enrolled on June 30, 2018. Sensitivity analyses around claims-based definitions for identifying AIP revealed 140 patients with ≥2 claims for AIP and 31 AIP patients receiving hemin (Table 1).

CONCLUSION: Results from this national representative healthcare claims database demonstrated the frequency of diagnosed AIP in the United States to be similar to estimations previously published fi

(1024) Figure 1. Gender, Race and Genotype distribution in our patient population. Details will be discussed in poster.

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

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INTRODUCTION: Approved HCV DAA 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: 96% 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%), ESRD (2.7%), liver transplant (2.7%) and seizure disorders (4.5%). Liver staging was done via Fibrotest (74%), Fibroscan (22%), Fibrosure (13%) and liver biopsy (18%). Medicaid patients had proportionately 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 (66%), diabetes (28%), GERD (23%), 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 87% 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 liver 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.

Health Outcomes in Patients With Hepatic Encephalopathy Treated in Community Practice Using a Specialized Pharmacy Team

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INTRODUCTION: The prevalence of cirrhosis is on the rise in the US and predisposes patients to multiple costly complications, including hepatic encephalopathy (HE). Hospital readmissions among patients with decompensated cirrhosis are common and –1/3 are due to recurrent HE. Recom- mended treatment of HE is lactulose however, access to rifaximin is sometimes difficult to access due to formulary restrictions or cost. This study assesses health outcomes, the use a dedicated pharmacy team with expertise in liver disorders.

METHODS: This IRB-approved, observational protocol captures long-term health outcomes and patient management.

RESULTS: The first cohort of 744 patients received rifaximin with (45%) or without (55%) lactulose and were insured through Medicare (39%), private (36%) or Medicaid (24%). In this cohort, 99% of rifaximin prescriptions were accepted with the first prior auth request and the majority of patients started treatment <14 days of prescription submission. DDIs assessment and dosing compliance were reviewed resulting in 94% medication compliance during Month 1. During the first 6 months, 17.4% had HCC, 14% new HCC diagnosis and 9 patients underwent liver transplant. After 6 months, 73% remained on rifaximin; 14% no longer wanted to participate, 8% were lost to follow up and 5% died. Overall medical condition was stable/improved for 98% compared to 6 months prior.

CONCLUSION: Patients with HE who are treated at community sites with a specialized pharmacy team can receive rifaximin in an expedited manner. Continued patient education and communication with the healthcare team can lead to high adherence rates which can minimize ER/urgent care visits and hospitalizations. HCV remains the most common underlying disease in this cohort. In spite of rigorous monitoring, a large % of patients with advanced liver disease die or are lost to follow up. Close monitoring through a chronic care management model can lead to early diagnosis and better outcomes.

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Treatment of Chronic HBV in African American Patients With and Without Co-Infection With HIV

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INTRODUCTION: The prevalence of Hepatitis B virus (HBV) infection in the US is estimated at 2 million and remains a public health challenge. The incidence of HBV is high in African Americans (AA), but most studies on HBV are in Asian population. Majority of patients in our Gastroenterology academic clinics are AA. We aimed to evaluate characteristics and treatment outcomes of chronic HBV in AA patients with or without co-infection with HIV.

METHODS: We identified 149 patients with a visit between 2016-2018. Majority (124/149 = 83%) of patients had one previous visit at least two years prior, such that outcomes of treatment could be evaluated (25 patients excluded). All HIV-HBV co-infected patients were treated with tenofovir containing HART regimens and the majority of mono-infected were also treated with tenofovir.

RESULTS: There were 62 AA and 2 non-AA patients with HIV-co-infection, and 53 AA, 14 Asian, and 18 non-AA/non-African American patients who were treated. Conflicted patients were more likely to be male (50% vs. 54%). The liver relevant data at entry for the 115 AA patients reported in this study is shown in Table 1. Co-infected and Mono-infected had patients who were not subsequently treated. Co-infected and Mono-infected had patients who were on treatment or projected to be treated had greater degrees of elevated HBV DNA, Inflammation, and fibrosis compared to HIV patients who were not subsequently treated. Co-infected and Mono-infected patients were equally likely to be treated. In evaluation of response to treatment, only patients treated for at least 2 years were included (18 patients were excluded). Response to treatment is shown in Table 2. The number of patients with HBV DNA >2000 IU (Hi HBV DNA) and high ALT declined significantly in both treatment groups. Fibrosis defined by APRI and FIB-4 also declined but was only statistically significant in the co-infected patients. When correlating decline with time on therapy, only ALT (P < 0.01) declined in HIV-HBV co-infected patients. ALT, APRI and FIB-4 all declined with time on treatment in mono-infected patients, although only FIB-4 was significant at P < 0.05.

CONCLUSION: AA individuals with HIV, regardless of co-infection with HIV, respond to anti-viral therapy with a decline in HBV DNA, ALT, APRI and FIB-4. Further studies evaluating out- comes as defined by continued assessment of liver by ultrasound, serum based fibrosis specific assays,