PATTERNS OF ANTIVIRAL THERAPY USE AMONG CHRONIC HEPATITIS C PATIENTS ENROLLED IN MEDICAID

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OBJECTIVES: To describe medication use patterns among patients with chronic Hepatitis C virus (HCV) infection in a Medicaid population. METHODS: Florida Medicaid claims from January 2000 through December 2004 were analyzed for persons with a diagnosis of HCV infection (ICD-9 codes: 70.50 or 70.54). The date of the first pharmacy claim for ribavirin, interferon, peg-interferon, or peg-interferon plus ribavirin served as the index date. To be included in the analysis, patients had to be enrolled for 3 months prior to the index date and *Y12 months after the index date. Patients with enrollment gaps exceeding 3 months (cumulative) were excluded. Treatment patterns assessed included: duration of treatment, number of refills, and treatment persistence. Duration of treatment was defined as days (date of the last claim minus the index date) plus days’ supply of the last claim. Treatment was considered discontinued if the number of uncovered days (based on last claim date and days’ supply) exceeded 34. Treatment persistency was defined as days from the index date to the first event of treatment discontinuation in the treatment duration. A Kaplan-Meier plot provided the probability of remaining persistence with drug over time.

RESULTS: Of 10,016 patients with HCV diagnosis, 1,127 antiviral therapy users met study inclusion criteria. The majority of patients (90.9%) was treated with combination therapy and had multiple interferon claims during the study period. Mean duration of treatment was 7.1 (±4.33) months. 25.7% of patients received therapy (>3 months; 25.9%, 3–6 months; 27.2%, 7–12 months; and 21.1%, >12 months. Mean number of refills was 6.2 (±4.07). Median time to discontinuation was 203 days (6.8 months). CONCLUSION: Of patients beginning antiviral therapy for chronic hepatitis C discontinued treatment within 24 weeks. Although some patients likely discontinued therapy because of non-response or HCV genotype, additional research to identify reasons for treatment discontinuation is warranted.