Figure 1. Collaborative drug therapy management model in a Hepatitis C Specialty Clinic.

Provider

Office visit: HCV assessment. Treatment referral to clinical pharmacist with treatment checklist.

Pharmacist

Office visit: Collects and assesses information and develops plan in collaboration with patient and provider.

Submits prior authorization. Coordinates delivery of medication to clinic.

Office visit: Treatment start date. Medication reconciliation performed. Medication provided with counseling.

Office visit: Every 4-weeks during treatment. Refills provided with counseling, medication reconciliation, and adherence checks.

Office visit: Coordinating monthly delivery of medication to clinic with specialty pharmacy.

Pharmacy

Patient and lab directed medication management.

Labs ordered for 4-week follow up, ETR, and SVR12 HCV RNA viral load. Other labs may be ordered for monitoring (e.g., SCr, digoxin, etc.)

Nurse clinician

Office visit: SVR12 follow up visit to assess treatment response. Completion and cure certificate awarded to patient.
Figure 2. Treatment Trends with Policy Changes, 2014-2018

- **February 2016**: Illinois ADAP adds DAAs to formulary for stages ≥ F2 with insurance denial.
- **August 2016**: Illinois ADAP expands access to all stages, no denial required.
- **September 2016**: Illinois Medicaid expands access to stages ≥ F3.

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HCV mono-infected

HIV/HCV co-infected