June 3rd, 2015; 5:30pm – 7pm

MEETING HIGHLIGHTS

Meeting Date: Wednesday, June 3, 2015; 5:30pm – 7pm
Meeting Location: Philadelphia Department of Public Health, 500 S. Broad St
Organizations in Attendance: AbbVie, Bristol-Meyers Squibb, Drexel School of Medicine, Drexel School of Public Health, Gilead, Health Federation of Philadelphia, Hep B Foundation/Hep B United, Janssen, Partnership Clinic, Philadelphia Department of Behavioral Health/Office of Addiction Services, Philadelphia Department of Public Health, Philadelphia Health Corps, Presbyterian Medical Center, Prevention Point Philadelphia, SWOP, Temple University, University of the Sciences/HepTREC

WELCOME & INTRODUCTIONS

28 people attended our June meeting, representing over 16 organizations!

Remember to check out: www.phillyhepatitis.com
Philadelphia’s Online Hepatitis Resource!

POLICY UPDATE: HEP C TREATMENT ACCESS

For a great background summary on how drugs are selected for state formularies and how advocates can play a role in improving access to hep C medications, check out this webinar sponsored by the International Antiviral Society – USA (IAS-USA):

Pricing of Drugs and Formulary Placement: Making Sense of Hepatitis C:
https://www.iasusa.org/content/pricing-of-drugs-and-formulary-placement-webinar-2015

Stacey Trooskin had promising news to report from the PA Pharmacy and Therapeutics (P&T) Committee Meeting, held on May 20th in Mechanicsburg, PA. At this meeting, the P&T committee was scheduled 1) to decide which of the newest hepatitis C medications would be put on the state formulary for fee-for-service Medicaid and 2) discuss recommendations to the prior authorization process for obtaining patient approval for hep C drugs, which has been very restrictive in PA.

For more background on how PA’s access to hep C meds compared to other states, check out this report from Harvard’s Center for Health Law and Policy Innovation:

Examining Hepatitis C Treatment Access: A Review of Select State Medicaid Fee-for-Service and Managed Care Programs:

These are the major outcomes from the P&T Committee Meeting:

1.) Preferred Treatment. Prior to the meeting the State requested that Magellan (Magellan negotiates drug pricing for a multi-state consortium, which includes PA) solicit updated

The next HepCAP meeting will be held on Wednesday, August 5th from 5:30pm-7pm at PDPH (500 S. Broad St)
bids from both Abbvie and Gilead. Abbvie negotiated a better deal. After a public
discussion regarding pros and cons of the treatment options, the Committee opted to go
with Viekira as the preferred regimen, with the hope that the lower cost would translate
to improved access (although no one would openly discuss the cost savings and
projected number of individuals who could be treated as a result). The State made a
verbal commitment to allow equal access to Sovaldi for Genotypes 2 and 3 and access
to Harvoni for Genotype 1 patients with contraindications to Viekira. Several members
of the committee acknowledged discomfort with choosing a medication that may be
more challenging for patients as the preferred regimen just based on cost and they
added a proviso to the vote to revisit the drug class in 6 months after again soliciting
new bids from pharma via Magellan.

2.) **Treatment Criteria.** The P&T Committee voted to amend treatment criteria to open up
access to patients with a F0 Metavir score for people co-infected with HIV, HBV and
extrahepatic manifestations. For everyone else they rolled restrictions back to F2.
Disease severity can now be established by physical exam, imaging or any non-invasive
markers. Perhaps the best news of the day was that they completely **eliminated the sobriety requirement**. The Committee will leave the draft changes open for comment
for one month before the new Medicaid treatment criteria go into effect – we expect this
will be by the end of July.

While these are great strides forward for Pennsylvania, the P&T Committee decision will, for the immediate future, only affect Fee for Service Medicaid. Fee-for-Service only makes up about
10% of the Medicaid pie here in PA; most Medicaid patients receive coverage through Managed Care Organizations (MCOs). We anticipate that each Medicaid MCO will negotiate their own pricing directly with the pharmaceutical companies and come up with their own preferred drug. HepCAP hopes that all the MCOs will use the new treatment criteria set by Fee-for-Service Medicaid as the new. Fee-for-Service has some say in this matter (they have to approve all of the Medicaid MCOs restriction criteria), so Stacey was hopeful that PA will continue to see
movement in the right direction.

**PARTNER UPDATE: HEP C TESTING AT PREVENTION POINT**

For the last year, Jeff Roberson and Jennie Coleman have served as Philly Health Corps
volunteers at Prevention Point Philadelphia. Check out some of their blog posts about their experiences:

- Jennie on Hep C: [http://www.nationalhealthcorps.org/philadelphia/blog/what-hepatitis-c](http://www.nationalhealthcorps.org/philadelphia/blog/what-hepatitis-c)

As they wrap up their service, HepCAP invited Jeff and Jennie to give an overview of hep C screening activities at PPP; they also presented several cases of hep C positive clients they’ve
worked with - which generated a great discussion among the group. Their slides are included in
the Meeting Highlights. Thanks for your service, Jeff and Jennie!
STORM CITY COUNCIL

HepCAP put out a last call for members to come to City Hall on Thurs, June 4th for a briefing hosted by HepCAP, Hep B United and Councilman David Oh’s Office. Thanks to PDPH staffer Ginny Robison for taking pics and videos!

- Videos: https://www.youtube.com/channel/UCsXyFXncl7oFBBFhn0WxFBA/videos

There was also a story in the Inquirer about this event the next day!


Thanks to Dr. Brian Work for sharing his observations with a passionate presentation, to Jeff Roberson for transforming into O’Liver, and all the HepCAP and Hep B United partners who turned out to make this event our third successful visit to City Hall!!

UPDATES & ANNOUNCEMENTS

On May 1st, the Viral Hepatitis Prevention Coordinators for Philadelphia (Alex Shirreffs) and Pennsylvania (formerly Sameh Boktor, now Charlie Howsare) hosted a Leadership Summit on Hepatitis C Policy. PA was one of three states selected by CDC to host a summit, along with Florida and Massachusetts; this event was sponsored by the CDC Foundation. You can find the agenda, slides and other summit materials are available on the HepCAP website:

- http://www.hepcap.org/pa-hepatitis-summit/

Upcoming HepCAP Meetings! HepCAP meetings are held on the first Wednesday of every other months at 5:30pm at 500 S. Broad Street):

- 2015 Meetings: Aug 5th, Oct 7th, Dec 2nd

Please contact Alex Shirreffs at 215-685-6462 or alexandra.shirreffs@phila.gov if you have edits to these notes or feedback about HepCAP.
PREVENTION POINT
PHILADELPHIA

JENNIE COLEMAN, B.A.
JEFF ROBERSON, B.A.

Hepatitis C Testing and Linkage Program
Population Demographics

- Prevention Point is a public health organization serving:
  - Uninsured/Underinsured
  - Homeless
  - Sex workers
  - People who inject drugs (PWID)

- 2013-2014: Provided services to ~4,400 unique individuals

- 70% male, 30% female

- 40% Caucasian, 30% Black/African American, 20% Latino

- Common age range: 23-50

- Of the insured: ~100% Medicaid-eligible

- HCV prevalence: 30% of young users

- Upwards of 90 HIV positive individuals
HCV Program

- Rapid, bundled, opt-out model HIV/HCV rapid testing through:
  - All in building Streetside Health Clinics and wound care clinics
  - All mobile syringe exchange program (SEP) locations
  - In building SEP services and drop-in center

- HCV confirmatory RNA testing Tuesday, Thursday, and Friday

- Upon positive confirmatory result, referral to treatment provider based on insurance status, co-infection status, and whether or not the individual has a PCP

- Case management begins with initial rapid HCV test and continues through sustained viral response (SVR)
For those without PCPs, the initial goal is to establish a stable, high quality primary care setting.

When the PCP (or specialist, if already connected to primary care) is comfortable, treatment will be discussed:

- PCP to address issues such as diabetes, hypertension, asthma, etc. with priority
- Can take six months before considering start of treatment
- Will assess HCV genotype and liver state to determine most appropriate treatment
HCV Linkage

July 1, 2014~April 15, 2015

5 patients on medication, 2 suppressed viral load, 4 on second prior authorization, 17 in ultrasound or FibroScan process/addressing other conditions, 15 attempting negative UDS, 6 in detox, 3 incarcerated, 1 changed cities

737 people tested for HCV Ab

206 people tested POSITIVE for HCV Ab

168 people received on-site HCV confirmatory (RNA) testing

36 people received positive off-site HCV confirmatory (RNA) testing at a provider

84 people tested RNA POSITIVE (+)

84 people tested RNA NEGATIVE (-)

6 of those 36 attended a first medical appt

44 people kept medical appts

50 patients in care- last 12 months
PPP HCV Treatment Cascade

Prevention Point Philadelphia HCV Treatment Cascade

- Reactive HCV Tests: 206
- Confirmatory Test: 168
- Chronic Infection: 84
- Kept First Appointment: 44
- Actively taking medication: 5
- Sustained Viral Response: 2

Number of Individuals
Program Outcomes

On site confirmatory as a method of engaging in care:

- Before on-site confirmatories began in January 2014, individuals went to partner clinics. Of individuals that opted for this route, only 15% kept their appointments, compared to the 50% that kept their appointments after an on-site confirmatory.

- On-site confirmatory also:
  - allows case manager to start a relationship with a client and have a hands-on approach in client’s linkage
  - creates a safe space for the client to access other services to reduce barriers to treatment
Barriers to Treatment

- Medicaid’s requirements:
  - Clean Urine Drug Screen (UDS)
    - Marijuana as an exclusionary drug
    - Extra steps needed to document legal methadone/suboxone/prescription opiate painkiller use
  - Abdominal ultrasound
  - FibroScan (for certain HMOs)
    - Only two in Philadelphia, both of which are owned by private facilities
  - Psychiatric evaluation
    - Lack of psychiatric care in North Philadelphia
      - “Significant” Axis I mood disorder diagnosis or past documented suicidal intent needed to contraindicate interferon

- Dearth of physicians willing and able to treat PWIDs
Barriers to Treatment

- **“Wait and see” model of treatment**
  - Medicaid plans will rarely approve interferon-free medication without a Metavir score of F2-F4, indicating fibrosis and/or cirrhosis

- **Cost of treatment**
  - Range from $84,000-$120,000, depending on the medication

- **Poor patient understanding of new treatments**
  - Fear of interferon keeps people from being tested regularly/becoming engaged in care

- **Access to varied treatments**
  - Magellan Medicaid states (including PA) are considering making the Viekira Pak (AbbVie Pharmaceuticals) the preferred treatment option; it is unclear how/if other options can be pursued if the Viekira Pak is contraindicated
34-year old white male; no insurance; no PCP; IDU; mental and physical disabilities

- Self-report HCV positive with cirrhosis; history of bipolar d/o, PTSD, and seizures-10/2014
- PDPH-PPP Confirmatory- 12/2014
  - Viral Load: 12/2014-7505259
- Client presents with seizures, chronic abscesses, mental health issues, and broken fingers- 1/2015
  - Client’s insured in Maryland; ID from Florida
- Client declines HCV treatment due to active injection drug use. Not willing to see a PCP/switch insurance
- Client in and out of emergency room- 01/2015-05/2015
- Client presents with severe body burns and abscesses (mental health and seizures still present and untreated)- 05/2015
- Current/ongoing interventions: management of chronic wounds, switching insurance to PA, continuing connection with case managers for drop-in issues, handling larger access issues before continuing pursuing HCV treatment
43-year old Hispanic male; bi-lingual; Medicaid, no PCP

- Previous suboxone client ~2009-09/2012
- PPP reactive rapid- 02/2015
- PDPH-PPP Confirmatory- 02/2015
  - Viral Load: 02/2015-1308665
- Initial appointment- 03/2015
- FibroScan- 03/2015
- Relapse-03/2015
- Enter PPP shelter- 04/2015
- Hospitalized- 05/2015
- Transitioned to Recovery House- 05/2015
- Connected back to PCP/HCV treatment- 06/2015
51-year old white female; Medicaid with PCP; Suboxone

- First reactive rapid- 2005
- Worsened anxiety with each test
- PDPH-PPP Confirmatory- 10/2014
  - Not detected
- HBV Screening-12/2014
- Actively engaged in cancer and women’s health care- 12/2014
39-year old Hispanic male; monolingual Spanish; Medicaid with PCP

- First reactive rapid - 2008
- PDPH-PPP Confirmatory - 09/2014
- Initial appointment - 10/2014
- FibroSure: F2-F4, Genotype 3A
- Begin 12 week Harvoni & Ribavirin - 03/2015
  - 1 Harvoni per day; 3 ribavirin in AM, 2 ribavirin in PM

Viral Loads
- 09/2014 - 7,301,543
- Initial appointment - 6,296,363
- Two week treatment - 51
- One month treatment - <15
- Two month treatment - Not detected
- End of treatment - Not detected

- Complete treatment - 05/28/2015

- Intervening events: Housing, Public Benefits, Identification Documents, Drug and Alcohol Treatment, Adherence Counseling

- To date: 2,600 minutes spent
Upcoming Year

- Expand testing to conduct 700 rapid HCV tests (up from 500 in 2014), likely resulting in ~210 reactive results
- Increase capacity to offer confirmatory testing daily
- Actively case manage/engage at least 125 individuals in care
  - Strengths-based assessment and linkage
  - Psychosocial, prevention, and adherence counseling
  - Direct patient escorts
  - Advocate for interferon-free treatments
- Collaborate with community partners to advocate for decreased restrictions on access to interferon-free treatments
- Changes to Medicaid requirements