

REMOVING PRESCRIBER RESTRICTIONS FOR OPIOID AGONIST THERAPY CAN FACILITATE DIRECT-ACTING ANTIVIRALS SCALE-UP IN PEOPLE WITH OPIOID USE DISORDERS: RESULTS FROM THE ANRS FANTASIO PROJECT

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Background:

In France, universal access to direct-acting antivirals (DAA) for chronic hepatitis C (CHC) has been implemented since 2016, but certain subpopulations remain difficult to reach, in particular people with opioid use disorders (PWOUD). We investigated whether retention in opioid agonist therapy (OAT, i.e., buprenorphine and methadone), could influence access to DAA in PWOUD with CHC.

Methods:

The ANRS FANTASIO project is based on exhaustive anonymous data from the French national healthcare reimbursement database. We selected 22,615 untreated individuals with CHC and at least one OAT delivery between 2012 and 2016, as a proxy of PWOUD. The study period was comprised between "baseline" (i.e. 2014 for individuals CHC-diagnosed before this date, or the year of diagnosis for the others) and first DAA delivery or censure (2016). Cox proportional hazards models were used to estimate the association between the percentage of time on OAT (pOAT) - a proxy of retention- and DAA initiation, after adjustment for baseline characteristics (sex, age, cirrhosis, liver cancer, complementary universal health coverage, and alcohol use disorder). Similarly, we tested the percentage of time on buprenorphine (pBUP) and methadone (pMET).

Results:

During the study period, 3,438 (15.2%) individuals initiated DAA. Average (SD) pOAT was 14.6%(23.3), 6.0%(11.3) for pBUP, and 8.6%(22.3) for pMET. After adjustment, pOAT was associated with an increased likelihood of DAA initiation (adjusted HR[95%CI]: 1.02[1.01-1.04] for a 10%-increase, p=0.001). In particular, pBUP was significantly associated with DAA initiation (1.08[1.04-1.11], p<0.001), while the association between pMET and DAA initiation was close to significance (1.01 [1.00-1.03], p=0.059).

Conclusions:

Retention in OAT is associated with an increase in access to DAA among PWOUD with CHC. This is the case especially for buprenorphine, which can be initiated and is more prescribed in primary care. Facilitating entry into care for opioid dependence could thus facilitate DAA scale-up in opioid users.

Disclosure of Interest Statement:

Benjamin Rolland declares financial relationships with Abbvie, Gilead, MSD, Indivior, Camurus, Recordati, and Ethypharm.