results: 86% of prior auth requests to Medicare and Medicaid were accepted upon first request, however, only 84% of requests to private insurance were accepted upon first request and did not require an appeal. This cohort included many patients with complicated medical histories including HCC (4.4%), ISRD (2.5%), liver transplant (2.1%) and seizure disorders (4.5%). Liver staging was done via Fibrotest (71%), Fibroscan (22%), FibroSure (13%) and liver biopsy (10%). Medicaid patients had proportionally more advanced disease (79% F3/F4) and were less likely to be previously treated with DAA therapy (1.6%). The most common co-morbid conditions were hypertension (86%), diabetes (28%), GERD (25%), depression (20%), anxiety (18%) dyslipidemia (16%), renal disease (9%) and COPD (9%). Medicaid patients had the highest rates of dyslipidemia, obesity, renal disease and COPD. Overall, 90% of patients had undetectable virus at week 4, 97% achieved SVR, regardless of health insurance type. All patients with ESRD or with seizure disorders treated with oxcarbazepine achieved SVR as did 88% of patients with prior liver transplant. SVR was also achieved in 86% of patients with a history of HCC.

Conclusion: HCV treatment in the community setting resulted in 97% cure. This cohort includes a wide variety of patients including those on dialysis or post-liver transplant. Partnership with a dedicated and focused pharmacy team resulted in 90% approval of first-time prior auth requests. Knowledge of and management of co-morbid conditions is critical for maximizing overall patient adherence, compliance and outcomes. Close monitoring through a chronic care management model can lead to better overall patient management.

INTRODUCTION: Approved HCV DAAS regimens can cure nearly all patients; however, barriers to care in community practices include patients with a large number of medical co-morbidities, advanced liver damage and insurance approval of DAA regimens. This study assesses medical conditions, liver staging methods, and the drug prior auth process in HCV infected patients managed in community practices partnered with a dedicated pharmacy team with expertise in liver disorders.

METHODS: This IRB-approved, ongoing study captures outcomes on a cohort of 705 patients from community practices across Texas. Patients had chronic hepatitis C and were treated with DAA regimens selected by the physician. Insurance carrier and prior auth process data were also captured. RESULTS: 86% of prior auth requests to Medicare and Medicaid were accepted upon first request, however, only 84% of requests to private insurance were accepted upon first request and did not require an appeal. This cohort included many patients with complicated medical histories including HCC (4.4%), ISRD (2.5%), liver transplant (2.1%) and seizure disorders (4.5%). Liver staging was done via Fibrotest (71%), Fibroscan (22%), FibroSure (13%) and liver biopsy (10%). Medicaid patients had proportionally more advanced disease (79% F3/F4) and were less likely to be previously treated with DAA therapy (1.6%). The most common co-morbid conditions were hypertension (86%), diabetes (28%), GERD (25%), depression (20%), anxiety (18%) dyslipidemia (16%), renal disease (9%) and COPD (9%). Medicaid patients had the highest rates of dyslipidemia, obesity, renal disease and COPD. Overall, 90% of patients had undetectable virus at week 4, 97% achieved SVR, regardless of health insurance type. All patients with ESRD or with seizure disorders treated with oxcarbazepine achieved SVR as did 88% of patients with prior liver transplant. SVR was also achieved in 86% of patients with a history of HCC.

CONCLUSION: HCV treatment in the community setting resulted in 97% cure. This cohort includes a wide variety of patients including those on dialysis or post-liver transplant. Partnership with a dedicated and focused pharmacy team resulted in 90% approval of first-time prior auth requests. Knowledge of and management of co-morbid conditions is critical for maximizing overall patient adherence, compliance and outcomes. Close monitoring through a chronic care management model can lead to better overall patient management.