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

Primary Outcome
- Efficacy based on SVR

Secondary Outcome
- Review adverse drug reactions for safety

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-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