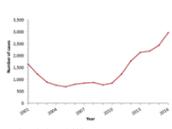


## INTRODUCTION

- Estimated 2.7-3.5 million individuals in the United States living with hepatitis C (HCV) in 2016<sup>1</sup>
- Economic burden of HCV infection is estimated to be \$10 billion annually<sup>2</sup>

ACUTE HCV CASES: USA (2001-2016)\* TOTAL HCV CASE RATES BY COUNTY: OHIO (2017)\*\*



- Of 100 people infected with HCV<sup>2</sup>



### University Hospitals Specialty Pharmacy (UHSP)

- Part of an integrated healthcare delivery network model within University Hospitals Health System (UHHS)
- HCV Patient Management Program
  - Procurement of specialty medications, prior authorizations, refills, foundation and grant support, appeals, patient adherence and monitoring
  - Onsite: pharmacists; patient support advocates; pharmacy technicians
  - Clinic-based ambulatory pharmacists

## OBJECTIVES

- The objective of this study is to describe the impact and success of UHSP in managing patients with hepatitis C and to compare outcomes of patients who have filled hepatitis C medications at external specialty pharmacies or were not dispensed through UHSP.

### PRIMARY OUTCOMES

- Documented sustained virological response (SVR)
- Documented monitoring and adherence throughout therapy

### SECONDARY OUTCOMES

- Prescription turnaround time
- Financial assistance implementation
- Total out-of-pocket treatment cost

## METHODS

### Study Design

- Retrospective chart analysis of University Hospitals Health Systems HCV patients
- Patient captured using the UHHS Ambulatory Electronic Medical Record (AEMR)
- Timeframe: January 1<sup>st</sup> 2018 – June 30<sup>th</sup> 2018

### INCLUSION CRITERIA

- Adult patients (≥18 years old) seen in the UH Hepatology Clinic/Gastroenterology Clinics
- Documented chronic HCV infection present
- Prescription written for HCV treatment with direct-acting antivirals (DAA) and sent to UHSP
- Prescription written between January 1, 2018 and June 30, 2018

### EXCLUSION CRITERIA

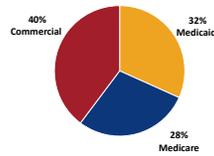
- Patients who never started therapy for HCV at UH
- Patients unwilling to comply with insurance pre-HCV treatment requirements
- Patients who discontinued therapy early due to non-compliance or left UHHS
- Pregnant patients
- Patients <18 years old

## RESULTS

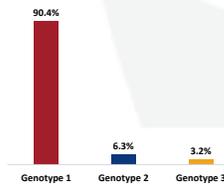
### Study Population (n=147)

BASELINE CHARACTERISTICS	TOTAL (N=147)	UHSP PATIENTS (N=63)	NON-UHSP PATIENTS (N=44)
Age (average, years)	52.7	59	51.3
Female Patients	59 (40.1%)	18 (28.6%)	24 (54.5%)
Male Patients	88 (59.8%)	45 (71.4%)	20 (45.5%)

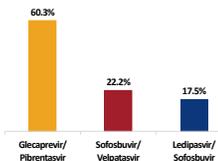
### Insurance Distribution (UHSP Patients [n=63])



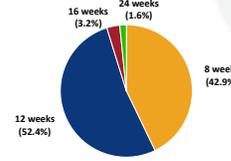
### HCV Genotype Distribution (UHSP Patients [n=63])



### HCV Medications Used (UHSP Patients [n=63])



### HCV Treatment Duration (UHSP Patients [n=63])



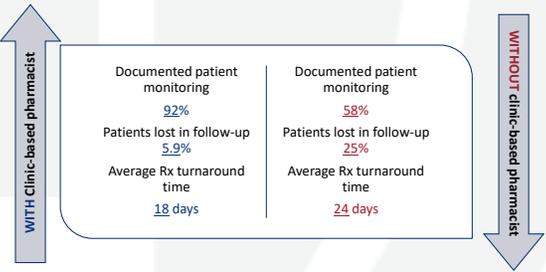
## DISCUSSION AND CONCLUSIONS

### Success of UHSP HCV Patient Management Program

- Documented UHSP SVR12 → 100%
- Documented adherence → Proportion of days covered (PDC) → 91.6%

### Common Barriers to HCV Treatment

- External → social issues; high cost; drug procurement; insurance approval
- Internal → treatment adherence; drug-drug interactions; follow-up appointments and labs; co-morbid conditions; HCV progression



### STRENGTHS

- Access to medical record, insurance information, copy information
- Specialty pharmacy → integrated in the health system
- UHHS patient characteristics reflect general HCV population
- Clinic-based pharmacist managed patients vs. no clinic-based pharmacist

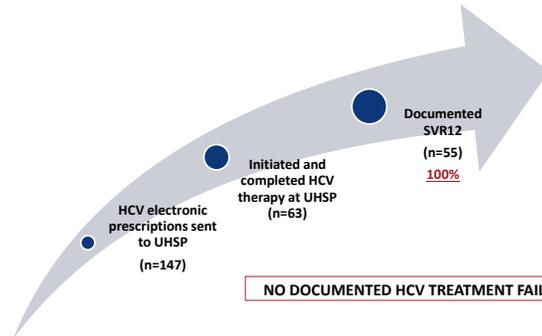
### LIMITATIONS

- Small sample size
- Single-centered study
- Short duration (6 months)
- Retrospective
- PDC measures possession versus administration (global limitation)

## DISCLOSURE AND REFERENCES

The researchers report no potential or actual conflicts of interest relevant to this poster or research.

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NO DOCUMENTED HCV TREATMENT FAILURES

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