



Australia's  
Global  
University

# Australia's universal access strategy: Lump-sum remuneration and reaching marginalized populations

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# Disclosures

- Research grants, travel support, and honoraria: AbbVie, Gilead, Merck

# Australian Government DAA program

## **Features**

- **Mar 2016:** unrestricted DAA access – no liver disease stage, drug and alcohol use restrictions
- All patients with chronic HCV aged 18 years+
- Involvement of non-specialists in DAA prescribing
- Minimal administration for clinicians; minimal co-payment for patients (\$AUD 7–37/month)
- DAA dispensing in hospital and community pharmacies
- No cap on treatment numbers – including retreatment for failure or reinfection
- Cap on annual expenditure – exact details confidential, but probably \$AUD 200-250 M
- 5 year contract period: Mar 2016–Feb 2021

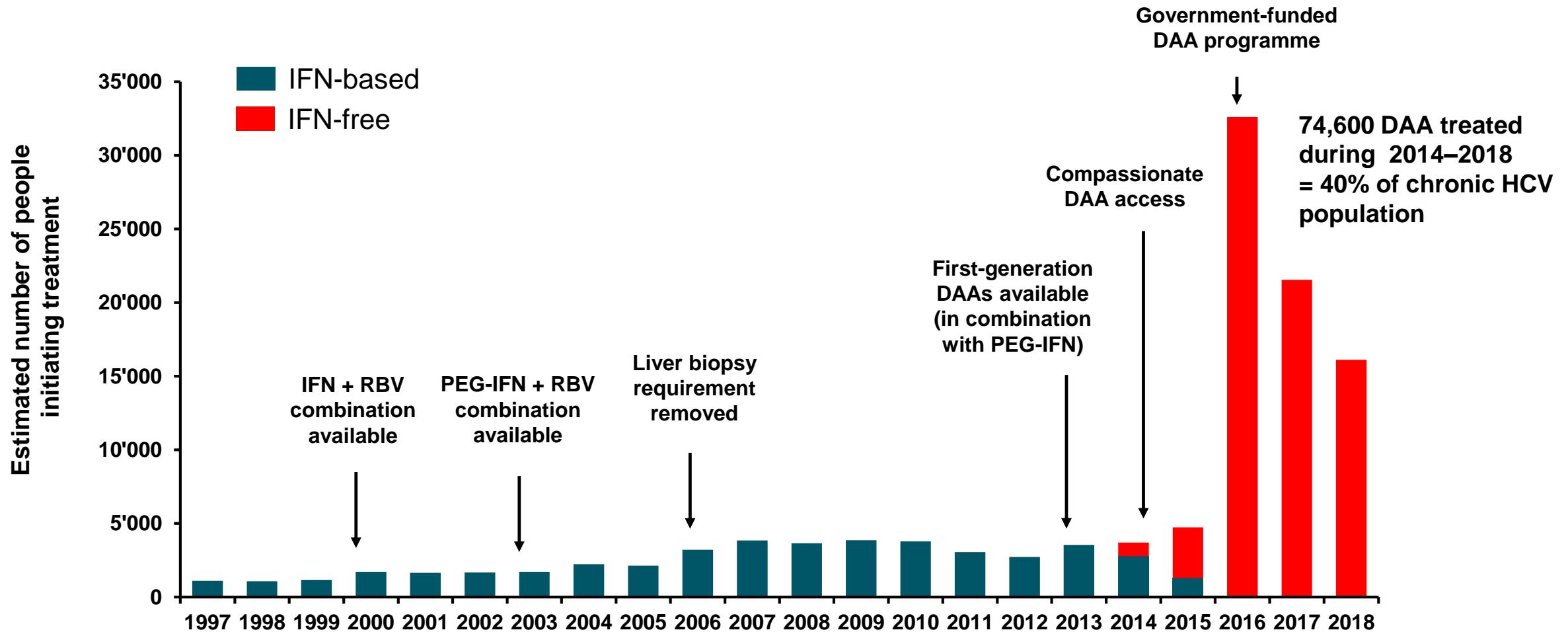
**WIN, WIN, WIN**

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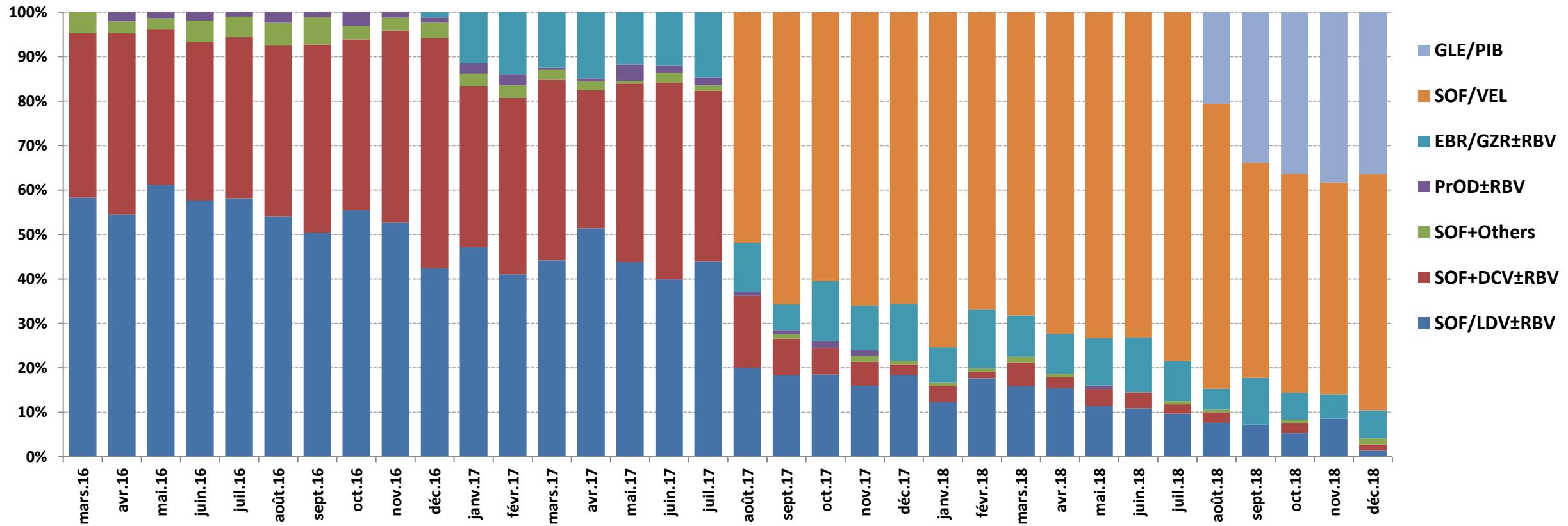
# Australian Government DAA program

DAA	US licence	US list price (\$US, 12 weeks)	AUS registered (TGA approved)	PBAC recommended	AUS funded (PBS listed)	US licence to AUS funded
Sofosbuvir + ribavirin (+PEG-IFN)	DEC 2013	\$84,000	JUN 2014	MAR 2015	MAR 2016	27 months
Sofosbuvir/ledipasvir	OCT 2014	\$84,000	MAY 2015	MAR 2015	MAR 2016	17 months
Paritaprevir/r/ombitasvir + dasabuvir	DEC 2014	\$83,000	JUL 2015	JUL 2015	MAY 2016	20 months
Sofosbuvir + daclatasvir	JUL 2015	\$146,000	JUN 2015	MAR 2015	MAR 2016	8 months
Elbasvir/grazoprevir	JAN 2016	\$54,600	AUG 2016	JUL 2016	JAN 2017	12 months
Sofosbuvir/velpatasvir	JUN 2016	\$75,000	DEC 2016	NOV 2016	AUG 2017	14 months
Glecaprevir/pibrentasvir	AUG 2017	\$39,600 (\$26,400; 8 wks)	JAN 2018	NOV 2017	AUG 2018	12 months
Sofosbuvir/velpatasvir/voxilaprevir	JUL 2017	\$74,760	MAR 2018	MAR 2018	MAR 2019	20 months

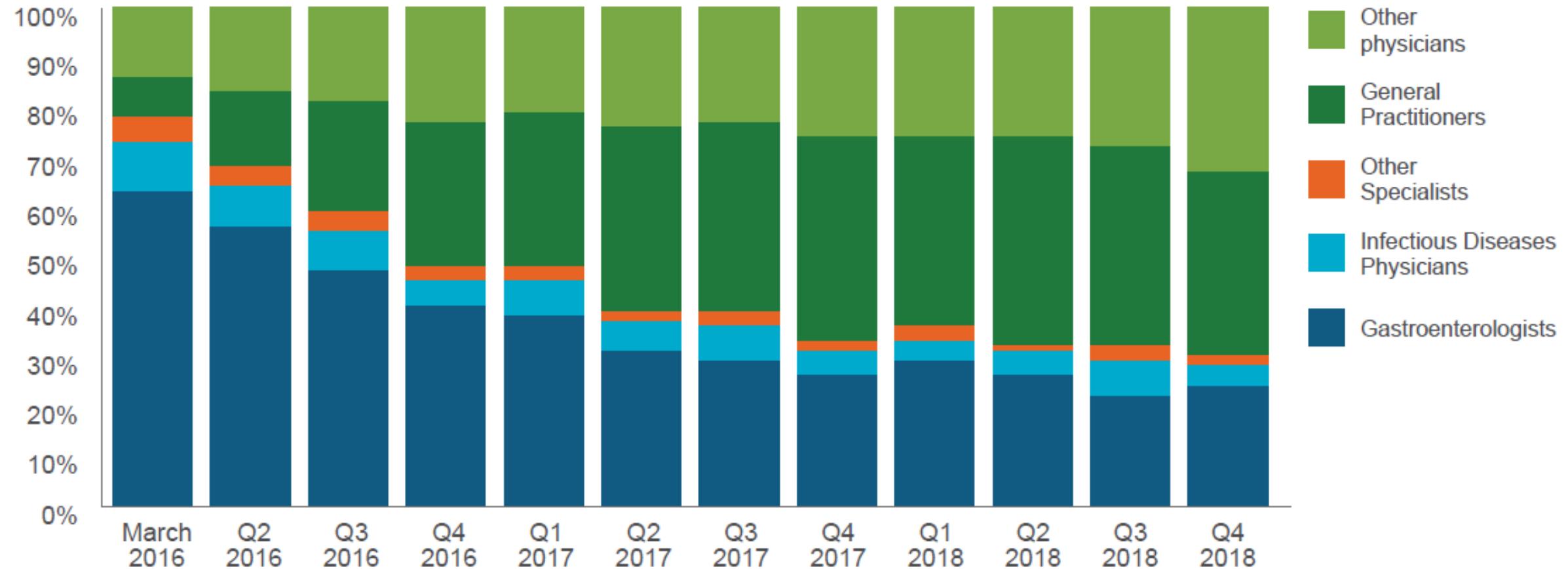
# HCV treatment uptake in Australia: 1997–2018



# The emergence of pan-genotypic DAA therapy

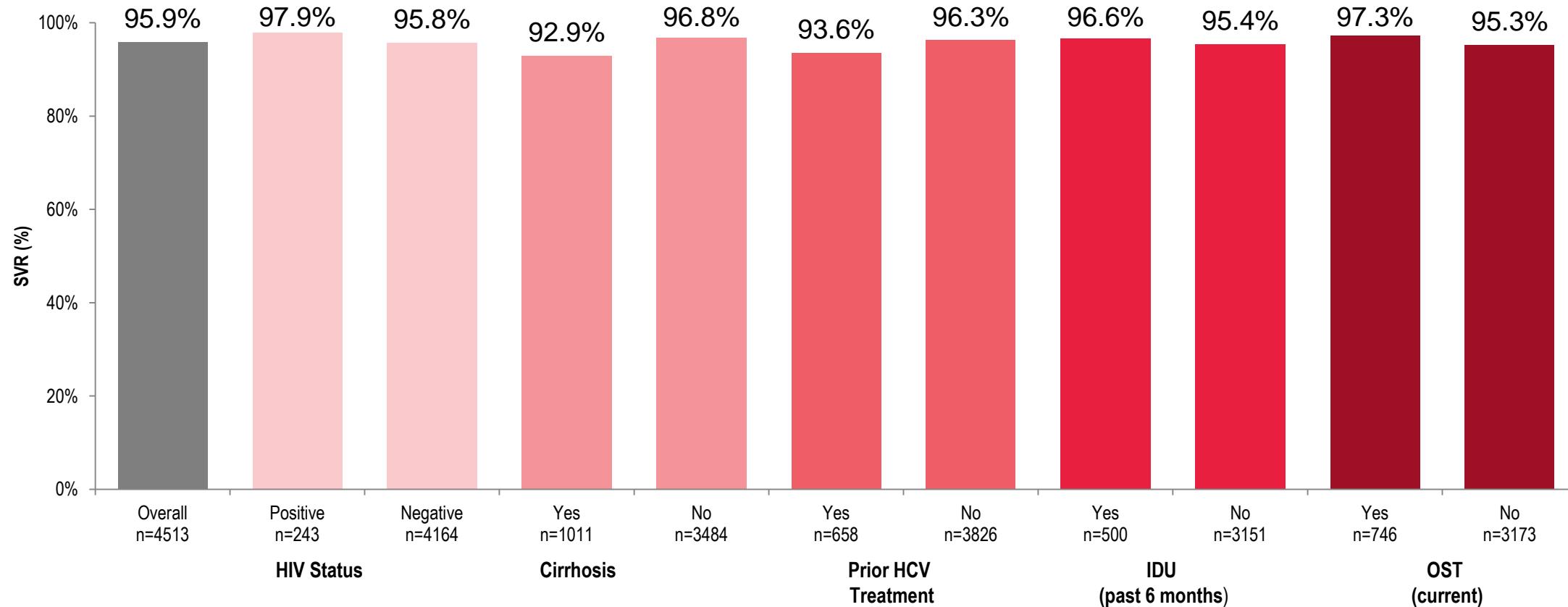


# Increasing proportion of non-specialist treatment



# High DAA efficacy across all sub-populations

REACH-C study: Per protocol analysis\* (n=4,513)



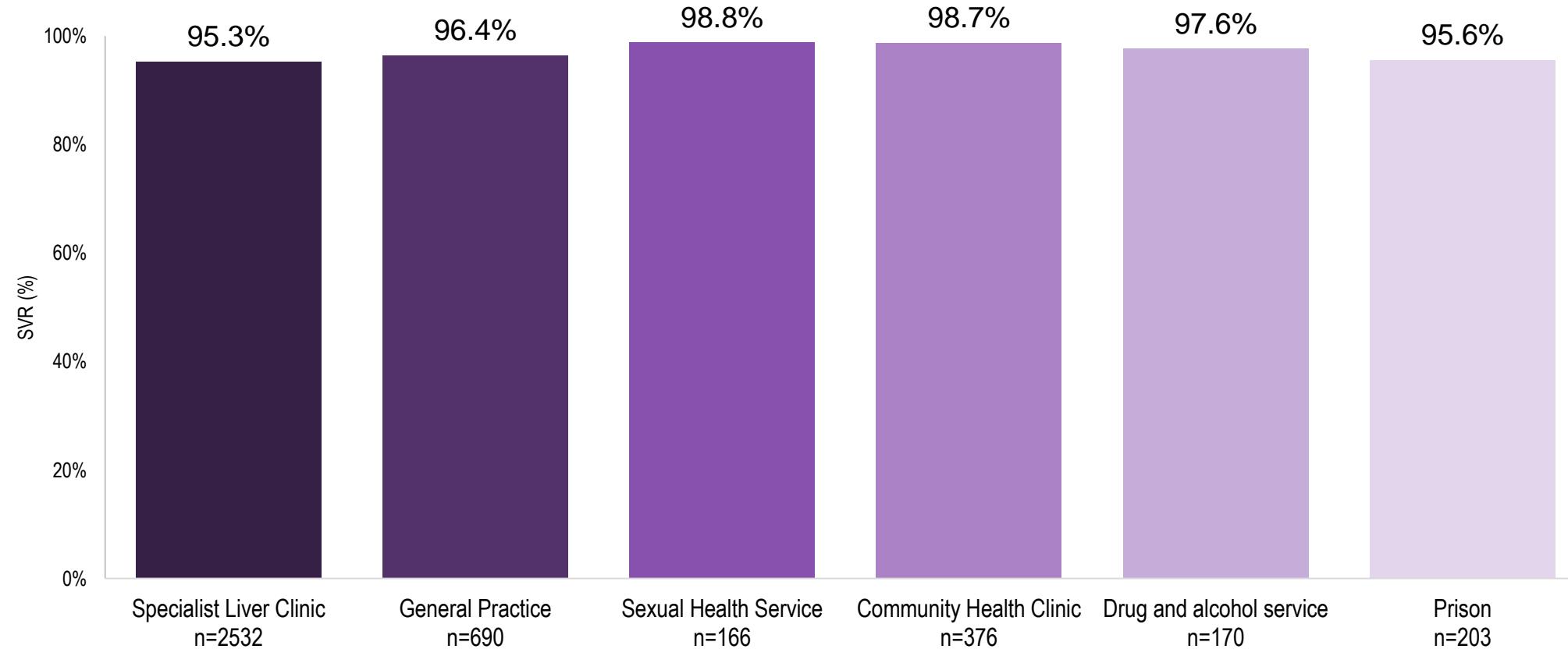
Initiations from Mar 2016 – Dec 2017

IDU: injecting drug use; OST: opioid substitution therapy

\*(n=903 with unknown SVR; 17%)

# High DAA efficacy across all service models

**REACH-C study: Per protocol analysis\* (n=4,513)**

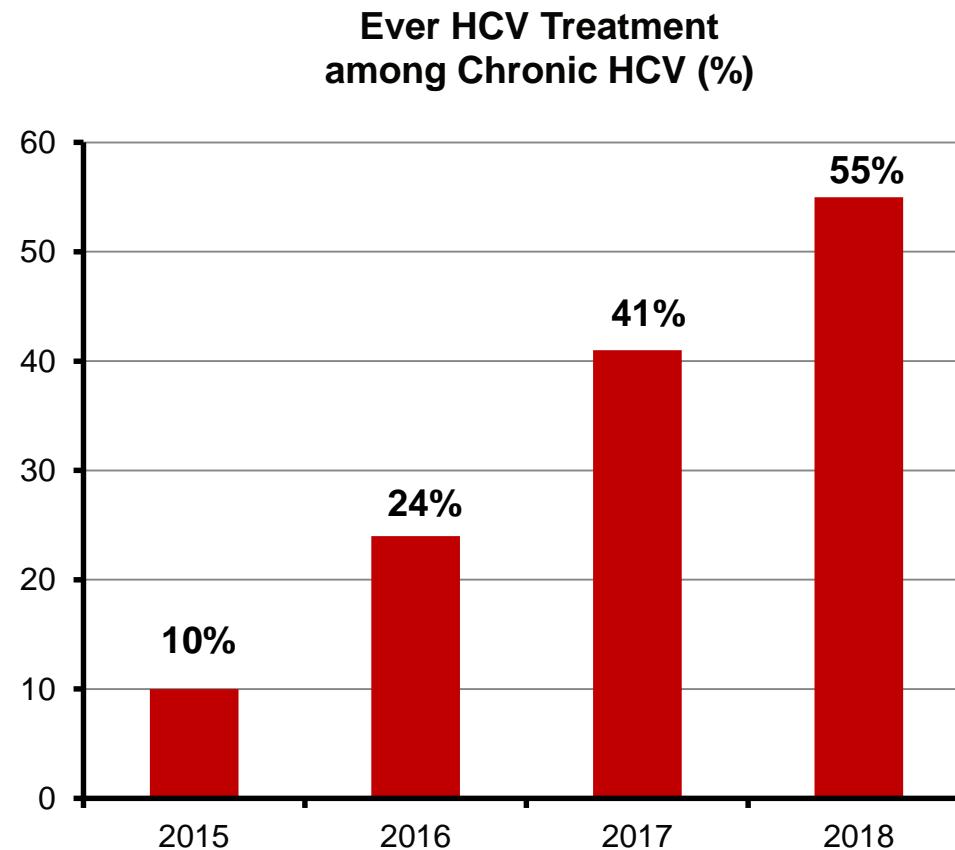


**Initiations from Mar 2016 – Dec 2017**

**\*(n=903 with unknown SVR; 17%)**

# DAA uptake high in current PWID

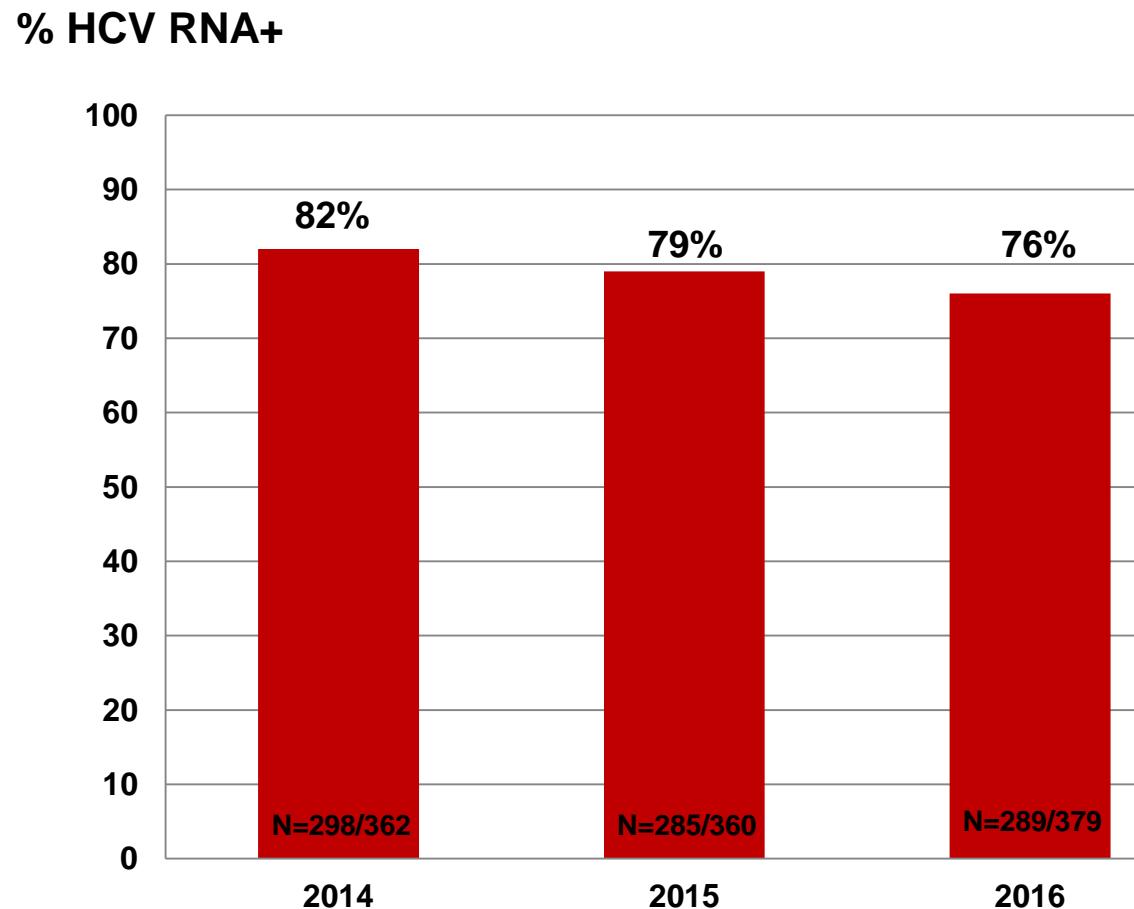
Annual Needle Syringe Program Survey (n = 2,000-2,500)



# HCV elimination in HIV population

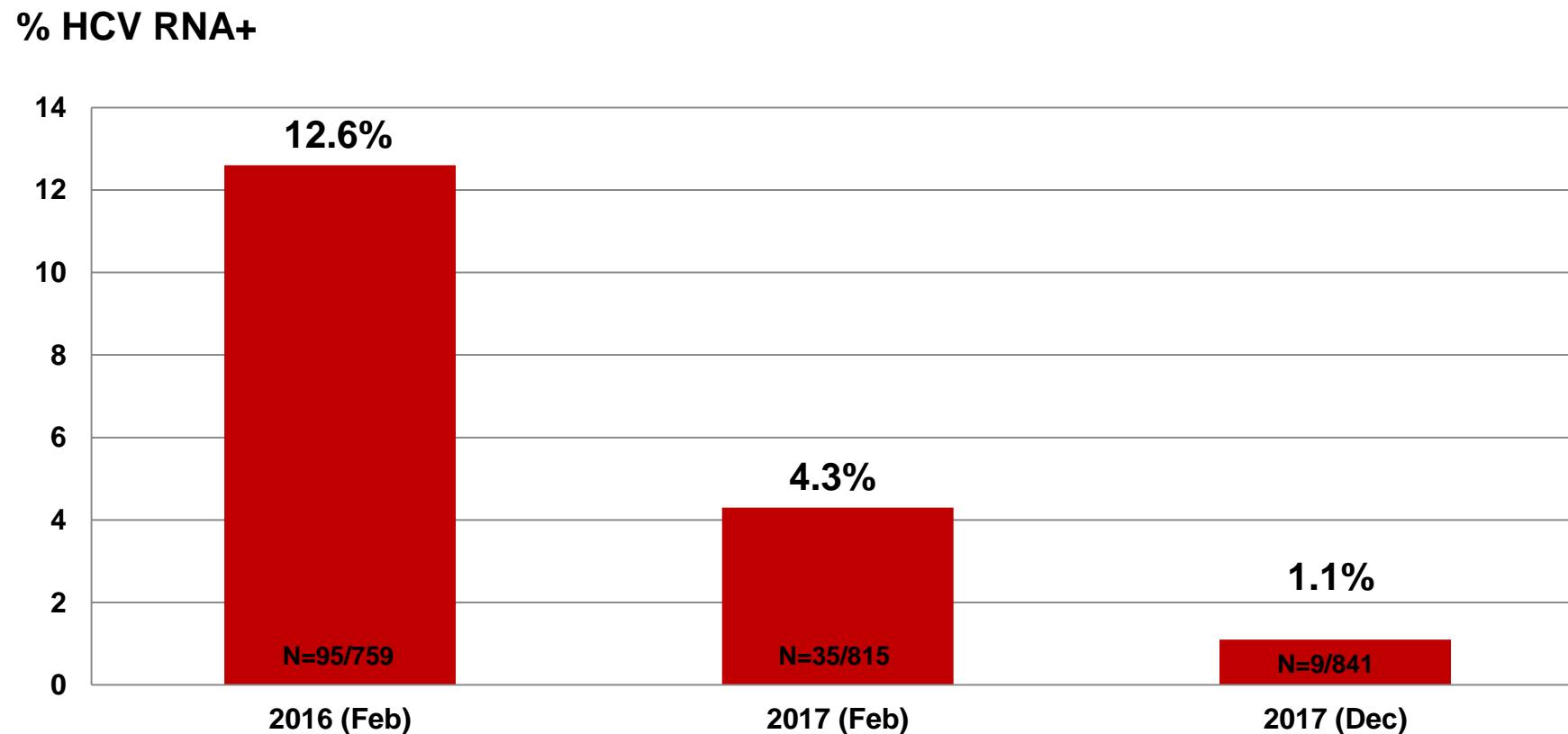


HCV RNA prevalence among HIV/HCV cohort (antibody +ve)



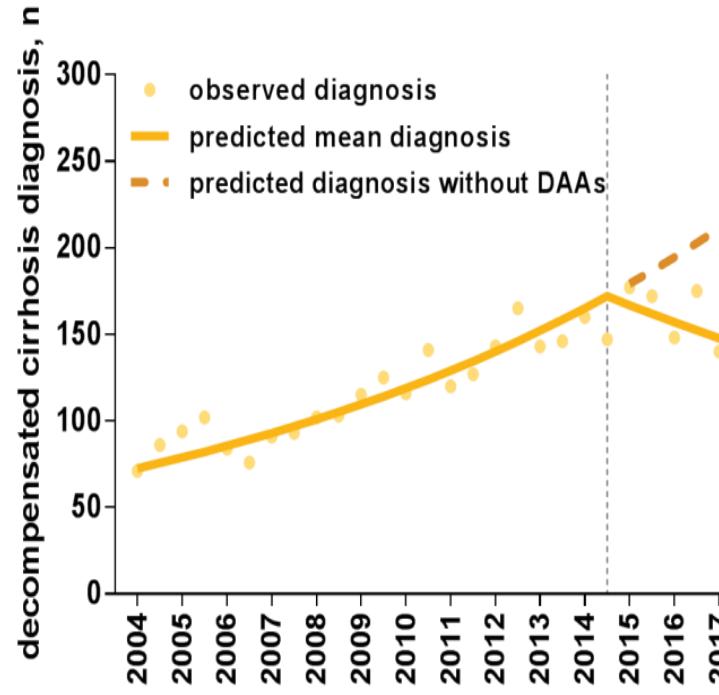
# HCV elimination (near) in QLD prison: Lotus Glen

HCV burden within prison (800-850 inmates)

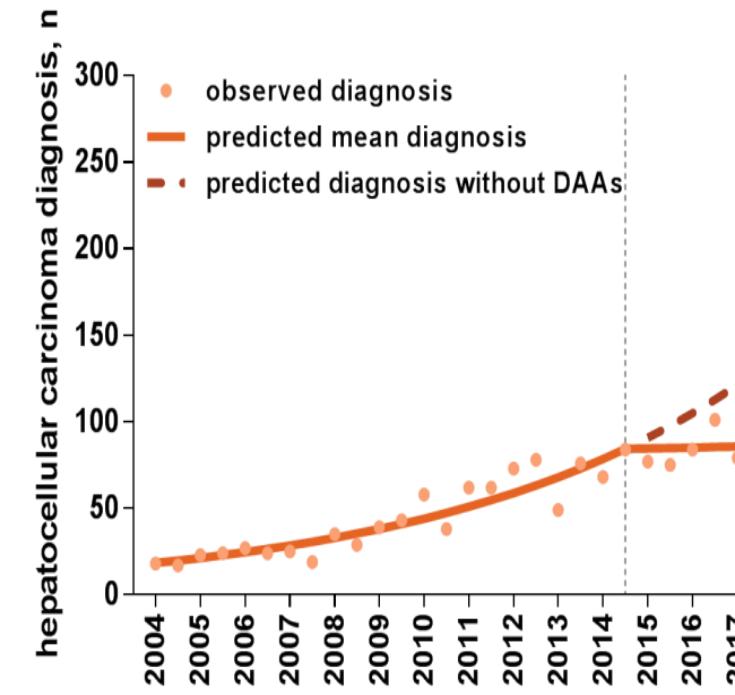


# ESLD and liver-related deaths: NSW data linkage

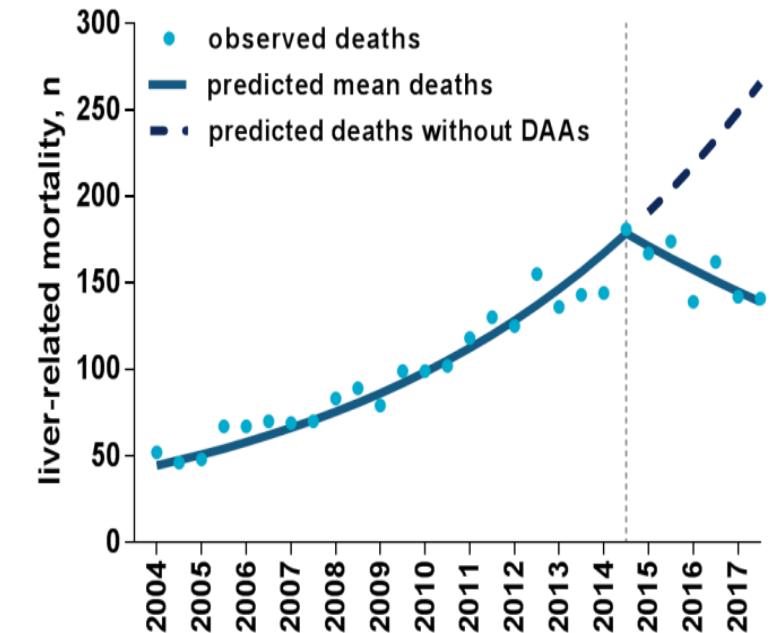
**Decompensated cirrhosis**



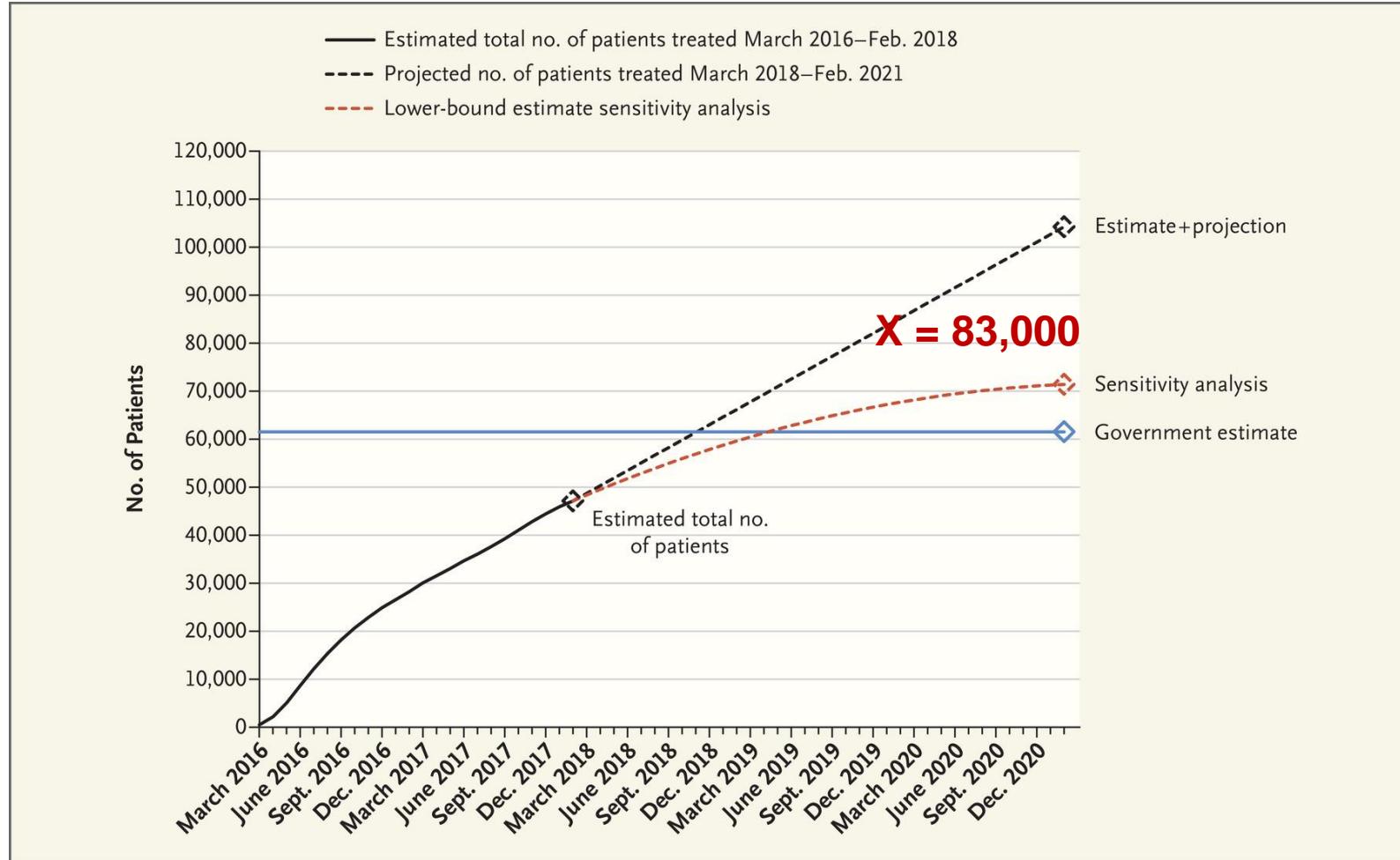
**Hepatocellular carcinoma**



**Liver-related deaths**



# Australia's DAA program: the “Netflix” model



The estimated total no. of patients in February 2018 was 47,122. Estimate+projection includes 104,223 people and yields a **price per patient of AU\$9,595 (U.S.\$7,352)**. Sensitivity analysis includes 71,372 people and yields a price per patient of AU\$14,011 (U.S.\$10,736). Government estimate includes 61,500 people and yields a price per patient of AU\$16,260 (U.S.\$12,460).

# Acknowledgements

## UNSW Sydney

A/Prof. Jason Grebely  
A/Prof. Gail Matthews  
Prof. Andrew Lloyd  
Prof. Carla Treloar  
Prof. Louisa Degenhardt  
Prof. Michael Farrell  
Dr. Behzad Hajarizadeh  
Dr. Maryam Alavi  
Dr. Tanya Applegate  
Dr. Marianne Martinello  
Ms. Pip Marks  
Dr. Richard Gray  
Dr. Amy Known  
Prof. Lisa Maher  
Dr. Jenny Iversen

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Prof. Margaret Hellard (Australia)  
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Prof. Ed Gane (New Zealand)  
A/Prof. Natasha Martin (USA)  
Prof. Peter Vickerman (UK)  
Prof. Matt Hickman (UK)  
Dr. Homie Razavi (USA)  
Dr. Philip Bruggmann (Switzerland)  
Prof. Olav Dalgard (Norway)  
Prof. Julie Bruneau (Canada)  
Dr. Jordan Feld (Canada)



@GregDore2 for “All things Hep C”