

## TREATMENT UPTAKE FOR CHRONIC HEPATITIS C IN AUSTRALIA FOLLOWING AVAILABILITY OF INTERFERON-FREE TREATMENTS

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**Background:** In March 2016, interferon-free direct-acting antiviral (DAA) regimens for hepatitis C virus (HCV) infection were listed on the Pharmaceutical Benefits Scheme (PBS), making these treatments available for all adult Australians living with HCV infection. This study provides treatment uptake during the first month of interferon-free DAA therapy.

**Methods:** PBS data on DAA prescriptions dispensed were used to assess the number of individuals initiating treatment during March 2016, by jurisdiction, regimen and PBS schedule.

**Results:** A total of 1,811 individuals initiated DAA therapy, including 37% (n=679) in New South Wales, 27% (n=482) in Victoria, 23% (n=416) in Queensland, 5% (n=94) in South Australia, 4% (n=72) in Western Australia and 4% (n=68) in other jurisdictions. Most individuals (89%; n=1,613) were prescribed under the General Schedule (S85), 9% (n=167) under S100 HSD Public and 2% (n=31) under S100 HSD Private. The most commonly used regimen was sofosbuvir/ledipasvir, prescribed for 64% (n=1,160; 8 weeks: n=84; 12 weeks: n=853; 24 weeks: n=223), followed by sofosbuvir/daclatasvir for 32% (n=581; 12 weeks: n=355; 24 weeks: n=226), and sofosbuvir/other agents for 4% (n=70; 12 weeks: n=63; 24 weeks: n=7). Those prescribed sofosbuvir/daclatasvir for 24 weeks (n=226; 39% of total sofosbuvir/daclatasvir) likely represent individuals with genotype 3 and cirrhosis. Those prescribed sofosbuvir/ledipasvir for 24 weeks (n=223; 19% of total sofosbuvir/ledipasvir) likely represent individuals with genotype 1, prior treatment and cirrhosis.

**Conclusions:** Substantial treatment uptake was observed during the first month of availability of interferon-free DAA therapy in Australia, equating to 80% of total treatment initiations in 2015. The current estimate of treatment uptake is a minimum estimate due to possible delayed reporting. Ongoing monitoring of the treatment uptake and more detailed analysis of the treatment scale-up, including assessment of treatment by geography, patient demographics and prescriber type will be undertaken.

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