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

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Background

• Current guidelines recommend newer therapies over interferon-based treatments1

• The following timeline delineates recent FDA approval of drug regimens for HCV2,3,4

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

• 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)

• 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

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

References