

## **“I’VE NO MONEY, I’M ABOUT TO BE EVICTED”: CHARACTERISTICS OF CLIENTS AND UTILITY OF RECEIVING FINANCIAL SUPPORT FOR DIRECT ACTING ANTIVIRAL THERAPY PRESCRIPTIONS**

**Authors:** Lothian R<sup>1</sup>, Gilliver R<sup>1</sup>, Silins E<sup>1,2</sup>, Cooke T<sup>4</sup>, Manning J<sup>4</sup>, [Read P](#)<sup>1,3</sup>

<sup>1</sup>Kirketon Road Centre, South Eastern Sydney Local Health District, Sydney

<sup>2</sup>NDARC, UNSW Australia, Sydney

<sup>3</sup>Kirby Institute, UNSW Australia, Sydney

<sup>4</sup>Blakes Pharmacy, Potts Point, Sydney

**Background:** Costs for medications may be a barrier for marginalised clients accessing or completing direct acting antiviral (DAA) therapy. The Kirketon Road Centre (KRC) provides DAA therapy through nurse-led individualised treatment support. If the Australian Medicare medication copayment (AU\$6-7 per month) is assessed as a barrier to DAA access it may be paid directly by KRC to a local community pharmacy. We investigated the characteristics of clients and utility of receiving copayment support.

**Methods:** Database records of clients initiating DAA therapy between 2016 and 2019 were examined. We compared the characteristics of those who had received copayment support with those who had not in relation to gender, age, Aboriginality, homelessness, injecting drug use (IDU) and current opioid agonist therapy (OAT).

**Results:** Those commencing HCV treatment were largely from potentially disadvantaged populations (recent IDU 76%, homelessness 50%, Aboriginal and/or Torres Strait Islander 24%). In total, 378 treatment episodes were initiated and of these, 60% (n=225) had copayments supported by KRC. The characteristics associated with receiving copayment support were homelessness (OR 7.57; 95%CI 4.65-12.34 p<0.0001), recent IDU (OR 6.17 95%CI 3.62-10.51 p<0.0001), current OAT (OR 3.14 95%CI 1.97-4.97 p<0.0001) and Aboriginality (OR 2.45 95%CI 1.45-4.15 p<0.001). The overall proportion of clients receiving support did not significantly change over time (53% 2016 to 65% 2019, p=0.11), however the proportion homeless increased from 36% in 2016 to 59% in 2019 (p<0.05). Treatment completion did not vary by copayment subsidy (70% in each group). The cost of supporting copayments over 4 years totaled AU\$3949.

**Conclusion:** The overall cost of supporting copayments compares favorably with the avoided healthcare costs from successful HCV treatment of approximately AU\$1555 per person per year, and therefore, such support, or indeed removal of the copayment fee for HCV treatment may be a cost effective strategy as we aim for HCV elimination.

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