


REPORTING ON AASLD 2017
**ADVANCES IN CHRONIC HEPATITIS C:
MANAGEMENT AND TREATMENT**
**COMPREHENSIVE EXPERT REVIEW AND
DISCUSSION OF KEY PRESENTATIONS**




AN INDEPENDENT CME ACTIVITY JOINTLY PROVIDED BY POSTGRADUATE INSTITUTE FOR MEDICINE AND VIRALED, INC.
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ACCESS TO TREATMENT

Nezam Afdhal, MD
Professor of Medicine
Harvard Medical School

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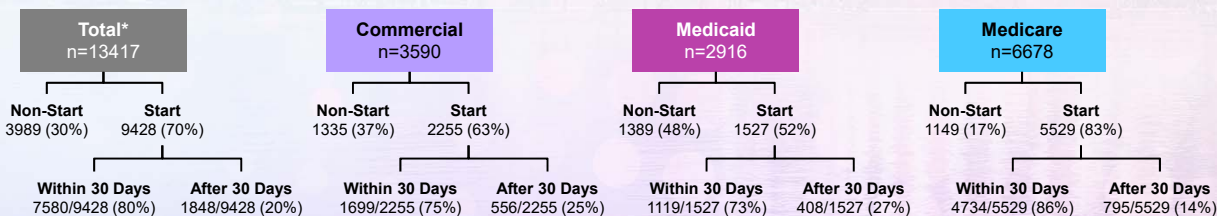
CURE DENIED AND CURE DELAYED IN CHRONIC HEPATITIS C; MONITORING NON-START RATES AND INCREASED TIME TO START USING REAL-WORLD DATA FROM THE TRIO NETWORK

**Zobair M. Younossi, Bruce Bacon, Michael P. Curry,
Douglas T. Dieterich, Steven L. Flamm, Kris V. Kowdley, Scott Milligan,
Naoky C. Tsai, Nezam H. Afdhal**

Abstract 1115

TRIO: PATIENT DISPOSITION

Cure access varied by payer type. Start rates ranged from 52% to 83%. Of the patients who started, 73% to 86% received drug within 30 days of prescription



*Total includes 233 patients that were self-pay, patient assistance or with unknown payer coverage

Younossi Z, et al. 68th AASLD; Washington, DC, October 20-24, 2017; Abst. 1115.

TRIO: FAILURE TO START REASONS

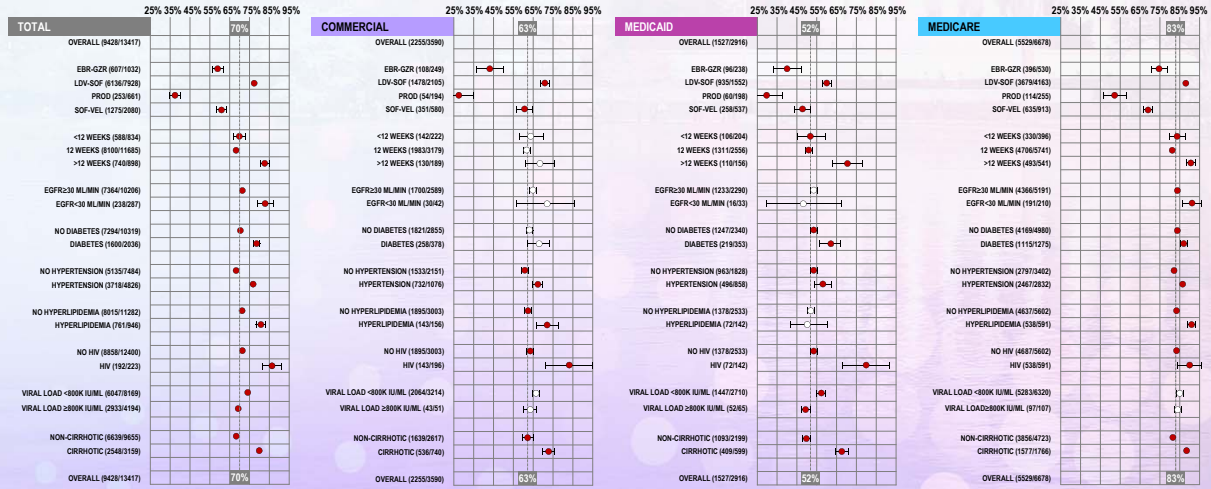
Non-start reasons were specified in 2535/3989 (64%) of patients. Overall, insurance denials and processes accounted for 84% (2125/2535) of non-start reasons

Failure to Start Reason	Total	Commercial	Medicaid	Medicare	
Insurance Denied/Financial Reasons	Insurance Denied	723 (84%)	729 (81%)	591 (83%)	
	Pre-Authorization Requirements Not Met	54 (2%)	13 (2%)	11 (2%)	
	Patient Could Not Afford Treatment	42 (2%)	17 (2%)	13 (2%)	
Patient Choice	323 (13%)	94 (11%)	127 (14%)	85 (12%)	
Patient Health Reasons	Patient Hospitalized Unrelated to Treatment	14 (1%)	4 (0%)	6 (1%)	3 (0%)
	Expired	26 (1%)	9 (1%)	6 (1%)	10 (1%)
	Went to Transplant	4 (0%)	1 (0%)	0 (0%)	2 (0%)
Provider Choice	2 (0%)	0 (0%)	1 (0%)	1 (0%)	
Total	2536 (100%)	861 (100%)	899 (100%)	716 (100%)	

Younossi Z, et al. 68th AASLD; Washington, DC, October 20-24, 2017; Abst. 1115.

TRIO: FACTORS ASSOCIATED WITH FAILURE TO START

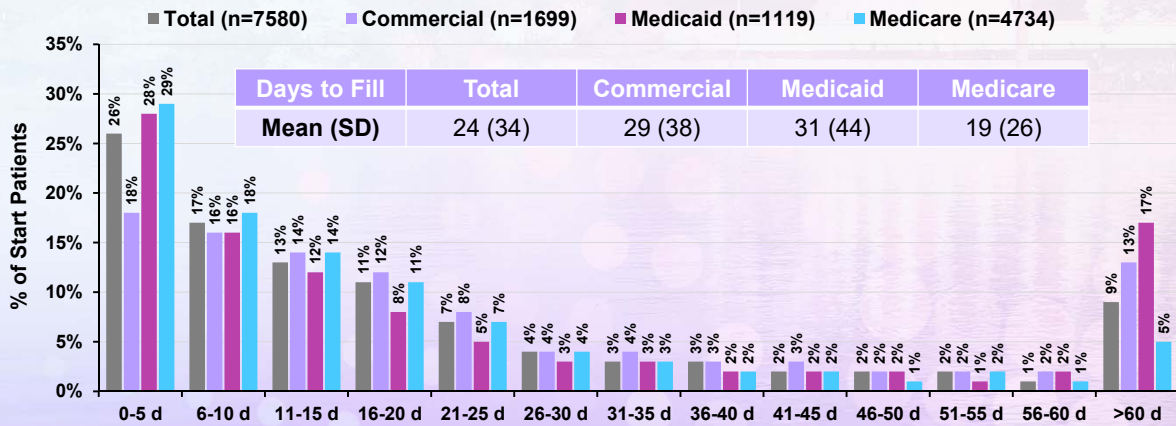
Variables identified through univariate analyses as significantly associated ($p < 0.05$) with START/Non-START for the overall sample are indicated. Variables not significant after stratification by payer type are represented by open circles



Younossi Z, et al. 68th AASLD; Washington, DC, October 20-24, 2017; Abst. 1115.

TRIO: DAYS TO FILL PRESCRIBED ANTI-HCV THERAPIES

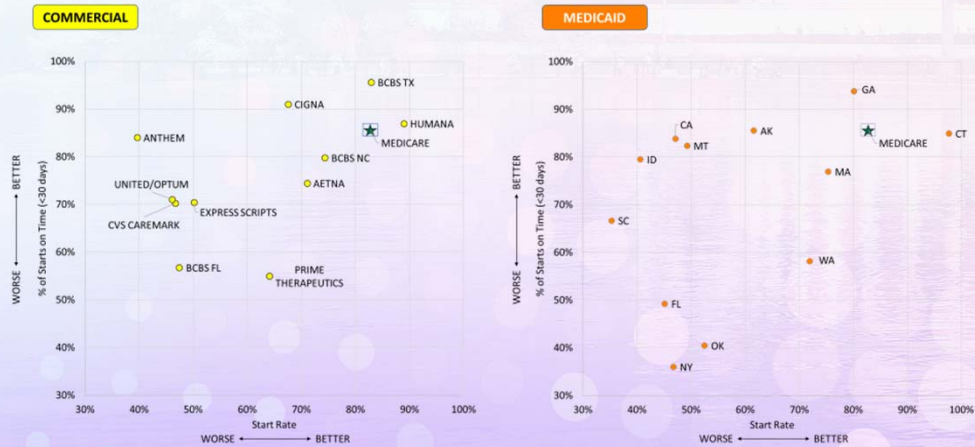
Mean days to fill were highest for Medicaid and Commercial covered patients, driven by a higher percentage of patients waiting >60 days to receive prescribed drugs



Younossi Z, et al. 68th AASLD; Washington, DC, October 20-24, 2017; Abst. 1115.

TRIO: NON-START AND DELAYED START RATES FOR SELECT PAYERS

Scatter of payers by start rates (x-axis) and % of starts occurring <30 days (y-axis) for Commercial payers (left) and State Medicaid (right) compared to Medicare (). Payers limited to those with >30 patients with an initial prescription



Younossi Z, et al. 68th AASLD; Washington, DC; October 20-24, 2017; Abst. 1115.

TRIO: SUMMARY AND CONCLUSIONS

Reasons for non-starts: 84% (2125/2536) insurance denied or PA, 14% (367/2536) patient choice or health reasons

Variables associated with non-starts overall and within each Payer Type:

- Regimen Choice: Lowest start rates with PrOD
- Lack of Hypertension
- Lack of HIV
- Non-cirrhotic disease

Impacted Populations (sum of non-starts and delayed starts) by Payer type

- 53% (1891/3590) of Commercial
- 62% (1797/2916) of Medicaid
- 29% (1944/6678) of Medicare

Payers are predominantly responsible for preventing HCV cure. Populations with less severe disease are mostly affected

Younossi Z, et al. 68th AASLD; Washington, DC; October 20-24, 2017; Abst. 1115.