

Initiations of new DAA treatment for chronic HCV in Western Australia: a review of the first year

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Background

- On 1 March 2016, new direct acting antiviral (DAA) oral regimens were listed on the Pharmaceutical Benefits Scheme (PBS) for the treatment of chronic hepatitis C infection (HCV).
- General practitioners (GPs) and other clinicians experienced in the treatment of HCV became eligible to prescribe PBS-funded DAA treatments for chronic HCV independently, without consulting an infectious diseases physician, hepatologist or gastroenterologist.

Aim

- To describe the number of WA residents who initiated DAA treatment for HCV from the baseline period (March-September 2016) to the current period (October 2016-March 2017) by patient demographics, treatment regimen, dispensing and prescriber characteristics.

Methods

- The Department of Health, WA (DoH) received a de-identified extract of PBS data on the number of prescriptions for HCV treatment supplied to WA residents from 1 March 2016 to 31 March 2017.
- The data were extracted by selected drugs used for treating HCV or by selected PBS item codes or indications, where necessary. The indication was identified from the Authority Code or Streamlined Authority Code, where available.
- The data were analysed using the following PBS variables: confidentialised patient identification number, patient date of birth, patient sex, patient postcode, patient category, pharmacy type, confidentialised prescriber ID, prescriber derived major speciality, date of prescribing, date of supply, PBS item code, drug name, program code, streamlined authority code and authority code. Data on the patient's Aboriginal and Torres Strait Islander status were not made available.

Acknowledgements

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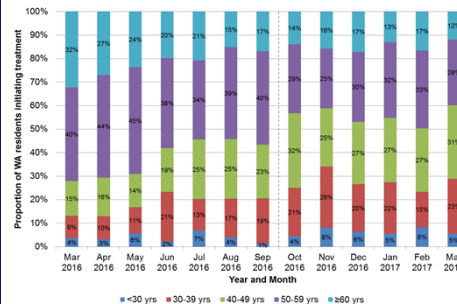
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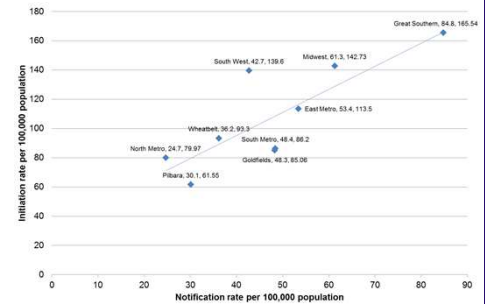
Results

- From March 2016 to March 2017, a total of 2,872 residents, representing 14% of residents living with chronic HCV in WA, initiated a DAA treatment for chronic HCV.

1 Proportion of WA residents initiating DAA treatment by age group and month, March 2016 to March 2017



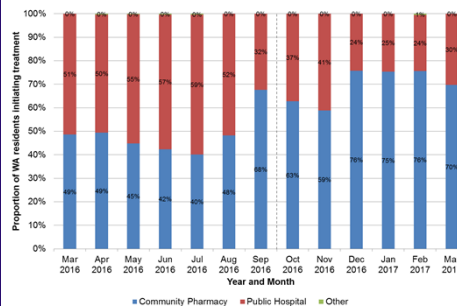
2 Rate of WA residents initiating DAA treatment by rate of HCV notifications and health region of residence, October 2016 to March 2017



- The proportion of residents aged <50 years increased from 37% in the baseline period (March-September 2016) to 56% in the current period (October 2016-March 2017)

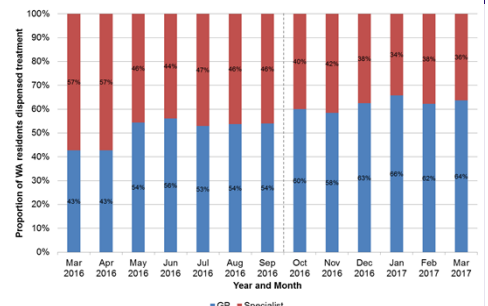
- High regional initiation rates were associated with historically high regional HCV notification rates (baseline period: $r=0.78$, $n=10$, $p=0.005$; current period: $r=0.81$, $n=10$, $p=0.005$)

3 Proportion of WA residents initiating DAA treatment by pharmacy type and month, March 2016 to March 2017



- There was an increase in the proportion of WA residents who were dispensed DAA treatment through the PBS General Schedule ('Section 85') (49% to 71%) and from community pharmacies (48% to 69%)

4 Proportion of WA residents initiating DAA treatment by prescriber type and month, March 2016 to March 2017



- While approximately equal proportions of residents in the baseline period were prescribed DAA treatment by a GP or a specialist (51% and 49% respectively), the majority of residents in the current period were prescribed treatment by a GP (62%)

5 Number and proportion of prescribers of DAA treatment by prescriber type, March 2016 to September 2016 and October 2016 to March 2017

Prescriber type	Mar 16 - Sep 16		Oct 16 - Mar 17	
	Number	% Total	Number	% Total
GP	132	65.7%	282	79.9%
Specialist	69	34.3%	71	20.1%
Total	201	100.0%	353	100.0%

- There was a 76% increase in the number of unique prescribers for DAA treatment in WA.
- The majority of these were GPs (80%) and the proportion who were specialists decreased (34% to 20%).

Conclusions

- Access to treatment has emerged as a key public health strategy following recent advances in HCV treatments. This has led to improvements in treatment rates in WA, which is important to improving health outcomes and preventing BBV transmission.
- These data indicate that public health strategies to improve awareness and access to treatment are having an impact on the WA community, but need to be amplified to increase and maintain treatment uptake rates.