OBJECTIVES: Recent advances in treatment for chronic hepatitis C (CHC) virus infection have shortened duration of treatment and increased the likelihood of treatment success. To understand what unmet needs remain with available CHC treatments, patient interviews explored what it is like to live with CHC infection and undergo CHC treatment. A subset of interviews also evaluated the content validity and comprehension of patient-reported outcome (PRO) questionnaires for use in CHC clinical trials. METHODS: Sixty-five patients with clinician-confirmed diagnosis of CHC infection provided informed consent and completed interviews in Germany (n=15), France (n=15), the USA (n=16), and Canada (n=19). Targeted sampling enrolled a demographically and clinically diverse sample. Content validity and feasibility debriefing (CD) interviews using a ‘think aloud’ protocol to evaluate content validity and comprehension of the Fatigue Severity Scale (FSS, n=34), Work Productivity and Activity Impairment questionnaire for Hepatitis C (WPAI:Hepatitis C, n=7) and the SKINDEX-16 (n=12). Verbatim transcripts were translated to English and analyzed using thematic analysis. RESULTS: Treatment-related symptoms cause a significant burden for patients during treatment with tiredness (60.0%), sleep problems (57.5%), fatigue (50.0%), depression (45.0%), and weight change (37.5%). In the most commonly reported symptoms mentioned in CE interviews, n=40 patients with CHC treatment experience, treatment-related symptoms led to discontinuation or lack of adherence in 25% and 9%, respectively. CD interviews confirmed that the questionnaires were relevant, understandable and easy to complete. Patients suggested minor wording changes that may make these questionnaires easier to complete. CONCLUSIONS: Treatment-related symptoms cause a significant burden for CHC patients and affect their adherence to treatment. The FSS, WPAI:Hepatitis C, and SKINDEX-16 are valid tools for PRO assessment in CHC clinical trials.

IN2 CLINICAL CHARACTERISTICS AND TREATMENT DURATION AMONG PATIENTS WITH CHRONIC HEPATITIS C VIRUS (HCV) INFECTION INITIATING DIRECT-ACTING ANTIVIRAL THERAPY IN A LARGE COMMERCIAL INSURANCE DATABASE IN THE UNITED STATES

Ronald A. Taplin1,2, Peter Fischer3, Lisa A. Nanto-Smith1,2, Melissa C. Morgan2, Sarah R. Johnson4, Andrew A. Blaufox4, Jennifer M. Sweet5, Jill Perry6, Carlos O. Martinez7, Steven M. Mannix7, Melody A. Nemeroff7, Adam R. Mendel4, Cheryl C. Fischbein4, Sarah R. Petty4, Jeffery R. Hyler6, William D. Hanania4, Mary G. Ohanian3,4, and David A. Archer4

OBJECTIVES: To describe patient characteristics and treatment duration among patients initiating telaprevir (T) or boceprevir (B) combination treatments with pegylated interferon and ribavirin (T/PR, B/PR) using administrative claims data. METHODS: Patients initiating T/PR or B/PR treatment with CHC infection and no HIV diagnosis were selected. A 6-month period 01/2001-09/2011 were analyzed. Adult patients ≥18 diagnosed with chronic hepatitis C virus (HCV) infection and stratify the economic burden by disease severity. METHODS: Health insurance claims from 60 self-insured US companies and disability data for employees in 29 of these companies covering a total of 25,410 employees (2010) with disability coverage (25%) and non-HCV related co-morbidities. HCV patients incurred significantly greater direct and indirect costs relative to non-HCV patients (PPY direct costs: $16,721 vs. $6,063, cost difference [95% CI] = $10,503 [9,683-11,361], P<0.001; PPF indirect costs: $3,310 vs. $1,723, cost difference [95% CI] = $1,593 [1,248-1,949], P<0.001). The direct incremental cost burden associated with HCV increased with disease severity (incremental direct cost [95% CI]: non-cirrhotic = $15,110 [14,022-16,208], compensated cirrhosis = $5,364 [4,317-6,411], and cirrhotic = $11,361 [10,305-12,417], P<0.001). ELSL = $22.466 [20.182-24,729], P<0.001 for all comparisons versus matched non-HCV controls in each sub-category). Among the subset of employees with disability coverage, the incremental indirect cost burden associated with HCV increased with disease severity. The direct and indirect cost burden associated with significant direct health care and indirect work-loss costs burden. The magnitude of the cost burden increased with disease severity.

Podium Session II: Medication Adherence Studies

MA1 IMPACT OF A VALUE-BASED COPAYMENT WAIVER BENEFIT ON MEDICATION ADHERENCE AND SPENDING

Gibson TE1,2,3, Maclean R4, Carle G, Moore B5, Ehrlach ID6, Bajic G7

1Thureau Health Analytics, Ann Arbor, MI, USA, 2Bristol-Myers Squibb Company, New York, NY, USA, 3Bristol-Myers Squibb, New York, NY, USA

OBJECTIVES: Most copayment waiver (value-based benefit design) programs have been applied at the individual level. In this study we evaluate the impact of family-based copayment waiver at a large employer. METHODS: Employees with diabetes in eligible health and all of their family members (regardless of health status) were automatically enrolled in a copayment waiver ($0 copay) benefit beginning January 2011 for diabetes, cardiovascular, and lipid lowering medications, screenings, and related medical services. The study included 708 enrollees who were propensity score matched to a comparison group (total n=1416) within nine similar companies without these benefits. An enrollee-propensity score was automatically enrolled in a copayment waiver ($0 copay) benefit. RESULTS: Of the 71 million admissions examined over the study period, 5,350,991 were admissions for HCV-infected adults. More HCV-related admissions were covered by Medicaid and Medicare in the private insurance. In 2002, total HCV-related charges were $993M for admissions covered by Medicare, $708M for Medicaid, and $579M for private insurance (costs adjusted to 2010 values). Between 2002 and 2010, total HCV-related charges increased more than 10-fold (77%) and private insurance (16%). HCV-related admissions covered by Medicare, Medicaid and private insurance increased commensurately by 84%, 77% and 16%, respectively. CONCLUSIONS: Use of inpatient care for HCV-infected patients has increased rapidly. Increases in the number of HCV patients who seek care, as well as possible increases in the intensity of care and/or escalation in healthcare charges has resulted in nearly doubling HCV-related charges from 2002-2010.