

BARRIERS TO HEPATITIS C TREATMENT ACCESS ACROSS THE UNITED STATES: PERSPECTIVES OF PUBLIC HEALTH OFFICIALS AND ADVOCATES

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Background:

Direct acting antivirals (DAA) for hepatitis C (HCV) are curative and likely to influence the epidemic. High drug prices, however, have limited treatment uptake, and some payers have instituted controversial treatment eligibility criteria. We aimed to learn how state health agencies have responded to the challenges of HCV treatment access.

Methods:

We conducted 18 semi-structured telephone interviews with health officials and advocates in six states and at non-governmental organizations, selected using purposive sampling. Interview transcripts were analyzed using content analysis to identify dominant themes and contrasts. We also reviewed publicly available treatment eligibility criteria and national clinical guidelines in order to triangulate findings.

Results:

While the most important barrier to HCV treatment access was cost, payers have not experienced the high demand that was initially feared. While limited drug pricing transparency constrained informed policymaking, these confidential negotiations enables lower prices. Moved by federal guidance, legal pressure, and anticipated price reduction, some states' fee-for-service Medicaid programs have relaxed treatment restrictions but Medicaid managed care plans and private insurance plans have not completely followed suit. Some respondents reported a committed state political environment that encouraged treatment access, while others described a disinterest from their state governments and insufficient federal resources. Rural areas lacked access to specialty providers, and all respondents described stigma surrounding HCV and substance use. HCV/HIV co-infected patients had more coverage options than HCV mono-infected patients due to less stringent HCV treatment eligibility criteria and financial support from AIDS Drug Assistance Programs.

Conclusions:

The expectation of future price reduction is helping to alleviate the challenge of high cost HCV treatment. Political disinterest, stigma, and a dearth of specialty providers are continued barriers in some jurisdictions. Treatment eligibility criteria, while still prevalent, are expected to improve. Existing infrastructure for HCV/HIV co-infected patients has helped facilitate treatment access for this population.

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