

PHARMACY BENEFIT MANAGER AND HEALTH PLAN PARTNERSHIP TO IMPROVE HEPATITIS B VIRUS OUTCOMES: IMPACT OF INTERVENTIONS FOR NONADHERENT MEMBERS

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Background

- Hepatitis B Virus (HBV) disease management is of major importance and has been identified as a public health priority.

It is estimated between 700,000 and 1.4 million persons in the US have chronic hepatitis B virus infection.¹

700,000

1.4 Million

- 20–30% of adults worldwide who are chronically infected will develop cirrhosis and/or liver cancer.²
- Poor medication adherence is associated with an increased risk of virological failure and disease progression.^{3,4,5}

Purpose

Determine if outreach to prescribers and members can improve the following: 1) medication adherence to HBV antiviral medications, as measured by a change in Proportion of Days Covered (PDC); and 2) HBV viral load, for members identified as potentially nonadherent to HBV antiviral medications (PDC \leq 0.90).

Methods

Sample: Health plan members with a diagnosis of HBV identified as nonadherent with their HBV medications, as evidenced by exhibiting \leq 0.90 PDC in the 12 months preceding study initiation (6/1/2013-5/31/2014) (n=78).

Design: IRB exempt longitudinal cohort analysis

Intervention: Members were called to discuss reasons for nonadherence. Prescribers of nonadherent members were mailed initially in June 2014 and then if their patients remained nonadherent, mailed again in December 2014.

Data: PDC outcomes were obtained at 6 months (December 2014) and 12 months (June 2015). HBV DNA levels were obtained at the beginning of the study (June 2014) and at study completion (July 2015).

Table 1. HBV Medications

Baraclude

Epivir Hbv

Hepsera

Intron-A

Pegasys

Pegasys Proclick

Tyzeka

Viread

Methods (continued)

Figure 1. Timeline



Results

Figure 2. Mean PDC

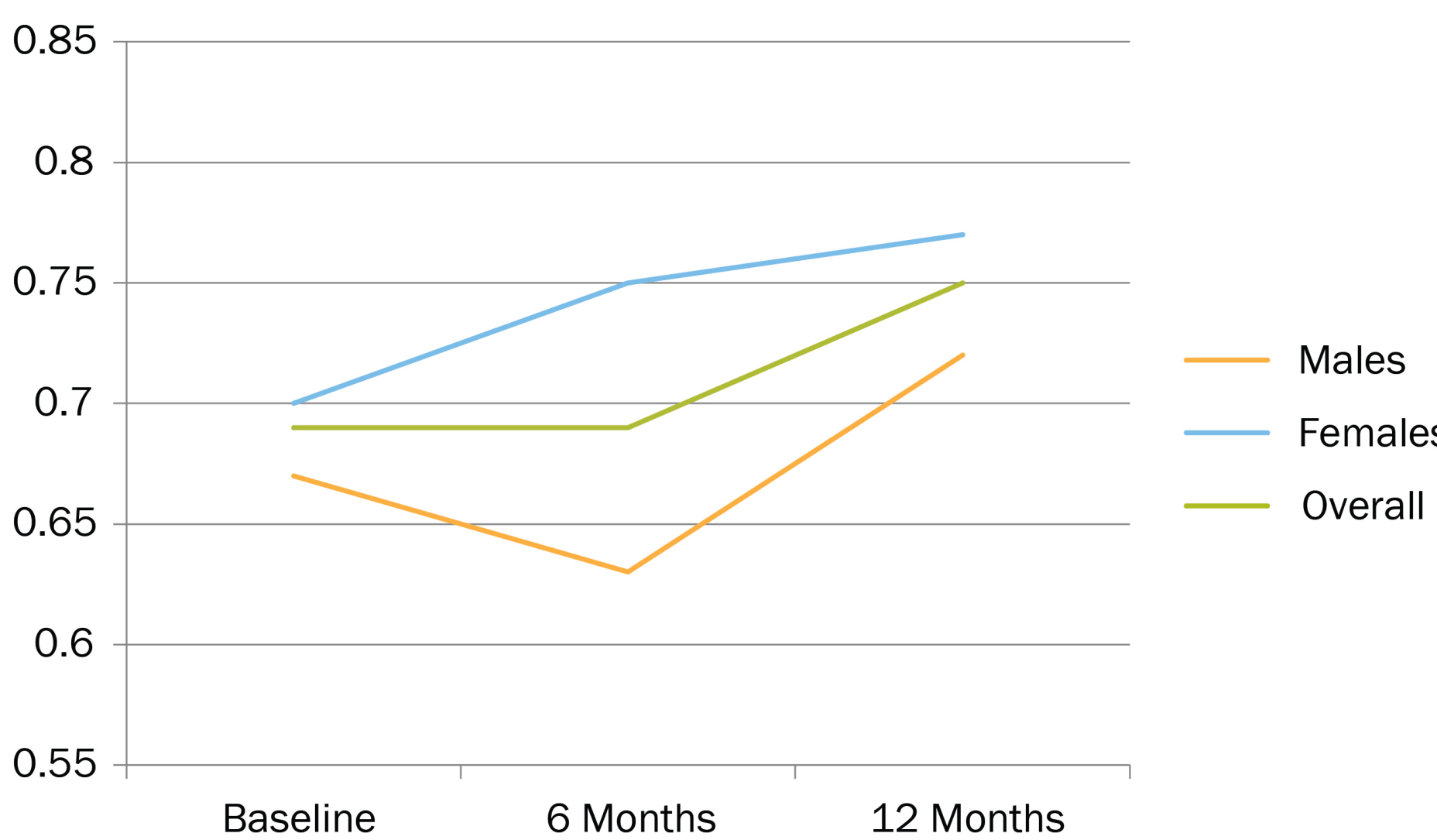


Figure 3. Number Adherent (PDC>0.90)

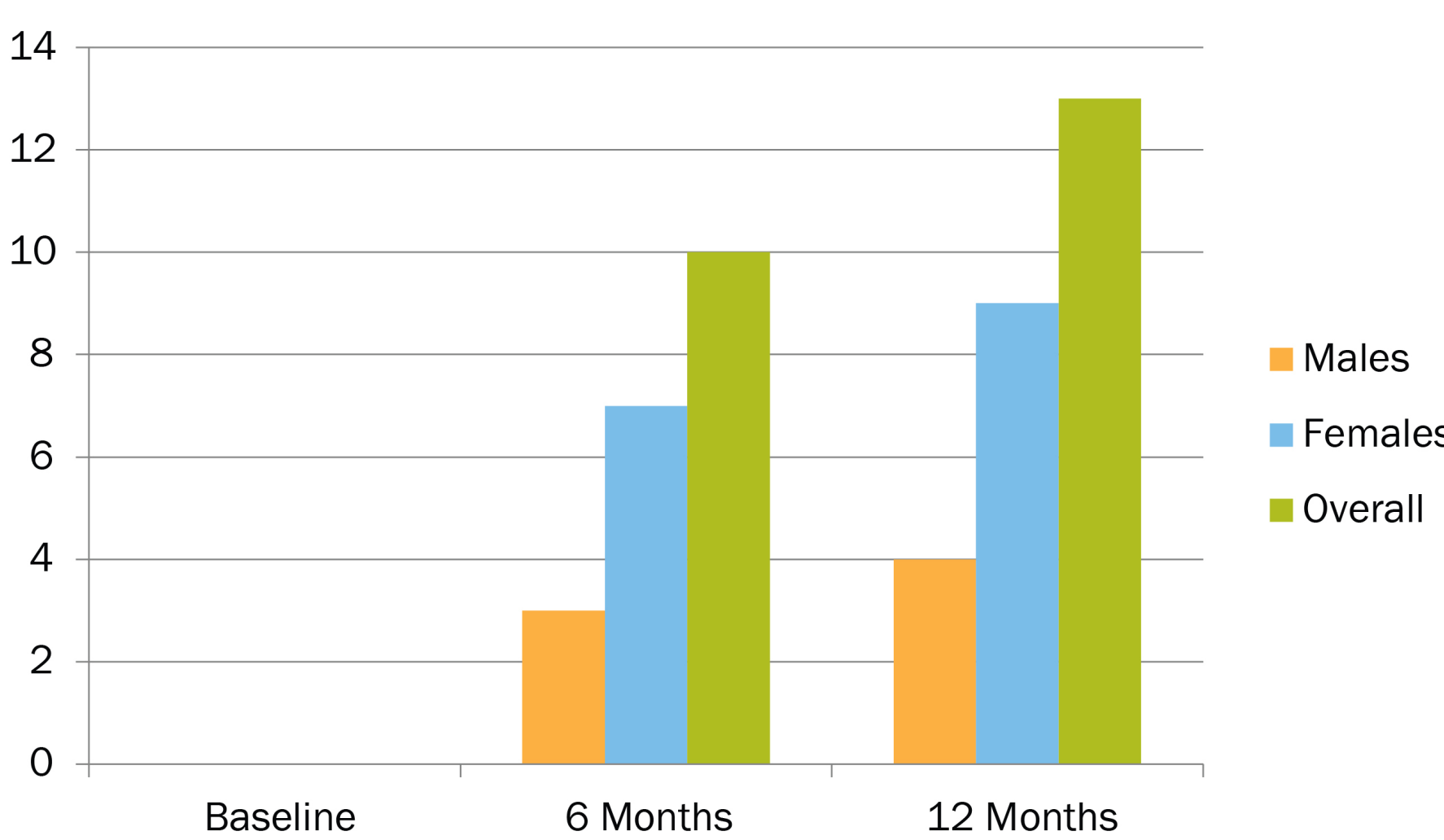
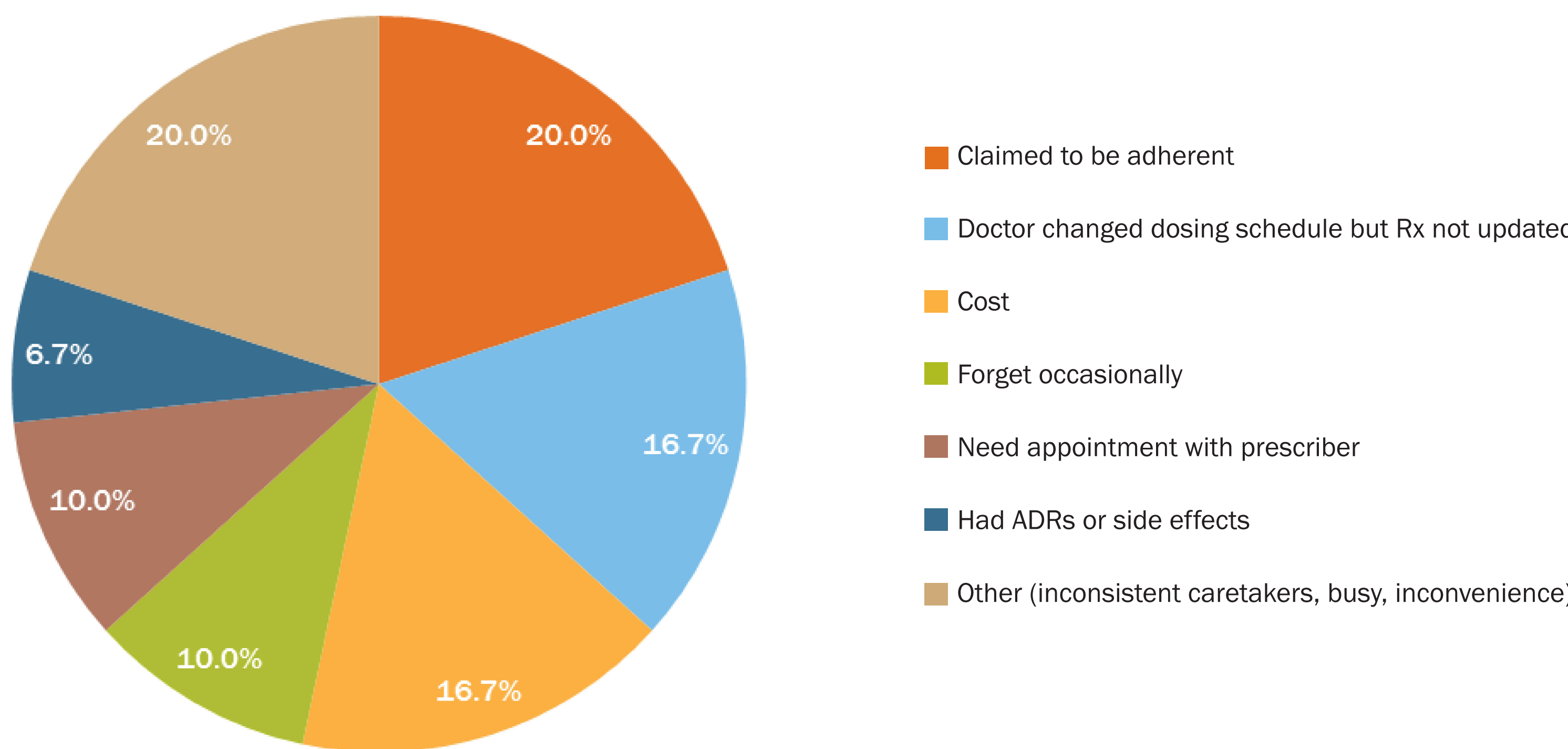


Figure 4. Reasons for Nonadherence



Results (continued)

PDC:

Mean PDC significantly increased in the first 6 months and continued to increase significantly in the second 6 months of the study from 0.69 to 0.75 over the 12 month duration of the study (p<0.05) (Figure 2). At one year, 13 members (17%) were moved into adherence (PDC>0.90) (Figure 3). There was a significant difference between the PDC changes between males and females over time (p<0.05). The PDC significantly increased among females, but there was no statistically significant PDC change among males (Figure 2).

HBV DNA:

There were no significant differences in HBV DNA. Of the 13 members moved into adherence, 12 of the 13 had undetectable baseline and post-intervention HBV DNA levels and 1 level was not available.

Reasons for Nonadherence:

All nonadherent members were attempted 3 times to be reached by phone. 30 people were contacted (38%). Men (18 out of 43, 42%) and women (12 out of 35, 34%) were contacted at the same rate. Outdated prescription on file (n=5), cost (n=5), forgetfulness (n=3), need for appointment with prescriber (n=3), and adverse drug effects (n=2) were stated as main reasons for nonadherence (Figure 4).

Conclusions

- The combination of provider and member outreach for nonadherent HBV members improved medication adherence (PDC).
- The effect of such interventions on HBV DNA levels needs further analysis.

References

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Disclosures

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