

New Hepatitis C Drugs Are Very Costly And Unavailable To Many State Prisoners

Take Away Points

- Improved access to hepatitis C treatments in correctional facilities can prevent inmates from spreading the infection and alleviate the hepatitis C epidemic.
- Increasing state funding and drug discounts for direct-acting antivirals can provide better treatment for inmates with hepatitis C.
- Further expansion of hepatitis C testing, particularly for inmates with HIV or substance use disorders, is necessary

The Issue

Hepatitis C is the most common blood borne viral infection in the US, and the prevalence in prison inmates is approximately 17 percent. Although direct-acting antivirals have recently entered the market, they are too costly for state prison systems to purchase (retailing between \$84,000 and \$94,500 for a twelve-week course as of 2015). The purpose of this study was to collect information about current hepatitis C treatment rates and the purchasing of direct-acting antiviral regimens in state prison systems. Furthermore, findings from this study can inform efforts to increase treatment opportunities for inmates with hepatitis C and prevent further transmission of the infection within prisons and upon release.

Source

Beckman AL, Bilinski A, Boyko R, Camp GM, Wall AT, Lim JK, Wang EA, Bruce RD and Gonsalves GS. New Hepatitis C Drugs Are Very Costly and Unavailable to Many State Prisoners. *Health Affairs*, 2016; 35(10):1893-1901.
<http://content.healthaffairs.org/content/35/10/1893>

Study Methods and Design

Commissioners of fifty state departments of corrections were sent a link to module 1 of the study questionnaire in February 2015. This module asked commissioners to report the number of inmates known to be infected with hepatitis C at their facility as of January 1, 2015; the number of patients receiving any form of treatment for the infection; the availability of relevant resources for inmates with known hepatitis C; if any efforts have been made to obtain direct-acting antiviral treatments, such as sofosbuvir (Sovaldi) and the combination drug ledipasvir/sofosbuvir (Harvoni); and the annual amount of prison spending on hepatitis C treatments.

In October 2015, a follow-up request was sent for participating in module 2, which focused on the price of direct-acting antivirals. For commissioners who did not respond to the first module, they were given the opportunity to complete module 1 and module 2 at that time. The survey asked the money that state's prisons were paying for a twelve-week course of sofosbuvir or ledipasvir/sofosbuvir as of September 2015, and what methods were used to acquire the medicines at the paid price.

Key Findings

Forty-nine state departments of corrections completed module 1 survey, reported having 1,348,716 incarcerated prisoners as of December 31, 2014. Forty-one state department of correction officials reported data on hepatitis C infection and treatment.

- 10 percent (106,266 prisoners) of the overall proportion of inmates were known to be infected with hepatitis C.
 - Individual state data ranged from 1 percent to 41 percent, with a median of 10 percent (interquartile range [IQR]: 8–13).
- 17 state department of corrections (35%) offer routine opt-out for hepatitis C testing
 - For the 32 states without routine opt-out hepatitis C testing, the main indications for being tested include having abnormal results from other tests, HIV positive, or a substance use disorder.
- 0.89 percent of inmates (949) were receiving any form of treatment for hepatitis C.
 - The median proportion of state level prisoners with known hepatitis C being treated was 0.45 percent (IQR: 0.12–1.48, range: 0–5.9).
- States varied in clinical and non-clinical factors to prioritize treatment of inmates who tested positive for hepatitis C.
- \$39.8 million was being spent on annual hepatitis C treatment - a median of 6 percent (IQR: 3.0–16.5) of their annual drug spending.
- 20 percent of states used only internal medicine or family medicine for hepatitis C treatments, while other states had physicians with specialty training (i.e., infectious disease, liver disease, gastroenterology, or addiction medicine)
- 90 percent of states reported efforts in acquiring sofosbuvir or ledipasvir/sofosbuvir at a lower price. The strategies used include direct negotiations with pharmaceutical companies, federal 340B Drug Discount Program, and pooled procurement.

Thirty-one state department of correction officials also completed module 2 survey.

- As of September 30, 2015, all thirty-one states were either seeking to acquire or had purchased sofosbuvir, ledipasvir/sofosbuvir, or both.
- In states that reported financial data, for a twelve-week course of treatment, states were paying a median of \$76,084.50 for sofosbuvir and \$63,509.00 for ledipasvir/sofosbuvir

Limitations

- Due to cross-sectional design of this study, it did not capture if treatment availability, drug prices, and medical resources may have changed over time.
- The population of inmates infected with hepatitis C was estimated by state departments of corrections, so this data is limited by different screening practices across states, data access, and frequency of registry update.
- The estimated proportion of inmates with known hepatitis C who were receiving treatment is limited since the survey data did not represent an estimate of hepatitis C prevalence in state prisons.

Final Thoughts

Because incarcerated individuals comprise a large portion of the hepatitis C epidemic in the US, state departments should focus on creating relationships with other government organizations to discuss discounted treatment options with pharmaceutical companies. Furthermore, joint efforts by state departments of correction could lead to reduced prices of direct-acting antivirals. Future efforts of state and federal agencies should focus on increasing targeted funding and pursuing greater drug discounts and increase the participation of specialty physicians in the care of hepatitis C inmates.