

# Hepatitis C Linkage to Care Initiative

Sandra Poon, PharmD, AAHIVP; Jessica Mourani, PharmD; Jennifer Savory, PharmD, AAHIVP, CSP; Noah Schumacher, PharmD Candidate

## PURPOSE/BACKGROUND

- In 2019, the American Association for the Study of Liver Diseases (AASLD) – Infectious Diseases Society of America (ISDA) updated their guideline recommendations advocating for a multidisciplinary team of providers involved in the treatment of Hepatitis C virus (HCV) to increase access to care.<sup>1</sup>
- This reframing of the HCV care continuum has compelled innovative practice models for clinical pharmacists. The current wait time for HCV treatment can take 6-12 weeks or longer from the time of provider referral to a gastroenterology appointment for HCV treatment consideration, resulting in delayed labs and therapy starts.
- Health system specialty pharmacies (HSSP) can bridge this gap by prescribing HCV treatment through collaborative practice agreements (CPAs).

## OBJECTIVES

Evaluate the impact of a HSSP CPA by decreasing the time to the start of treatment for HCV access to care.

## METHODS

### Study Design

This is a single-center, retrospective chart review from January 2021 – December 2021, comparing the average time from referral to treatment start date of patients that did or did not receive pharmacist-prescribed treatment from the HSSP.

### Subjects

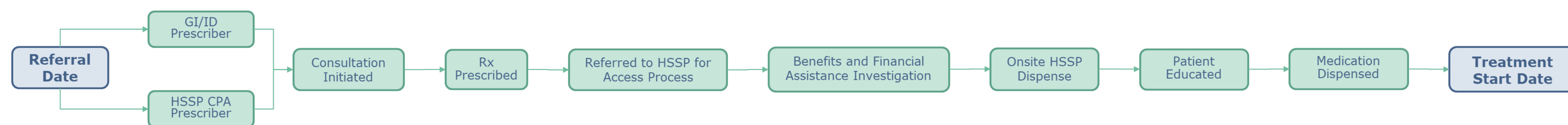
The patients identified have either received HCV treatment through a HSSP CPA or received supportive pharmacist dispensing and monitoring services at the HSSP.

INCLUSION CRITERIA	EXCLUSION CRITERIA
<ul style="list-style-type: none"> <li>Patients identified as adults over 18 years old receiving HCV treatment dispensed through the HSSP, whether prescribed by HSSP CPA provider or non-CPA provider</li> </ul>	<ul style="list-style-type: none"> <li>Patient's only receiving non-dispensing HCV services at the HSSP (prior authorization support, treatment monitoring)</li> <li>Patients where HCV treatment was prescribed by a health system provider and received HCV medication through non-HSSP</li> </ul>

## DATA COLLECTION AND ENDPOINTS

- Arbor®, a proprietary health system specialty pharmacy technology platform, and the electronic healthcare record (EHR) were used by the pharmacist to collect data.
- Endpoints included CPA or non-CPA prescriber status, referral date and treatment start date.

## HEPATITIS C THERAPY ACCESS PROCESS



## RESULTS

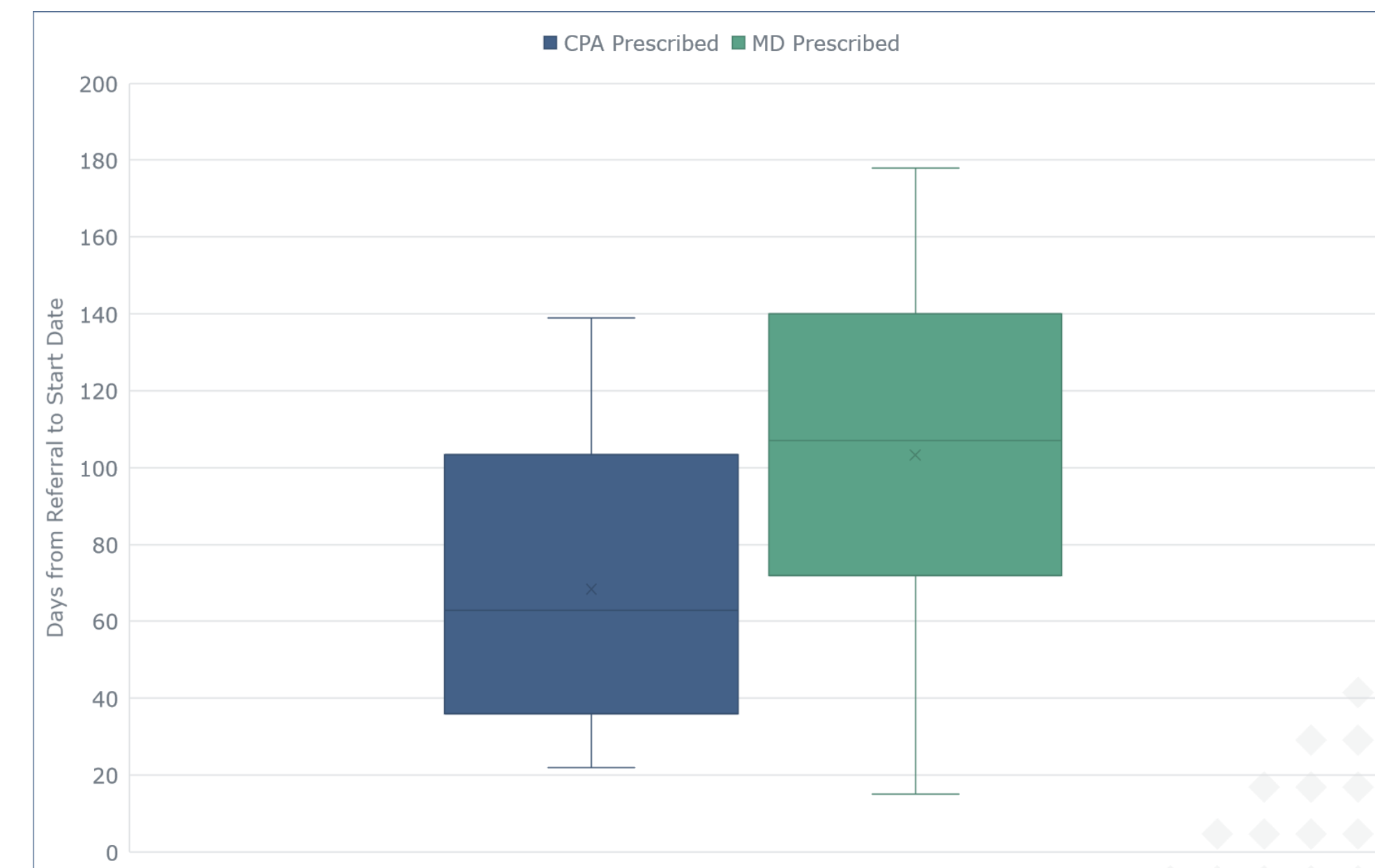
### Sample Characteristics

CHARACTERISTICS	HSSP CPA MEDIAN, N=12	MD PRESCRIBED MEDIAN, N=33
Female gender, n (%)	6 (50%)	15 (45.5%)
Age, median [IQR]	60 [43-73]	57 [28-73]
Race, white	10 (83.3%)	27 (81.8%)
Genotype		
1	8 (66.7%)	20 (60.6%)
2	3 (25%)	8 (24.2%)
3	0	4 (12.1%)
4	0	1 (3%)
5	0	0
6	0	0
Unknown	1 (8.3%)	0
Cirrhosis		
Noncirrhotic	9 (75%)	27 (81.8%)
Compensated Cirrhotic	3 (25%)	6 (18.2%)
Decompensated Cirrhotic	0	0
Insurance		
Government Sponsored	12 (100%)	32 (97%)
Private/Commercial	0	1 (3%)
Treatment		
Glecaprevir/Pibrentasvir	4 (33.3%)	20 (60.6%)
Sofosbuvir/Velpatasvir	8 (66.7%)	13 (39.4%)

- Forty-five patients were identified as receiving HCV treatment services at the specialty pharmacy for assessment.
- A total of 12 patients that received a referral to the HSSP-managed CPA program were assessed and received prescribing, monitoring and dispensing services for HCV medication by our HSSP pharmacists.
- In comparison, 33 patients had their HCV treatment prescribed by an MD and received only monitoring and dispensing services from the HSSP.
- One patient in the Sofosbuvir/Velpatasvir CPA cohort discontinued Glecaprevir/Pibrentasvir after 1 week due to drug intolerance and promptly started and completed treatment with Sofosbuvir/Velpatasvir.

## DISCUSSION AND CONCLUSIONS

### Days from Referral Date to Start Date



- The average number of days from referral date to start date was 68 [22-139] for CPA prescribed patients versus 105 [15-178] days for MD prescribed HCV therapy.
- The referral date to start date decreased by 33% for HCV treatment for HSSP CPA patients versus non-CPA prescribed patients.
- HSSP CPA patients receiving HCV treatment had a referral to start date of more than 35 days faster than non-CPA prescribed patients.
- HSSP CPA's play a pivotal role in decreasing the treatment start times for HCV access to care, closing a current gap in care for HCV patients who would otherwise have to wait longer for treatment.
- A limitation to our evaluation is the small sample size. Larger follow-up studies are needed to evaluate the unique impact HSSP's have on improving treatment access to care for HCV patients.

## REFERENCES

- AASLD-IDSA. Recommendations for testing, managing, and treating hepatitis C. <http://www.hcvguidelines.org> [accessed August 2, 2022].