Variable access to antiviral treatment of chronic hepatitis B in Canada: a descriptive study.

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Abstract: Antiviral treatment for chronic hepatitis B is costly, which presents challenges for universal drug coverage for the estimated 480 000 people with the disease in Canada. We appraised criteria for reimbursement of chronic hepatitis B antivirals by public drug plans in Canada.

In this descriptive study, we reviewed the reimbursement criteria for lamivudine, adefovir, tenofovir, entecavir, telbivudine, pegylated or standard interferon, and emtricitabine-tenofovir in the 10 provinces and the Yukon Territory as well as 3 federal programs: Correctional Services Canada, Veterans’ Affairs and the Non-Insured Health Benefits Program. We extracted data from publicly available formularies. The primary outcomes extracted were prescriber details, reimbursement regulations and published list price.

All public drug insurance plans limit access to antiviral treatment in patients with chronic hepatitis B based on viral characteristics, fibrosis stage and/or specialist approval. Lamivudine use is restricted only in British Columbia and Ontario. Six plans (43%) cover entecavir or tenofovir with no restriction, and 8 plans (57%) cover these agents if patients have advanced fibrosis/cirrhosis. Nine plans (64%) provide coverage of interferon, although 4 of these programs reimburse only nonpegylated interferon, which is not currently recommended for chronic hepatitis B treatment.

We found substantial variability among jurisdictions in reimbursement criteria for the treatment of chronic hepatitis B in Canada. The findings can inform health policy and support the development and adoption of a national chronic hepatitis B strategy to ensure equitable and timely access to treatment no matter where patients reside in Canada.

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