Disparities in Hepatitis C Treatment Uptake Among U.S. Medicaid Enrollees in 2018: Analysis of national administrative data

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Background:
Tracking hepatitis C (HCV) elimination requires measuring direct acting antiviral (DAA) treatment uptake. The U.S. Medicaid program provides healthcare coverage for low-income individuals, including many people with HCV. We examined factors associated with receipt of DAA in the 6-months following a new HCV diagnosis.

Methods:
We used data from the newly available 2017-8 T-MSIS Analytic File, which includes Medicaid claims from 50 states, Washington DC, and Puerto Rico. We identified individuals aged 18-64 with a new diagnosis of HCV in 2018, who were continuously enrolled for 12 months before and 6 months after the new HCV diagnosis. HCV diagnosis was identified by ICD-10 code. We calculated the proportion receiving a DAA prescription within 6 months of diagnosis and used logistic regression to examine demographic factors and ICD-10-identified co-morbidities associated with treatment uptake.

Results:
Among 79,567 individuals meeting inclusion criteria, mean age was 45y, 51% were male, 56% white, 16% black, and 11% Hispanic. 58% had an injection drug use diagnosis, and 9% had a cirrhosis diagnosis. 9,497 (12%) received DAA treatment within 6 months of new HCV diagnosis. In multivariate regression, age in years (OR 1.09, $p<0.0001$), male sex (OR 1.37, $p<0.0001$), and cirrhosis (OR 2.14, $p<0.0001$) were associated with increased treatment uptake. Black race (OR 0.9, $p=0.001$, ref=White) and Hispanic ethnicity (OR 0.89, $p=0.002$, ref=White), injection drug use (OR 0.79, $p<0.0001$), alcohol use disorder (OR 0.7, $p<0.0001$), HIV (OR 0.74, $p<0.0001$), and having a mental health diagnosis (OR 0.68, $p<0.0001$) were associated with decreased treatment uptake.

Conclusion:
In this initial analysis of HCV treatment uptake among a national cohort of Medicaid enrollees, we found disparities in treatment uptake based on demographic factors, injection drug use, and other co-morbidities. Further work will examine geographic and policy differences in treatment patterns, and changes over time.

Disclosure of Interest Statement:
This work was funded by the National Institute on Drug Abuse (K01 DA048172 to SNK and P30 DA040500) and the National Institute of Diabetes, Digestive and Kidney Diseases (R01 DK123205 to

MS and R01 DK123205-02S1 to CG). The contents of this publication are solely the responsibility of the authors and do not necessarily represent the views of the funding agencies or the US government. Dr. Kapadia has received research grants paid to his institution from Gilead Sciences Inc, unrelated to the current study. All other authors report no potential conflicts of interest.