



# Access to HCV Care for 31,154 Patients in the United States

## Real-world experience from the TRIO Network



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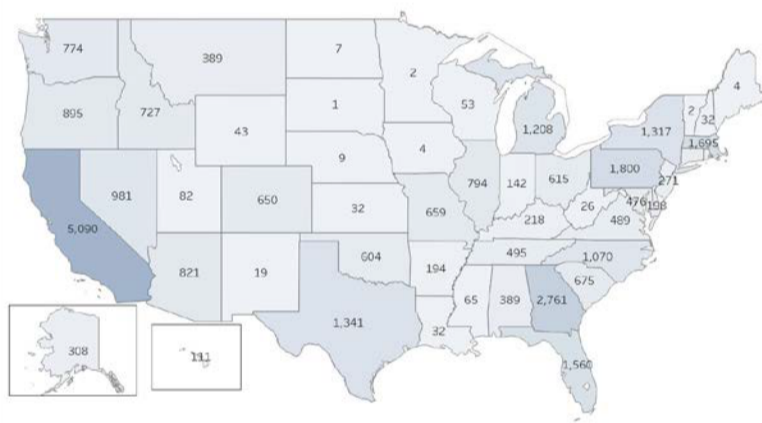
### 1. BACKGROUND AND AIM

Real-world HCV SVR12 rates have exceeded 90% yet access to treatment remains a hurdle (Hepat 2016; 64:405; Gastroent 2015; 148: S1001). The aims of this study are to identify factors limiting treatment access and the affected HCV populations in a national sample and to compare results with our prior published data for 2013–2015 (J Viral Hepat 2016; 23:447).

### 2. METHODS

Data were collected from providers and specialty pharmacies through Trio Health's Innervation Platform, a disease management program. HCV-infected patients (n=31,154) prescribed anti-HCV therapy Oct 2015-Dec 2016 were included. Patients were followed for >=90 days from prescription date with >92% followed for >=120 days. Patients represented 50 states plus DC with intended care predominantly in community practices.

Patient Distribution by State, Oct 2015 to Dec 2016, n=31,154



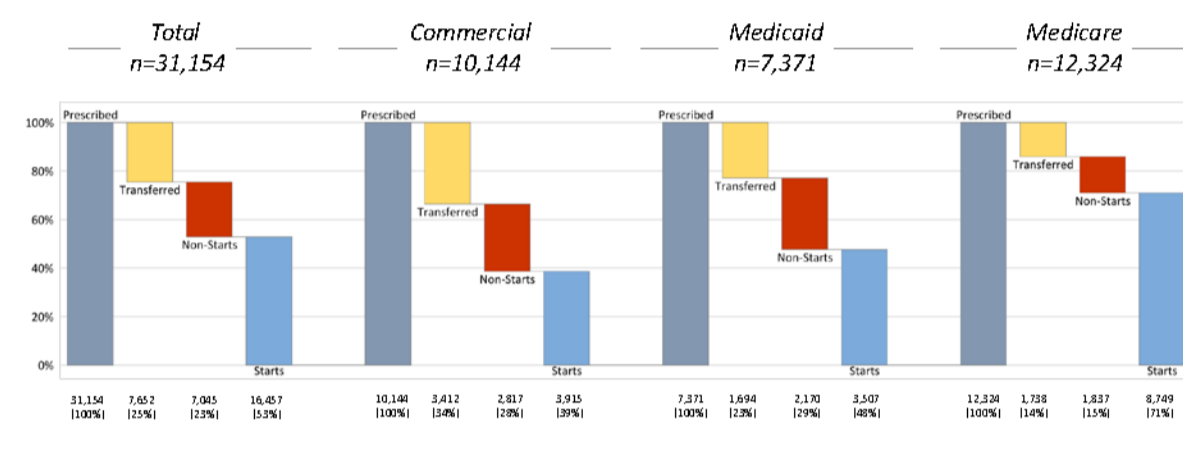
Historical data provided for comparisons were limited to two time windows, Oct 2014 to Sep 2014 (n=3841) and Oct 2014 to Mar 2015 (n=2537). These historical samples differed from this study sample by size, geography, practice type, payer coverage, preferred therapies and disease severity.

Measure	Oct 2013 to Sep 2014 n=3841 <sup>1</sup>	Oct 2014 to Mar 2015 n=2537 <sup>2</sup>	Oct 2015 to Dec 2016 n=31,143
<b>States Represented</b>	19 + DC	34	50 + DC
<b>Practice Type</b>			
Academic	na	1182(47%)	3124(10%)
Community	na	1355(53%)	22483(72%)
Unspecified	na		5542(18%)
<b>Payer Type</b>			
Commercial	2361(61%)	1422(56%)	10144(33%)
Medicaid	373(10%)	330(13%)	7371(24%)
Medicare	696(18%)	662(26%)	12324(40%)
<b>Top 3 Prescribed Regimens</b>			
LDV/SOF +/- RBV		2066(81%)	19912(64%)
SOF/VEL +/- RBV			2994(10%)
DCV + SOF +/- RBV			2331(7%)
PrOD +/- RBV		152(6%)	
SMV + SOF +/- RBV	1809(47%)		
RBV + SOF	1086(28%)	296(12%)	
PEG + RBV + SOF	907(24%)		
<b>Fibrosis</b>			
Cirrhotic	799(21%)	839(33%)	6121(20%)
Non-Cirrhotic	2952(77%)	1425(56%)	17773(57%)
Unknown	90(2%)	273(11%)	7260(23%)
<b>Prior Treatment</b>			
Naïve	2082(54%)	1520(60%)	20444(66%)
Experienced	1738(45%)	924(36%)	8542(27%)
Unknown	21(1%)	93(4%)	2168(7%)

Univariate analyses using chi-square (categorical) or 2-sample independent t-tests (continuous) were used to identify variables associated with start status. For payer type, patients with dual eligibility for Medicaid and Medicare are classified under Medicare.

### 3. PATIENT DISPOSITION BY PAYER TYPE

HCV-infected patients (n=31,154) prescribed anti-HCV therapy Oct 2015-Dec 2016. Total includes 1,315 patients with insurance indicated as Unknown or coverage other than Commercial, Medicaid, or Medicare. Patients with prescriptions transferred to out of network pharmacies are indicated as "Transferred". Start rates in subsequent panels exclude the "Transferred" group.



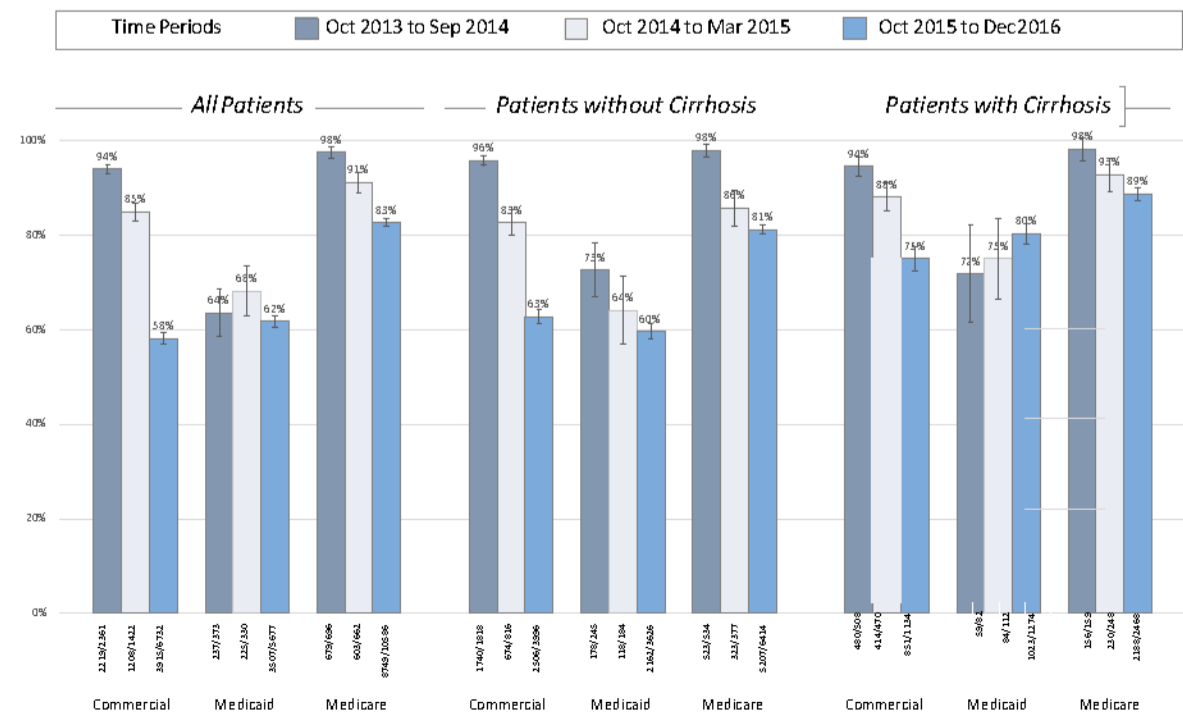
### 4. REASONS FOR FAILURE TO START TREATMENT

HCV-infected patients prescribed anti-HCV therapy Oct 2015-Dec 2016 that did not have prescriptions transferred to an out of network pharmacy before an initial dispense, did not start the intended therapy, and the reason for not starting therapy was provided. Overall, a reason was provided for 56% of patients that failed to start therapy. By payer type the % with a reason was 56%, 58% and 55% for Commercial, Medicaid, and Medicare respectively.

Failure to Start Reason	Commercial	Medicaid	Medicare	Total
<b>Insurance Denied and/or Financial Reasons</b>				
Insurance Denied	1251(79%)	1008(80%)	783(77%)	3115(78%)
Pre-Authorization Requirements Not Met	61(4%)	40(3%)	21(2%)	124(3%)
Patient Could Not Afford Treatment	24(2%)	2(0%)	17(2%)	62(2%)
<b>Patient Choice</b>	216(14%)	187(15%)	168(17%)	592(15%)
Hospitalized - Unrelated to Treatment	5(0%)	11(1%)	4(0%)	20(1%)
<b>Patient Health Reasons</b>	13(1%)	6(0%)	17(2%)	38(1%)
Patient Expired	1(0%)	0(0%)	2(0%)	3(0%)
Patient Went To Transplant	12(1%)	5(0%)	4(0%)	22(1%)
<b>Provider Choice</b>	12(1%)	5(0%)	4(0%)	22(1%)
<b>Total</b>	1583(100%)	1259(100%)	1016(100%)	3976(100%)

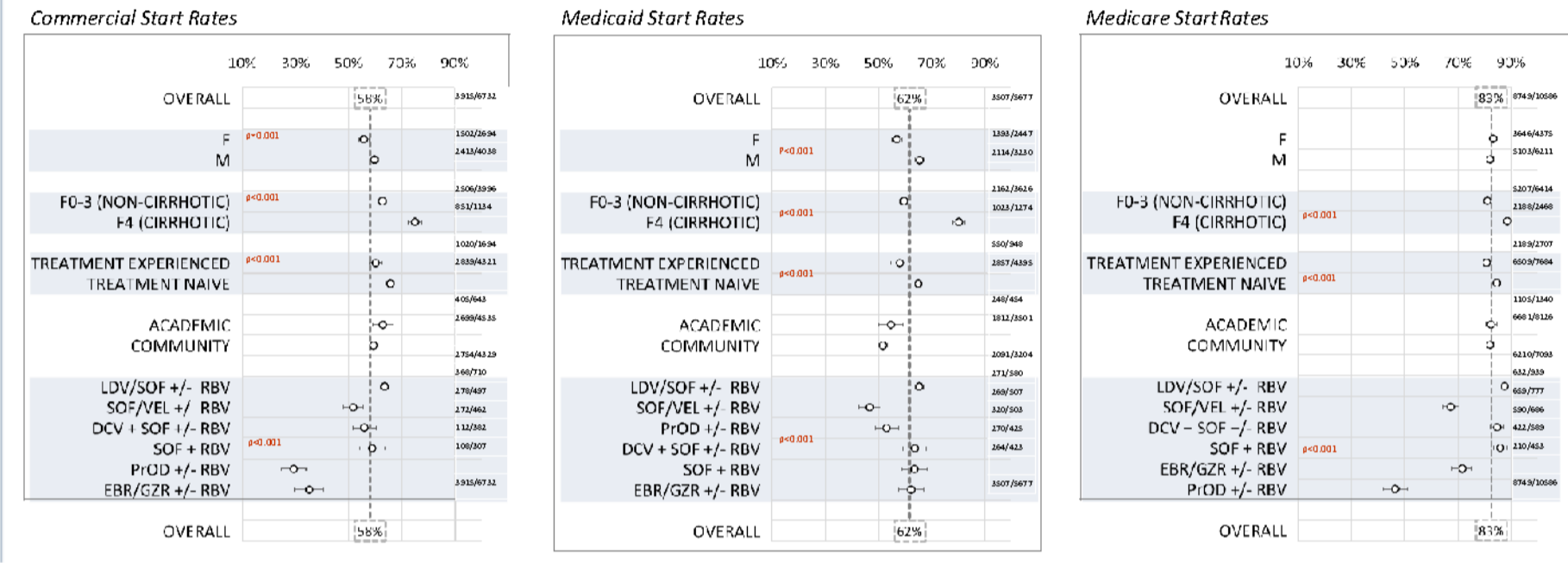
### 5. START RATES COMPARED TO HISTORICAL SAMPLES

Denominators exclude patients that had prescriptions transferred out of network before an initial dispense. The "All Patients" rates include patients without known Fibrosis scores.



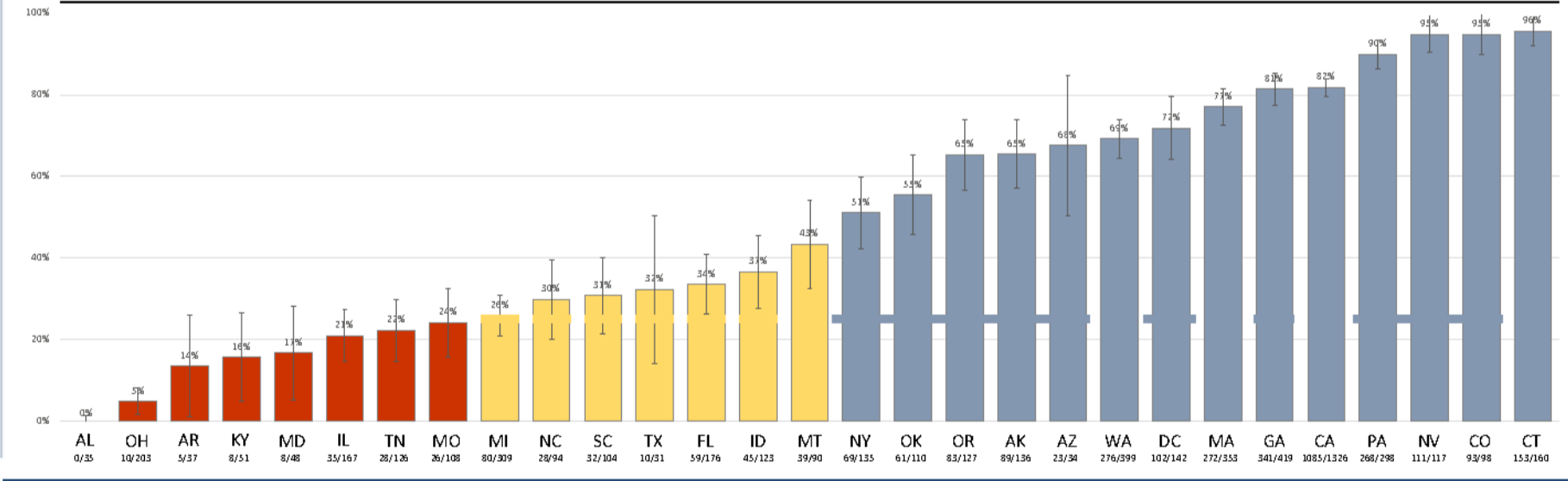
### 6. VARIABLES ASSOCIATED WITH STARTING TREATMENT

HCV-infected patients prescribed anti-HCV therapy Oct 2015-Dec 2016 that did not have prescriptions transferred to an out of network pharmacy before an initial dispense.



### 7. START RATES BY MEDICAID STATE

HCV-infected patients prescribed anti-HCV therapy Oct 2015-Dec 2016 that did not have prescriptions transferred to an out of network pharmacy before an initial dispense. Limited to patients with Medicaid coverage and States with n>30. Red fill = bottom quartile, yellow = 2<sup>nd</sup> quartile.



### 8. SUMMARY

Though failed access to care is not solely insurance driven, insurance denials and restrictions are indicated for >80% of the known reasons for failure to start treatment.

In commercial covered populations, start rates have decreased from 94% in 2014 to under 60% in 2016. Medicare start rates have decreased from 98% to 83% between 2014 to 2016. Medicaid start rates, which may be more influenced by sample composition than other coverage groups given individual State mandated policies, has hovered in the low to upper 60%. By Medicaid State, start rates span the continuum from a few percent (Alabama, Ohio) to approaching 100% (Nevada, Colorado, Connecticut). For all payer types, start rates are higher for patients with cirrhosis and that are treatment naïve.

Since 2014, the Trio HCV populations data have changed in characteristics including shifts in disease severity and available and preferred treatment choices. Regardless, access to highly effective and well tolerated therapies has worsened.

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