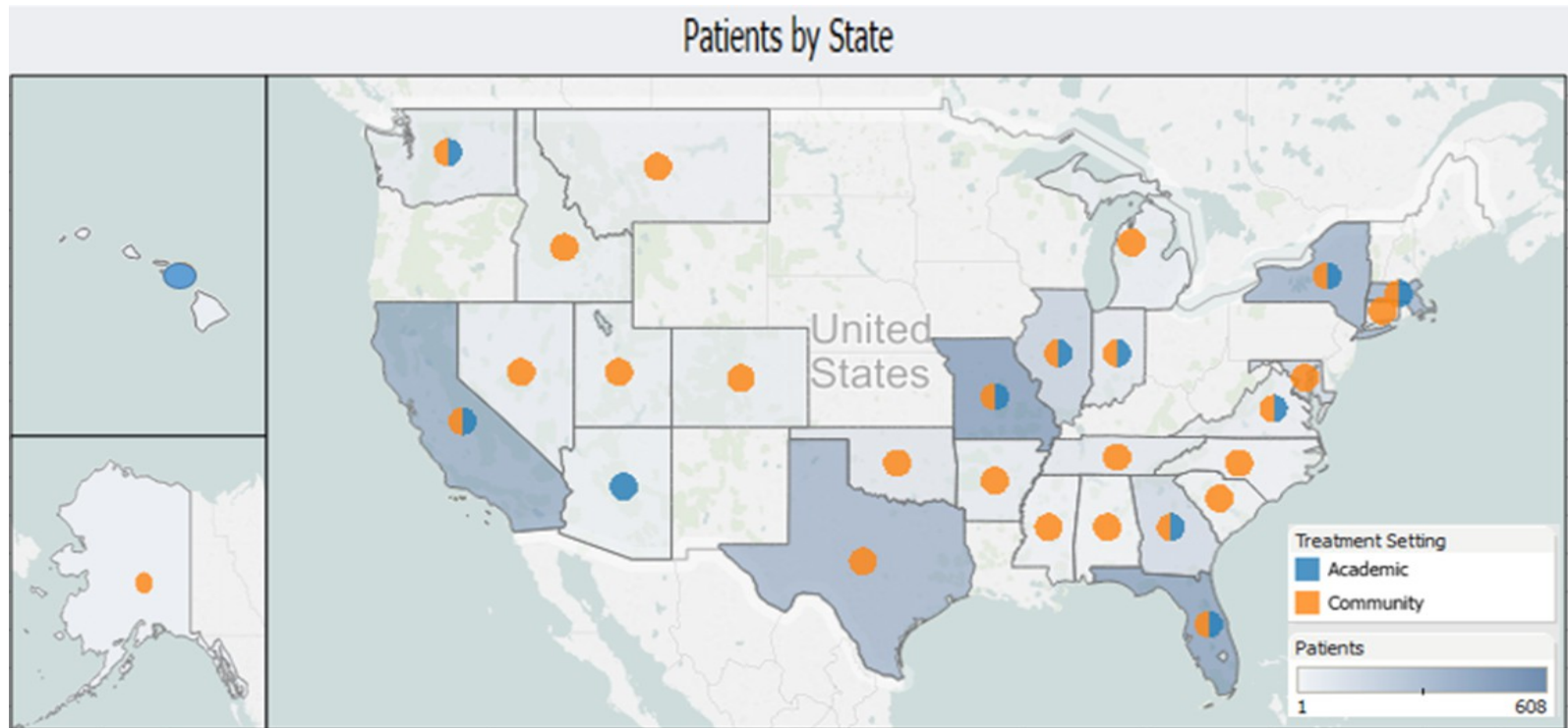


Access to Care: United States

Nezam H. Afdhal
HMS and BIDMC

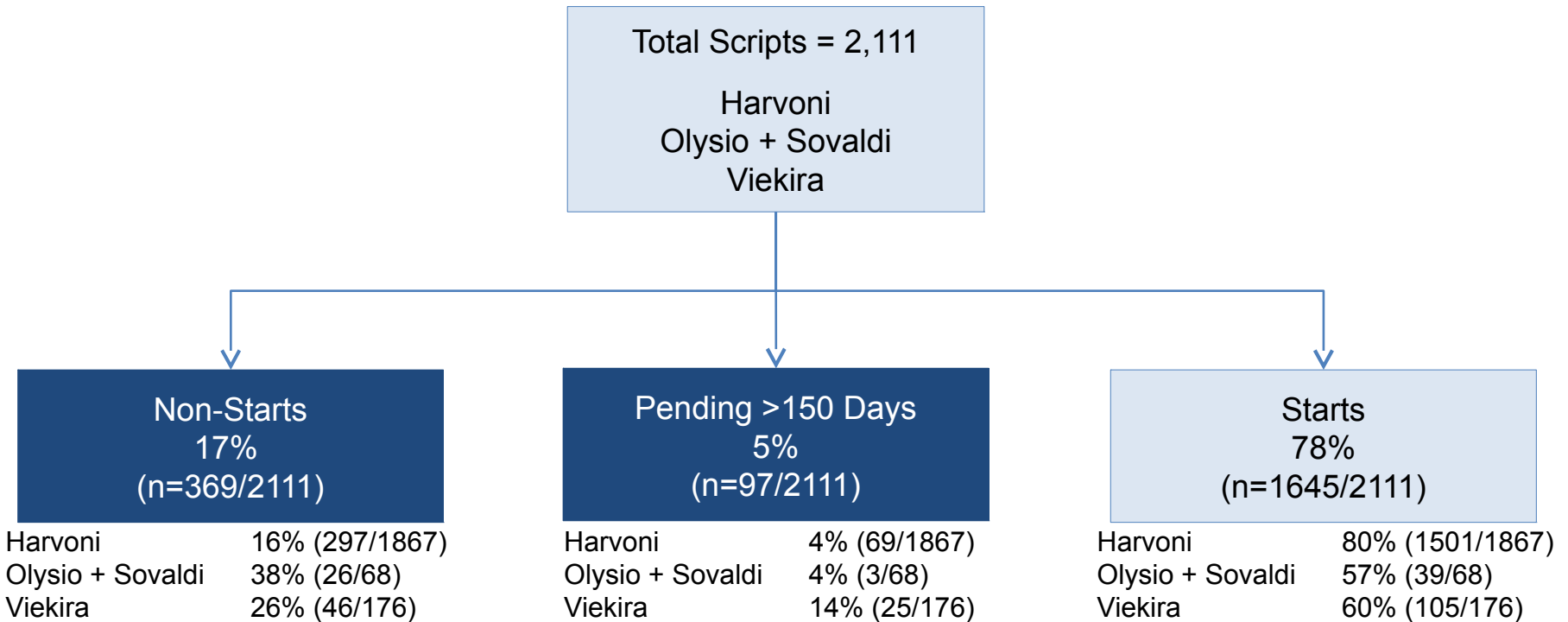
Patients: 197 physicians, 25 states, 2111 patients

All Payer Groups – Medicare, Medicaid and Commercial

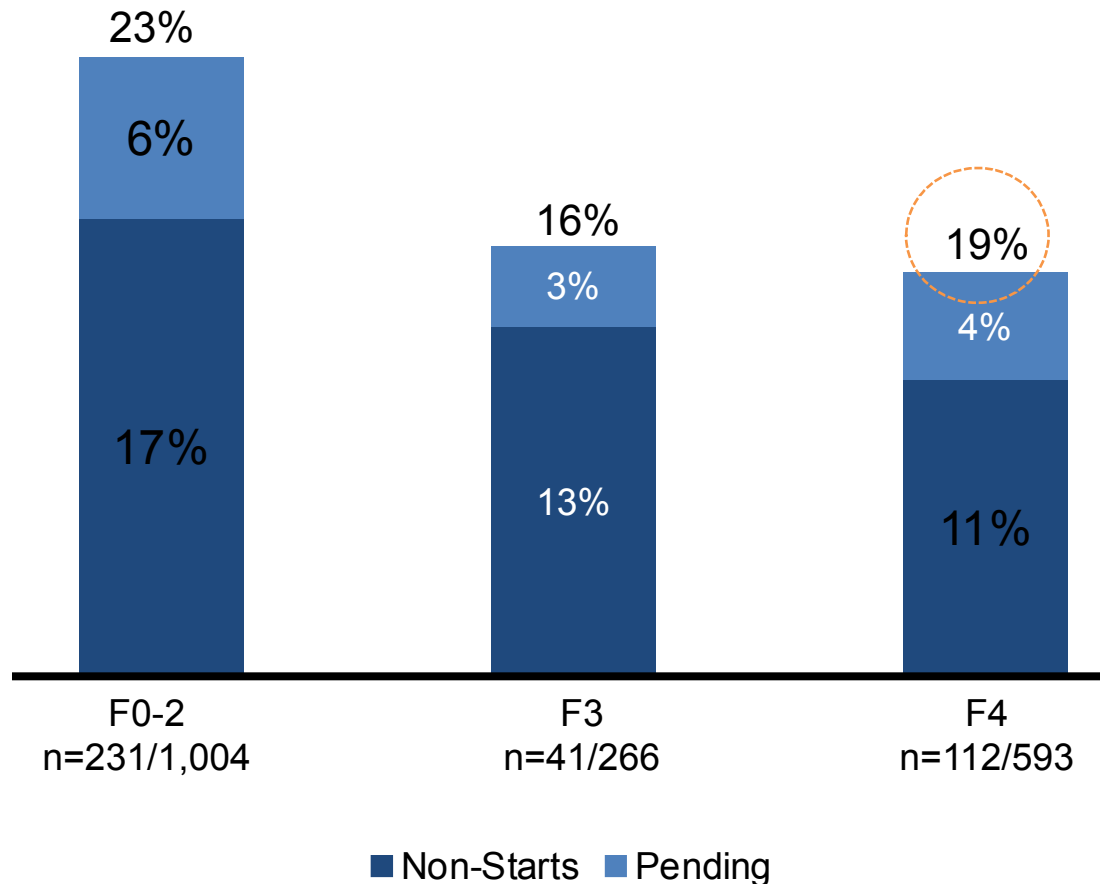


	NON-START & PENDING			START			Grand Total
	LDV-SOF +/- RBV	SMV + SOF +/- RBV	VKP +/- RBV	LDV-SOF +/- RBV	SMV + SOF +/- RBV	VKP +/- RBV	
Academic	142 (13%)	16 (2%)	36 (3%)	800 (74%)	28 (3%)	54 (5%)	1076 (100%)
Community	224 (22%)	13 (1%)	35 (3%)	701 (68%)	11 (1%)	51 (5%)	1035 (100%)
Grand Total	366 (17%)	29 (2%)	71 (3%)	1501 (71%)	39 (2%)	105 (5%)	2111 (100%)

250,000 patients treated in US in 2015

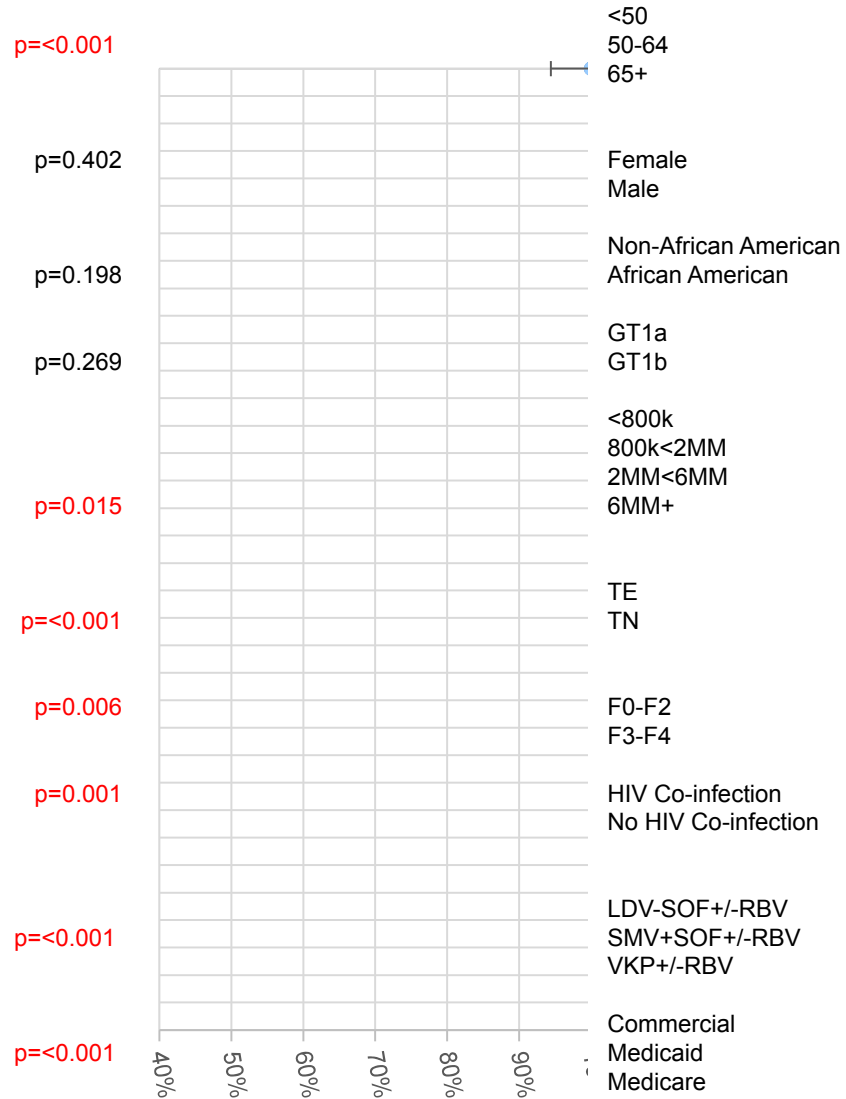


19% of Cirrhotic (F4) Patients were Non-Starts/Pending



Start Rates

78%



But Once Patients Start, Real-World Outcomes Are 90-98%

Outcomes by Regimen
(n=993)

	Discontinued	SVR Not Achieved	SVR Achieved
Harvoni n=929	1% (13)	2% (20)	97% (896)
Olysio + Sofosbuvir n=22	0%	9% (2)	91% (20)
Viekira n=42	10% (4)	5% (2)	85% (36)

Summary

- Financial/insurance issues remain the largest reason (70%) for non-start/pending DAA prescriptions.
- Of the 3 major payer types, Medicaid once again saw the highest percentage of non-start/pending patients (39%).
 - Largest Medicaid non-start rates were seen in TN (96%), AR (73%), and OK (55%).
- Medicaid non-start/pending rate was 32%, much higher than commercial (16%) and Medicare (13%) rates in F4 patients.
- Commercial insurers followed Medicaid in overall non-start/pending rates (18%).
- Of the top 10 commercial payers (by total population), Express Scripts and Medimpact had significantly LOWER start rates than the commercial average, while Humana and Aetna had significantly HIGHER start rates than average.
- In addition to payer type, a number of other patient characteristics (both clinical and demographic) had a significant impact on patient start rates: age, baseline viral load, prior treatment status, Fibrosis level, HIV co-infection, and prescribed regimen.