

Pharmacies can up access to direct-acting antivirals for hep C

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(HealthDay)—Provider collaboration with local specialty pharmacies

(LSPs) is associated with reduced delays in therapy and lower rates of direct-acting antiviral (DAA) denial for patients with hepatitis C, according to a study published in the January/February issue of the *Journal of the American Pharmacists Association*.

Julia Zhu, M.P.H., from Walgreen Co. in Deerfield, Ill., and colleagues conducted a descriptive, retrospective study involving patients who were prescribed DAAs at a single-center liver specialty clinic and received LSP services from December 2013 to December 2015.

The researchers found that 94 percent of the 388 patients prescribed DAAs initiated therapy and received LSP services. A total of 68.4 percent of the patients had commercial insurance and 81 percent required prior authorization. Coverage was initially denied by insurance to 19.2 percent of patients; the LSP drafted appeals for 85.7 percent. Sixty-six of the 154 LSP patients with available copay information had initial copays of more than \$20 per month; the LSP was able to assist 98.1 percent with copay reductions to \$20 or less. Twenty patients without insurance or DAA coverage received full financial assistance. The mean time to therapy was 12 days for the 171 [patients](#) with sustained virologic response and prescribed time to therapy information; 71.3 percent received medications within 10 days.

"Collaboration between providers and an LSP minimized delay in [therapy](#), lowered rates of DAA denial, facilitated patient [financial assistance](#), and helped to optimize clinical outcomes," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry, including Walgreen Co., which provided funding for the study.

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