Patient access to high-priced hepatitis C antiviral medicines and financial risk associated to their delivery in community pharmacies: A case report in Switzerland

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Background The reimbursement scheme and high GDP per capita in Switzerland should guarantee an easy access to new high-priced hepatitis C antiviral medicines (HCVm, e.g. Harvoni®). However, some patients experience difficulties obtaining their treatment in community pharmacies.

Purpose To quantify and investigate the issue of obtaining HCVm in a Swiss canton (Canton of Vaud) and to describe the process flowchart for HCVm delivery in a community pharmacy to understand the potential financial risks that could lead to a refused delivery.

Method First, attitudes and experiences of community pharmacists in the Canton of Vaud (n=249) were explored by an online survey in April/May 2016 (Google forms). Questions were on the number of patients with an HCVm prescription during the last two years, the number and reasons of refused deliveries, as well as patients? reorientation or not to another pharmacy. Second, we estimated a range of total costs of the delivery and gross financial results for a 3-month treatment with Harvoni® using the process flowchart for HCVm delivery. We included all steps: i) directly related to patient contact: e.g. check insurance status, identification of drug-related problems, counselling, and ii) to activities in the back-office: e.g. billing process, drug ordering. Several scenarios were tested according to different criteria: i) clinical (e.g. patient with/without other health problems), ii) therapeutic (e.g. prescription within/outside the restricted medical indications), and iii) organisational (e.g. task division between pharmacist and technician). Data were based on a 2-year experience with 68 patients in one pharmacy. We performed univariate sensitivity analyses to extrapolate results to other pharmacies.

Findings Of the 114 respondents (participation rate: 46%), half had already managed a patient with an HCVm prescription (60/114, 53%). Out of them, 23% (14/60) refused delivery to at least one patient. The main reasons were: reimbursement uncertainty, financial risk and commercial strategy. Patients were often not reoriented in case of non-delivery (10/14, 71%). In some scenarios, delivery of an HCVm resulted in direct financial loss and fees-for-services never covered professional services.

Conclusion Access to high-priced HCVm is hampered by the financial risk supported by pharmacists (working capital requirement, insufficient remuneration, potential loss). A network of specialized pharmacies ensuring HCVm delivery might resolve this issue. The simulation study was based on one pharmacy, however, sensitivity analyses allowed extrapolation to other pharmacies.