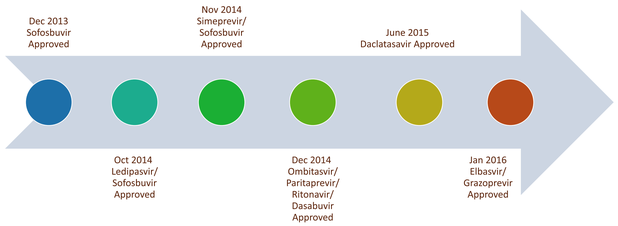
Evaluation of the Impact of the Implementation of a Specialty Pharmacy Program in the Treatment of Hepatitis C (HCV)

Trisha Pedone, PharmD[1], Erika Aldag, PharmD, BCPS[1], Rachel Pedersen, BA[1], Siddesh Besur, MD[1], Kamran Safdar, MD[1] and Ajay Sahajpal, MD[1].
[1]Aurora St Luke's Medical Center, Milwaukee, WI; United States

Background

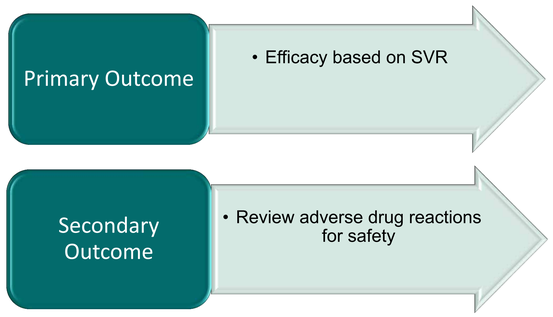
- Current guidelines recommend newer therapies over interferon-based treatments[1]
- The following timeline delineates recent FDA approval of drug regimens for HCV[2,3,4]



- Specialty pharmacy program was implemented to promote adherence and treatment accessibility
- Clinical trials support use of new drug regimens but few studies are replicable in real-life clinical practice
- Clinical cure defined by aviremia post-treatment, known as sustained virologic response (SVR)

Objective

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

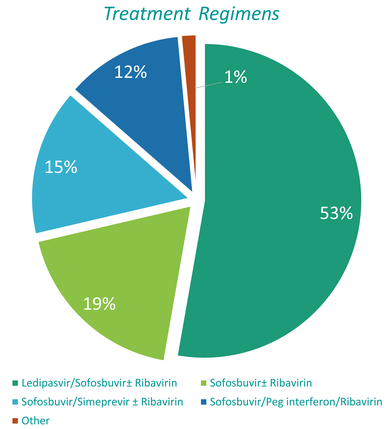


Methods

- 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

Results

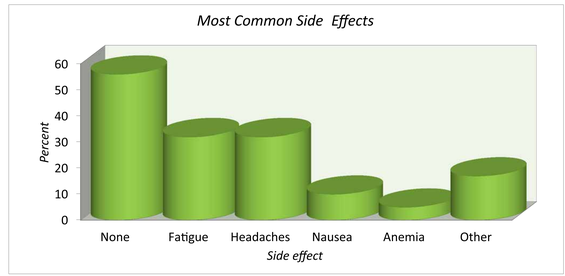
- 199 patients completed treatment
- Mean age: 58 ± 9 years
- N=117 (59%) male
- 155 (78%) of patients were HCV genotype 1 (59%=1A), 17 (8.5%) were genotype 2, 20 (10.5%) were genotype 3, 2 (1%) were genotype 4, 5 (2%) unknown



- Efficacy of treatment 6 months post-medication completion:
  - 92% achieved SVR
  - No difference in previously treated vs treatment-naïve (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

Results Continued

- Safety of treatments:



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-naïve patients
- Using APRI Score to indicate cirrhosis showed over double the national rate

References

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4. Meyer L. FDA approves Zepatier for treatment of chronic hepatitis C genotypes 1 and 4. U.S. Food and Drug Administration. 24 July 2015. Available at: http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm483828.htm.Accessed 30 September 2015.

Correspondence: Trisha Pedone
Trisha.Pedone@aurora.org
Pharmacy Department
2900 W Oklahoma Ave; Milwaukee WI 53215