

Impact of extending DAA availability in France: a five-year overview (2015-2019) of data from French administrative healthcare databases (SNDS)

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INTRODUCTION

Direct antiviral agents (DAAs) first became available in France in 2014 for the treatment of chronic hepatitis C (CHC) in patients with severe fibrosis (prioritized access); then in 2017, DAAs became available to all CHC patients (universal access). Lastly, in May 2019, universal prescription was granted, allowing every physician, including GPs, to prescribe pangenotypic DAAs. This study evaluated the impact of DAA availability on CHC treatment access and HCV screening in general and at-risk populations.

Approximately 71,500 patients treated against CHC in France in 5 years (SNDS database).

METHOD

Design of the study:

Constitution of a cohort of patients treated against CHC between January 2015 and December 2019, from the French health administrative database (SNDS).

Inclusion criteria:

- DAA treatment between January 2015 and December 2019 **OR**
- Having an LTF of Hepatitis C and/or a hospitalization for Hepatitis C (DP/DR ICD10 code B18.2) AND interferon (Jan 2015-Dec 2017).

Identification of high risk patients:

- Migrants: Individuals beneficiaries of the AME plan
- Prisoners: Individuals under the prisoners regime of health insurance
- HIV positive patients: Individuals identified through an algorithm developed by the CNAM
- Psychiatric patients: Individuals suffering from psychotic disorders, neurotic and mood disorders, addictive disorders or mental deficiency, and/or having antidepressants
- Drug users: Individuals having replacement treatment or LTD / hospital stay for dependence / use of opioid drugs.

Evaluation criteria:

Analysis of the treatments considering :

- HCV screening
- Treatment initiation
- High risk patients

Complementary analysis:

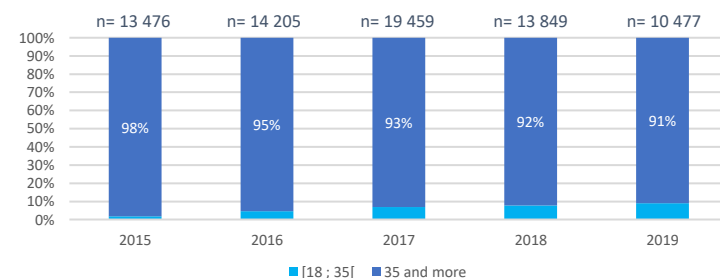
Cross analysis of the population screened in ambulatory care settings, private hospitals or private consults within public hospitals in 2015-2019 using serology.

- 71 466 patients initiated treatment against CHC between Jan-2015 and Dec-2019
- 59% of the population is male with a mean age of 55 years [48-62]
- The proportion of patients starting treatment increased by 44% between 2015 and 2017 and then decreased in 2018 and 2019
- Among treated patients, 54% were not at-risk patients

- The main nonexclusive risk factors for CHC were psychiatric conditions (27%), drug use (21%) and HIV positivity (11%)
- Between 51% and 57% of psychiatric patients had additional risk factors, mainly drug use with a 38% to 52% overlap
- More than 37% of male are in the [45;55] years class, whereas 32% of female are in the 65 years and more class

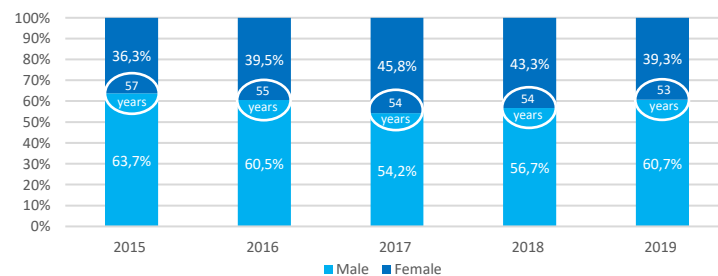
RESULTS

HCV treated patients



Treated population rose by 44% between 2015 and 2017 due to universal access in 2017.

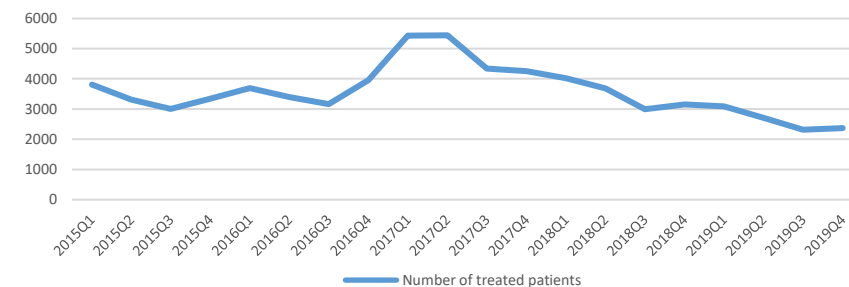
Characteristics of treated patients



Proportion of females among the treated rose by 9.5% between 2015 and 2017. The mean age decreased from 57 to 53 years old.

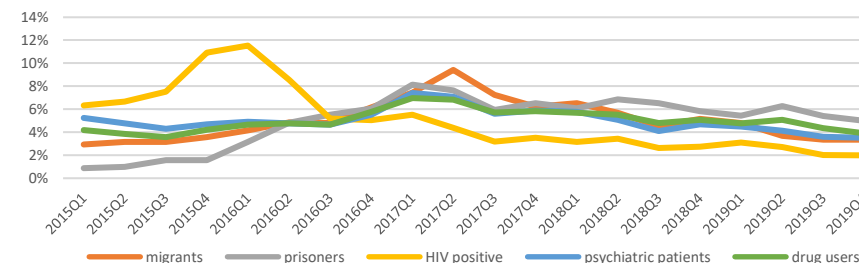
Screened population

Between 2015 and 2019, the population screened for HCV in France increased from 3.1 million to 3.8 million. The median interval between the last screening test and treatment initiation decreased from 64 days in 2015 to 37 days in 2019. More than 48% of the screened patients are under 35 years old while only 6% of the treated are in that age class. More than 60% of the screened population is female.



Universal access to DAA in 2017 resulted in a surge of treated patients with 5,439 patients initiating treatment in the second quarter of 2017. In 2018, rate of treatment is similar to pre-opening.

High risk patients



HIV+ patients were allowed to be treated earlier as "priority" patients in 2015: 62% of the HIV+ patients treated were treated during the first two years of the study period (2015-2016)

CONCLUSIONS

This study highlights that DAA availability was associated with a screening increase since 2015 and a decrease in the time to treatment initiation. It also emphasizes that universal access in 2017 led to a surge in treatment initiations in the general population. Finally, this study is the first to use algorithms to identify and describe at-risk subpopulations using the SNDS databases, which will help to improve the HCV cascade of care in these subpopulations