What is chronic hepatitis B (CHB) and who is affected?

CHB is an infectious viral illness that damages the liver. If untreated, it can lead to serious cirrhosis and liver cancer. An estimated 600,000 people in Canada are affected. It is especially prevalent amongst newcomers to Canada where the rate of infection is 4 to 6 times higher than the general population.

There are two kinds of treatments

Oral medications

Oral medications are the most common treatment. Treatments are often lifelong and continuous. There are five different medications.

- **Entecavir**
  - Monthly cost (brand): $696
  - Monthly cost (generic): $495
- **Lamivudine**
  - Monthly cost: $149
- **Adefovir**
  - Monthly cost: $770
- **Tenofovir**
  - Monthly cost: $594
  - **Adofivir**
  - Monthly cost: $1,593
- **Pegylated interferon 2a**
  - Monthly cost: $1,670

**Recommended**

- **Entecavir**: $495
- **Lamivudine**: $106
- **Tenofovir**: N/A
- **Pegylated interferon 2a**: N/A

**LEGEND**

- **FIRST LINE**: A red outline indicates a drug considered to be the first choice to treat a specific condition.
- **Orange pill**: Indicates potential for generic pricing option upon addition to formulary.
- **Without a generic version of telbivudine, tenofovir, or interferon the cost can be quite high. Currently, since these drugs are not on the formulary, potential generic price savings are not realized.**

**Reimbursement options and monthly cost of drug**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Monthly cost (brand)</th>
<th>Monthly cost (generic)</th>
</tr>
</thead>
<tbody>
<tr>
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**TENOFVIR**

**ENTECAVIR**

**LAMIVUDINE**

**ADEFOVIR**

**How should the Ontario Public Drug Program cover CHB treatments?**

Currently, CHB treatments (except telbivudine) are available through the Exceptional Access Program (EAP). However, this process takes approximately six weeks and isn’t ideal for patients needing treatment quickly.

- **Recommendation 1**: Evaluate the possible inclusion of pegylated interferon to the Exceptional Access Program as it has advantages over the currently listed standard interferon (only administered once weekly vs. 3 times weekly).
- **Recommendation 2**: Criteria should be re-visited and updated within 4 years or upon genericization of tenofovir. Pricing negations with manufacturers based on pricing reductions (approximately 60%) to allow for cost-effective addition of tenofovir should also be considered.
- **Recommendation 3**: Evaluate the possible alteration to current Exceptional Access Program process for patients with decompensated cirrhosis to allow for rapid approval via phone approval.
- **Recommendation 4**: Remove adefovir from the Exceptional Access Program.

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Visit the Ontario Public Drug Programs website to determine who is eligible for CHB. View the final report at www.ODPRN.ca.

Visit www.odprn.ca for more information about the work we do.

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