

**BEHAVIORAL HEALTH AND SERVICE
INTEGRATION ADMINISTRATION**
Hepatitis C Treatment in the State Hospitals



2015-17 BIENNIAL BUDGET

ML Request	FY16	FY17	15-17
FTE	0.0	0.0	0.0
GF-State	\$1,440,000	\$1,440,000	\$2,880,000
Total	\$1,440,000	\$1,440,000	\$2,880,000

DECISION PACKAGE SUMMARY

The Behavioral Health and Service Integration Administration (BHSIA) requests funding for the medication Sofosbuvir to treat 16 Hepatitis C patients at the state hospitals.

PROBLEM STATEMENT

Until recently, the mainstay of treatment for chronic Hepatitis C virus (HCV) infection has been a three drug regimen, given for 24 to 48 weeks, which has resulted in a sustained virologic response (SVR -a marker for cure), in 50 to 80 percent of patients, depending on the genotype of the infection. The clinical guidelines used at the state hospitals is consistent with those adopted by the Health Care Authority for the Medicaid program. The current treatment can cost \$90,000 per patient; however, the state hospitals are not currently treating patients for Hepatitis C.

In late 2013, The Food and Drug Administration approved two new antiviral drugs, Sofosbuvir (Sovaldi™) and Simeprevir (Olysio™) to treat chronic HCV infection. Both medications have been shown to be effective when used as a component of a combination antiviral regimen to treat HCV-infected adults. Clinical trials have shown that these new medications achieve SVR in 80 to 95 percent of patients after 12 to 24 weeks of treatment. This cure rate is higher than with the older regimens and the side effects can be less severe. However, Sofosbuvir costs at least \$84,000 per patient, not including the one to two medications from the old regimen which would also be needed. There are several regimens and lengths of therapy recommended depending on the patient’s Hepatitis C genotype and treatment history. However, Sofosbuvir is a component of all of the new recommended treatment regimens.

These are drug costs only and do not include Gastro-Intestinal consultant costs, laboratory costs, etc.

PROPOSED SOLUTION

To estimate the number of patients that could be treated, treatment plans were consulted for patients testing positive for Hepatitis C virus, resulting in 75 patients. It is assumed that 20% could develop severe complications and therefore



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BEHAVIORAL HEALTH AND SERVICE INTEGRATION ADMINISTRATION



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could be candidates for treatment. In addition, patients must have a history of medication compliance and must be at the hospital for the duration of the treatment. No short term patients will be treated. If a patient is a candidate for treatment, the method of payment for the medication after discharge will be confirmed so that the treatment continues for maximum benefit. The funding would purchase Sofosbuvir for 14-16 patients at the State Hospitals. This treatment would result in improved health because Hepatitis C is a long, smoldering disease culminating in a need for liver transplants.

EXPECTED RESULTS

The budget request supports the Department of Social and Health Services Goal 1: Health – Each individual and each community will be healthy.

This request supports the Results Washington Goal 4: Healthy and safe communities to help keep people safe in their homes, on their jobs and in their communities. Healthy Youth and Adults 1.2: Decrease percentage of adults reporting fair or poor health from 15 percent in 2011 to 14 percent in 2017.

The agency would expect that approximately 14-16 patients at the state hospitals are cleared of the Hepatitis C virus. With the reduction in the number of patients with Hepatitis C there will be a reduction in spread of Hepatitis C and a reduction in the need for liver transplants.

STAKEHOLDER IMPACT

The Health Care Authority, the Department of Corrections, and the Special Commitment Center are requesting additional funding to treat individuals with the new drug.



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