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Managing the HCV Drug Spend: Lessons Learned

by Marie Rosenthal

ORLANDO, FLA.—When the new antivirals to treat hepatitis C virus (HCV) infection hit the market in 2014, they radically changed the environment for specialty pharmacy.

Although the drugs promised a cure, they came with a hefty price tag; and unlike orphan drugs, which are only used for a handful of patients, the new HCV medications were going to be prescribed to millions of individuals. As a result, stakeholders were seeing 700% cost increases for HCV treatment.

"In terms of the cost for the regimen and the size of the potential population, this was unprecedented," said Mary Dorholt, PharmD, Express Scripts' senior director and clinical practice lead, specialty, in St. Louis. "We needed to look at the potential impact and do things a little differently," she explained during a session on HCV therapy at the Academy of Managed Care Pharmacy's recent AMCP 2015 Nexus Meeting.

The new HCV regimens also required special management to help control the drug spend and ensure that patients received treatment, according to April M. Kunze, PharmD, the director of formulary development and pipeline at Prime Therapeutics based in Eagan, Minn., who also spoke during the AMCP session. "This was a challenge to manage," she said.

Both Drs. Dorholt and Kunze discussed how their pharmacy benefits managers (PBM) companies handled the "HCV crisis" during their presentations.

"When we looked at the challenges around managing the costs associated with these drugs, we first went back to who do you treat," Dr. Dorholt said.

Manufacturers were comparing the cost of HCV treatment with a new antiviral and the cost of a liver transplant (an estimated $100,000 versus $300,000), but most HCV patients do not require a liver transplant. In fact, of every 100 patients with HCV, 85 will develop a chronic infection, 17 of those will develop cirrhosis and only

four will go on to cancer, transplant and death, according to the Centers for Disease Control and Prevention (CDC).

"The question becomes: Who are those four people and how long will it take them to get there?" Dr. Dorholt asked. "We don't really know."

The first guidance by the American Association for the Study of Liver Diseases (AASLD) suggested that the most serious patients with high degrees of fibrosis (Metavir scores of F3 or F4) should be treated first. Some organizations, including Express Scripts, decided that patients required preauthorization for treatment, and only those with Metavir scores of F3 or higher would receive authorization. The AASLD clarified its intention, stating that the sickest patients should be prioritized, but they did not mean the guideline to be a proxy for denial of care. Both PBMs decided to look at the marketplace and develop a strategy that would enable them to provide the most cost-effective care to the most patients—those with lower Metavir scores, they said.

Express Scripts' Approach

Express Scripts developed a three-pronged strategy called the Hepatitis C Cure Value Program. First, they selected a preferred agent, AbbVie's Viekira Pak (ombitasvir-paritaprevir-ritonavir tablets plus dasabuvir tablets), which enabled them to negotiate for good pricing, Dr. Dorholt explained. They in turn expanded preauthorization requirements so more patients with lower Metavir scores could be treated, and plan sponsors could still achieve a net savings, which was the second part of the strategy. For the third step, they mandated that patients use Express Scripts' Accredo Specialty Pharmacy.

"These are expensive medications. Plan sponsors and patients need to get the most out of the drugs that they are taking," Dr. Dorholt said. "We knew we could be very successful in managing these patients and their adherence to a treatment regimen if they came to Accredo."

Accredo leveraged pharmacists and nurses who primarily cared for HCV patients with proactive counseling, outreach to ensure that patients understood their regimen and other programs to make sure patients were adherent, Dr. Dorholt explained. The PBM had more than 4,000 HCV patients use the program, and these patients were more adherent to therapy than those who did not use the Accredo pharmacy. This resulted in significantly lower prescription costs for the most common type of HCV.

Prime Therapeutics' Approach

Prime Therapeutics went through a similar exercise, Dr. Kunze said, but they decided to offer both Harvoni (ledipasvir and sofosbuvir, Gilead) and Viekira Pak, and to enable those with scores of F2 and higher to be treated. Offering both choices "allowed more conversations between the patient and provider in the selection of the drug, instead of Prime dictating that move," Dr. Kunze said.

To facilitate savings, utilization management was crucial, she said. Prime's members are managed through Prime Specialty Pharmacy and its Hepatitis C Best in Care drug management program. Prime showed their data reflecting a significant difference in utilization across their commercial book of business with metavir 2 and above management compared to treating all members with a hepatitis C diagnosis. The decrease in utilization equates to a substantial decrease in drug spend while following AASLD guidelines by treating the sickest patients first. In addition, Prime shared retrospective adherence data from Prime Specialty Pharmacy, Prime was able to demonstrate that more than 16% of patients were more likely to continue their Sovaldi (Gilead) regimen if they use Prime Specialty Pharmacy she said.

At first Prime Therapeutics saw an increase in use. "In 2014, when Sovaldi hit, we saw a 760% trend in HCV use over 2013," she said. "This was huge—$3.27 per member per month spend by the end of 2014."

However, as individuals are treated and cured, they are beginning to see not only some leveling off, but also some decreases. "In 2016, we are anticipating a decline in trend of 20% to 40% compared to 2015," she said. Both pharmacists expect continued competition with new drug approvals, as well as shorter regimens, which may help drive HCV treatment costs down.

The biggest unknown however, is the Baby Boomers. The CDC has recommended that all Baby Boomers be tested for HCV, but that recommendation is not being followed. There could be a large patient pool out there that could affect costs.