



## Financial aspects of HCV elimination. Is it "cost saving"? Cost of screening and treatment.

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- Existence of HCV was proven only in 1989
- 130-150 million infected patient around the World
- 70-100 thousand carriers of HCV
- Difficult to identify, asymptomatic for decades
- Chronic case: cirrhosis, liver cancer
- With previously infected blood, nowadays mainly among drug users

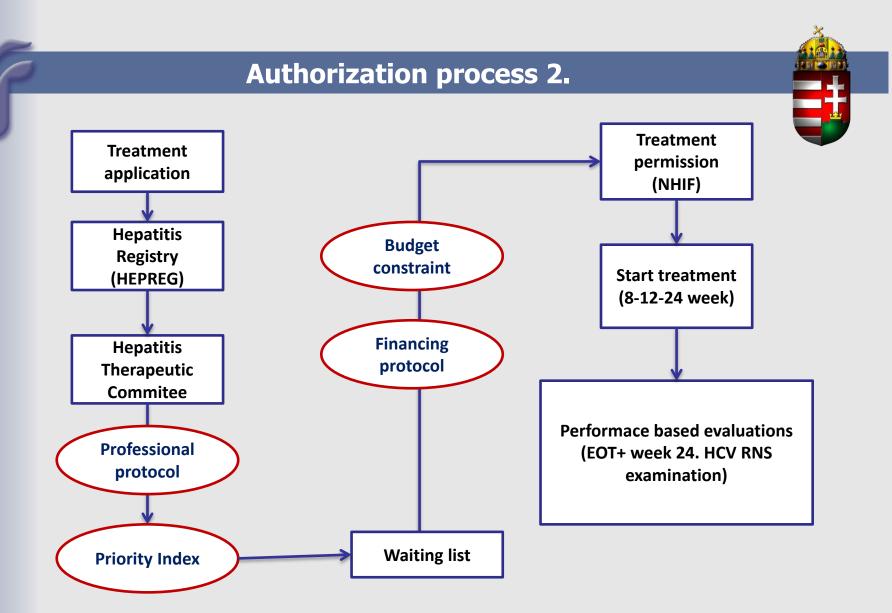
#### Authorization process 1.



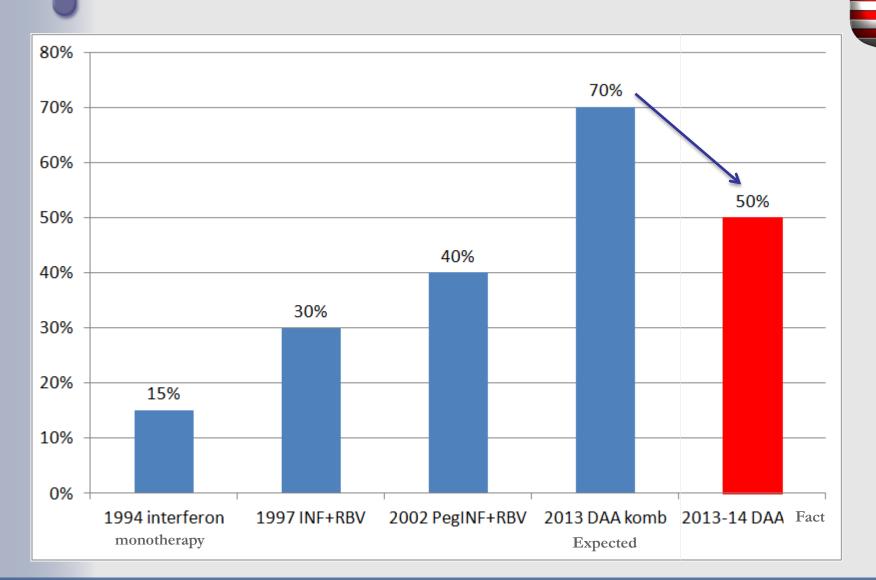
### **Priority Index**



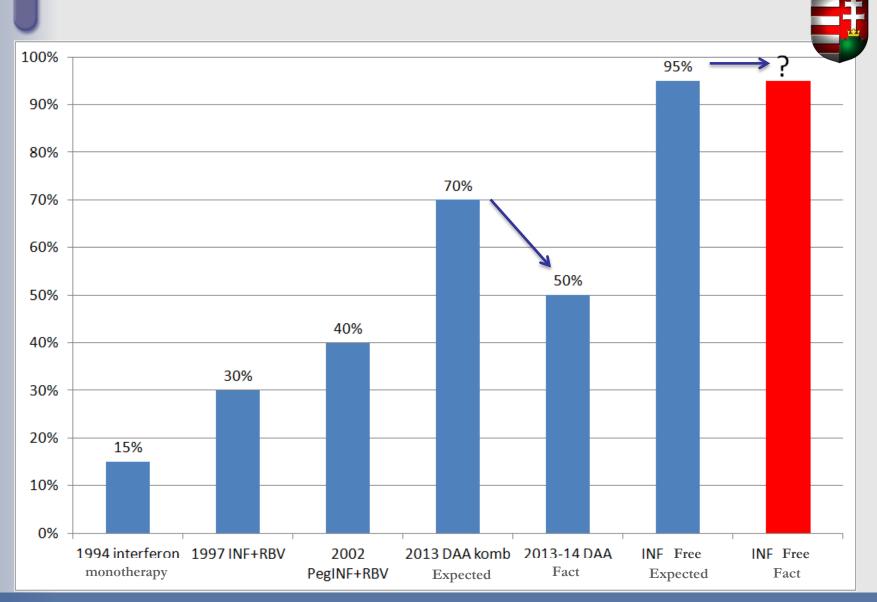
- Definition: Proritization (schedule) of HCV infected patients based on professional aspects (numeric value)
- Objective components: stage of liver disease, progression (0-70 point)
- Special aspects: eg. HC-workers, already transplanted (10-50 point)
- Subjective components: points by physicians, Commitee (0-12 point)



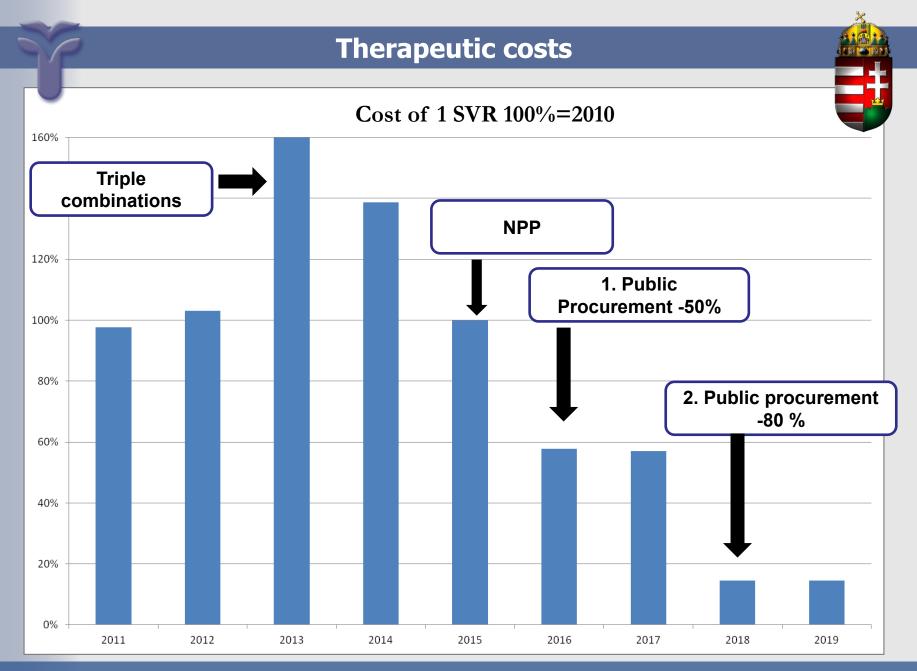
#### **Therapeutic possibilities & healing rates**

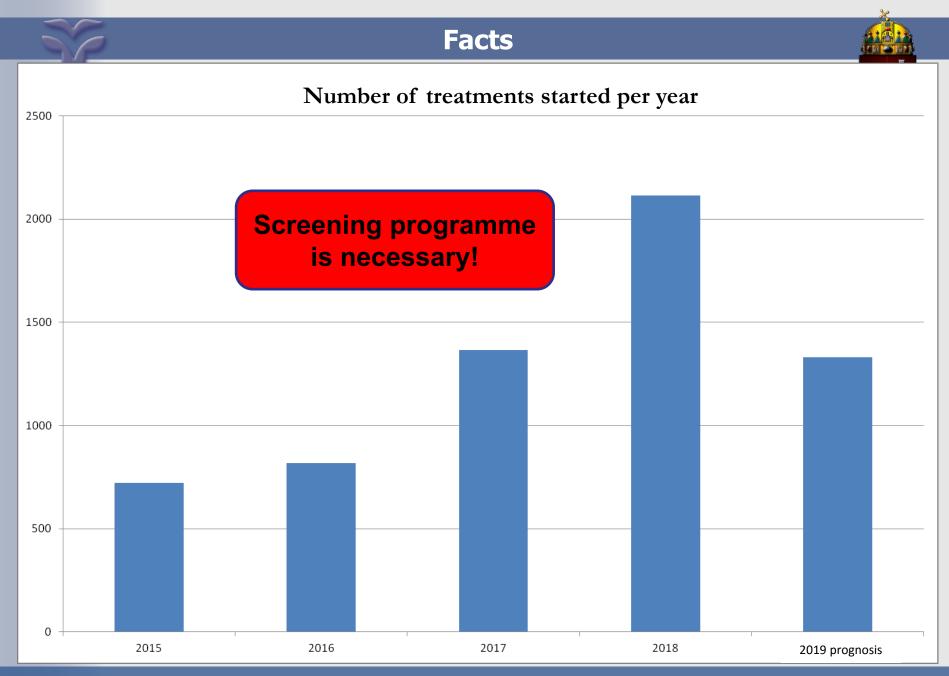


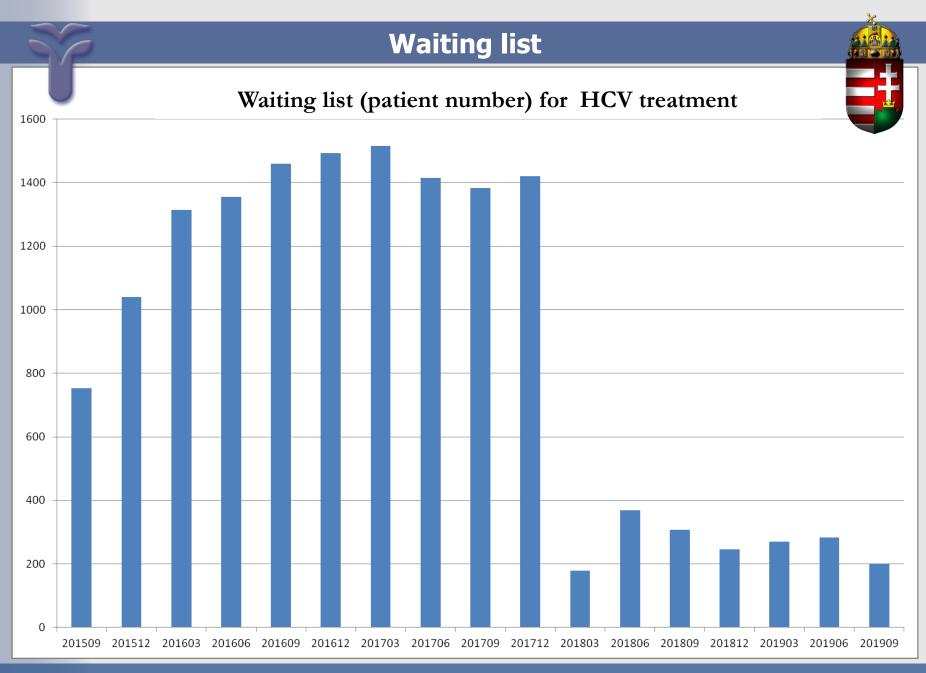
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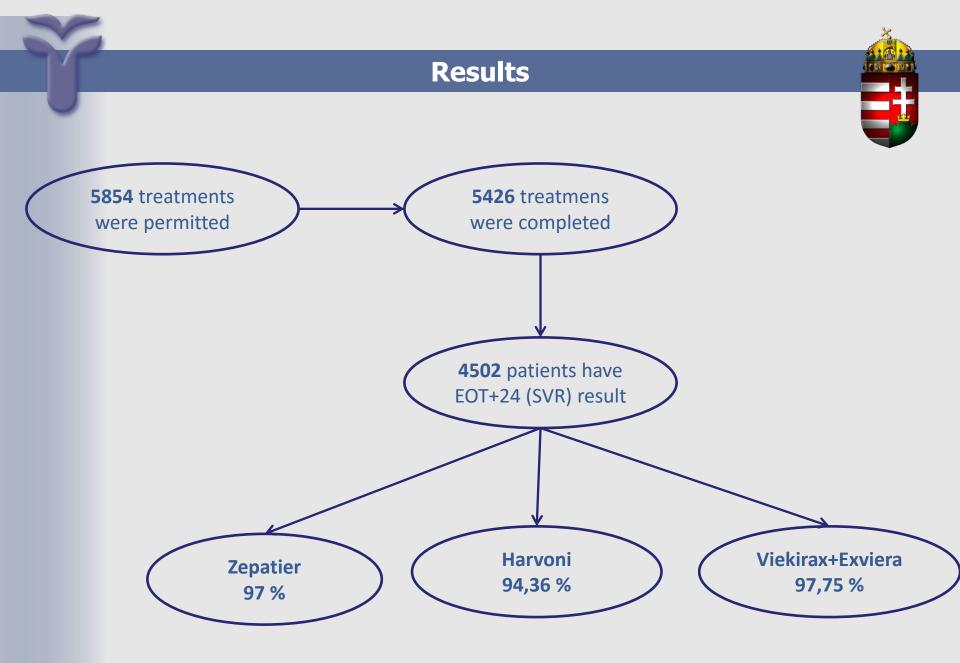


National Health Insurance Fund Hungary









#### Hepatitis C treatment: where are we now in Hungary?



#### 2010

- Queue for months
- Long, 48-72 week treatments

- Particularly poor cure rates of Cure rates approaching 100% 40%
- Approx. 500 healed patients

#### 2018

- Immediate initiation of therapy
- Shortened treatment duration: 8-12 week treatments
- Approx. 2100 healed patients



- HCV screening programmes (highlighted HC-workers)
- Treatment for IFM failure patient, possibilities to reimburse new therapies
- Exact defenition of succesful treatment path based on further evaluation and integration to protocol
- Increase the essence of performance basis in other disease groups
- •A paradigm shift in access to Hepatitis C drugs: "renaming" the waiting list to the registration list, meaning rapid access to therapy.





# Thank you very much for your kind attention.