INFLUENCE OF PHARMACOLOGICAL INTERACTIONS IN HEPATITIS C TREATMENT SELECTION IN OPIATE DEPENDANT PATIENTS

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Background

The therapeutic strategy for Chronic Hepatitis C (CHC) in our Health System establishes that in mono- or co-infected HCV/HIV patients in whom priority therapy with glecaprevir/pibrentasvir is contraindicated, their usual treatment will be changed and/or an alternative therapy for HCV will be used: sofosbubir/velpatasvir with an increased cost of 7% per patient or elbasvir/grazoprevir with 64%.

Purpose

To analyse the impact of patient's usual medication (UM) in the selection of hepatitis C treatment in opiate dependant patients.

Material and methods

Patients that started hepatitis C treatment in a center of Mental Health Network from January to August 2018 were included. Prior to the approval of hepatitis C treatment by the CHC Committee, the pharmacist reviews the possible interactions of the prioritized therapy with the UM. If there is a significant interaction, either switches UM or an alternative hepatitis C treatment is chosen.

Results

The number of approved treatments was 96. Completed treatments: 73 patients, 98% monoinfected. Genotypic distribution: 1a: 31 (42%), 3: 22 (30%), 4: 11 (15%), 1b: 7 (10%) and 2: 2 (3%). 47 (64%) patients had a degree of liver fibrosis ≤ F3, 21 (29%) patients F4, and 5 (7%) unknown fibrosis.
64/73 (88%) patients were treated with glecaprevir/pibrentasvir. In 14/64 (22%) modification of their UM was necessary: avoid metamizole, delay proton pump inhibitor, switch statin and suspend oxcarbazepine.
Only 9/73 patients (12%) received non-prioritized treatment with sofosbuvir/ velpatasvir, due to their usual treatment with: antipsychotic (5), HIV protease inhibitor (1), platelet antiaggregant (1), ethinylestradiol (1), and 1 had Child-Pugh B.
Since we only have available sustained viral response (SVR) results in 20% of patients, the effectiveness has been measured as viral response at the end of treatment (VRE), being 96% (70/73) to date. 3 patient's response still needs to be assessed

Conclusions

The review and assessment of drug interactions has permited to treat 88% of patients with the prioritized therapy, with an effectiveness in VRE of 96%, according to the results of the clinical trials.
The evaluation of pharmacological interactions and the pharmaceutical intervention optimizes the benefit/risk balance of the treatment and contributes to the efficient use of this therapy

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