Evaluation of the Impact of the Implementation of a Specialty Pharmacy Program in the Treatment of Hepatitis C (HCV)

Trisha Pedone, PharmD1, Erika Aldag, PharmD, BCPS1, Rachel Pedersen, BA1, Siddesh Besur, MD1, Kamran Safdar, MD1, and Ajay Sahajpal, MD1
1Aurora St Luke's Medical Center, Milwaukee, WI; United States

Background
- Current guidelines recommend newer therapies over interferon-based treatments
- The following timeline delineates recent FDA approval of drug regimens for HCV

Objective
- Evaluate the impact of a specialty pharmacy program regarding safety and efficacy with use of current HCV regimens

Results
- 199 patients completed treatment
- Mean age: 58 ± 9 years
- N=117 (59%) male
- 155 (78%) of patients were HCV genotype 1 (59% 1A), 17 (8.5%) were genotype 2, 20 (10.5%) were genotype 3, 2 (1%) were genotype 4, 5 (2%) unknown

Methods
- Retrospective chart review of patients with HCV
- Prescriptions filled through Aurora Specialty Pharmacy program between 1/17/14 and 6/30/15 (N=204)
- 5 (2.4%) of 204 patients excluded due to de-enrollment
- Kaplan-Meier Method used to examine time to SVR after regimen completion
- End of treatment and time 0 for Kaplan-Meier estimates was considered 90 days after start of treatment
- Efficacy of treatment 6 months post-medication completion:
  - 92% achieved SVR
  - No difference in previously treated vs treatment-naive (p=0.70)
  - Genotype 1A: slightly lower SVR (87% vs. 98%, p=0.13)
  - AST to platelet ratio index (APRI Score):
    - Score >1: predicts cirrhosis
    - 44.9% (95% CI: 37.9%-51.9%) had cirrhosis (APRI >1.0)
    - Higher vs 20% national average

Conclusions
- SVR rates comparable to clinical trials with use of specialty pharmacy program
- HCV Genotype 1A had lower SVR rates but not statistically significant compared to other genotypes
- No difference between previously treated and treatment-naive patients
- Using APRI Score to indicate cirrhosis showed over double the national rate

References