

Changes to the funding of directly acting antiviral (DAA) treatments in Hepatitis C

From 1st July 2016 Pharmac will fund the first directly acting antiviral (DAA) treatments in NZ for Hepatitis C. The most critically unwell patients (pre-transplant) will be eligible to be prescribed Harvoni (a combination of two Gilead drugs called Sofosbuvir and Ledipasvir) irrespective of their genotype. This will involve small numbers of people who are likely to already be under the care of tertiary centres due to the severity of their liver disease.

A second drug combination, ViekiraPak (an AbbVie product which includes 4 agents including ritonavir, a drug commonly used to treat HIV) will be funded for those with Genotype 1 disease. Depending on their type of infection this may be prescribed alongside ribavirin or alone. This is a more complex drug combination and, although well tolerated and highly effective in most, has significant drug interactions and other issues in decompensated cirrhotics which make it a more challenging treatment than some of the alternatives.

Pharmac has therefore opted to stage the funding by opening up treatment to specialists in secondary care from 1st July followed by primary care in October. This will allow the dissemination of educational and implementation tools to GP practices alongside the development of community based services to support treatment.

Due to the Hepatitis C pilot programme run across the Bay of Plenty by the Hepatitis Foundation for the last 3 years, many infected individuals locally have already been assessed and staged by fibroscan with the most severely affected being referred to secondary care. These people will be the group initially treated in secondary care from 1st July. If you have anyone with proven cirrhosis that you are looking after who is not under secondary care please refer them to the Hepatitis Service at Tauranga Hospital.

If you have fully-assessed patients with non-cirrhotic Genotype 1 Hepatitis C please do not refer them. It is hoped it will be possible to treat these individuals through primary care from October. Discussions will take place over the intervening months and input welcomed from all GPs on their comfort and willingness to prescribe these medications in the generally well non-cirrhotic population.

If you have patients newly or recently diagnosed with Hepatitis C, or that have not previously been assessed please continue to refer them to the Hepatitis Foundation who will continue to assess and fibroscan them, referring the most severely fibrotic and cirrhotic directly on to secondary care.

Unfortunately, Pharmac, at this time, will not be funding treatment for patients with any Genotype other than G1 except for those with decompensated cirrhosis approaching transplant. Therefore your patients with Genotype 2 and 3 disease have no new funded treatment options at this time. We hope that will be a short lived situation.

We welcome your feedback on all of the above plans and will try to answer your questions as they arise. If they could be addressed via Chris Tofield, the GP liaison for medical services that would help to manage the dialogue.

Thank you in advance for your patience with the work ahead.

BOP Hepatitis Service

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