

EFFECT OF A SINGLE-DAY INVESTIGATION FOR HCV INFECTION ON TREATMENT INITIATION AMONG PWID, BEFORE AND AFTER UNIVERSAL ACCESS TO DIRECT ACTING ANTIVIRALS

Martel-Laferrrière V¹, Brissette S¹, Juteau LC¹, Wartelle-Bladou C¹, Goyer ME¹, Bruneau J¹

¹ Centre de recherche du Centre Hospitalier de l'Université de Montréal

Background: Quebec provincial insurance plan restricted reimbursement of direct acting antivirals to patients with \geq F2 fibrosis or risk factors for liver fibrosis progression (e.g.: HIV, diabetes) until March 2018. Patients not meeting criteria became eligible after that date. This study investigated the impact of the delay imposed by these restrictions on treatment initiation among PWIDs.

Methods: PWIDs (\geq 18 years old, have injected drugs in the last year), not linked to HCV care, were recruited in a prospective evaluation of an accelerated model of care between March 2017 and March 2019. Medical evaluation, rapid HCV viral load (GeneXpert[®], Cepheid) and transient elastography (FibroScan[®], Echosens) were conducted during a single visit, and patients were informed whether they could be treated or had to wait. If eligible, treatment was initiated at the second visit, after reimbursement approval. Patients not yet eligible for treatment were recontacted after March 2018, when treatment became available. Analyses were conducted using chi-square-test to compare treatment initiation proportions according to whether the treatment was delayed.

Results: A total of 91 viremic participants completed the evaluation process. Six patients are still awaiting prior authorization. Overall, 53/85 (62.4%) initiated treatment during the study period. Of the 58 patients enrolled before March 2018, 25/28 (89.3%) eligible for immediate treatment initiated treatment. Of the 30 not eligible seen before March 2018, 11/30 (36.7%; $p < 0.001$) initiated treatment after the restrictions were lifted, 10/30 were reached but not treated (33.3%) and 9 were lost to follow up. Among 26 patients recruited after March 2018, 18/26 (69.2%) would not have been eligible if recruited before reimbursement criteria changes and 17/26 (65.4%) initiated treatment.

Conclusion: A single day investigation model of care was associated with 62% uptake of HCV treatment among disengaged PWID. Delaying treatment because of restrictions significantly decreased the proportion of PWID who initiated treatment.

Disclosure of Interest Statement: This study was funded by Gilead. Cepheid lent the GeneXpert machine. VML is funded by Chercheur-boursier clinicien Junior 1 – FRQ-S.