

FOCUS ON HCV TREATMENT BASED ON SECOND-GENERATION DIRECT-ACTING ANTIVIRAL AGENTS (DAAs-2): COMPARING NATIONAL AND LOCAL PRESCRIBING TRENDS

C. INSERRA¹, A. ZIVI¹, V. SCALZI¹, L. ZAMPOGNA¹, S. VIMERCATI¹, M. PIACENZA¹, G. ZEREGA¹
¹ASST FATEBENEFRAPELLI SACCO - L.SACCO HOSPITAL, PHARMACY, MILAN, ITALY

6ER-010

J05 - Antivirals for systemic use

Background

Since the beginning of 2014, an increasing number of second generation direct-acting antiviral agents (DAAs) have been approved in Italy for treating Chronic Hepatitis C virus (HCV) improving patients' perspectives and increasing treatment outcomes. In order to achieve high quality treatment with these costly drugs, DAA-2 prescriptions are subject to strict rules (specific drug for specific patient characteristics and virus genotype) and intense monitoring.



23rd Congress of
HOSPITAL PHARMACISTS
SHOW US WHAT YOU CAN DO!
21st - 23rd March 2018
Gothenburg, Sweden

Osedale Luigi Sacco
POLO UNIVERSITARIO

Sistema Socio Sanitario
Regione Lombardia
ASST Fatebenefratelli Sacco

Purpose

The aim of the work was to compare national¹ and local prescribing trend.

Material and methods

Local electronic monitoring prescriptions of DAA-2 made from January 2015 to February 2017 were extracted from the National monitoring prescriptions database. The number of prescriptions for each DAA-2 was extracted. Qualitative and quantitative presentation of local data was adapted in order to make them comparable to available national data. Both local and national monthly average drug prescription for each DAA-2 was assessed considering the number of months of commercialisation of each DAA-2. Local and national prescribing trends were assessed and compared.



Figure 1. National cumulative prescribing trend

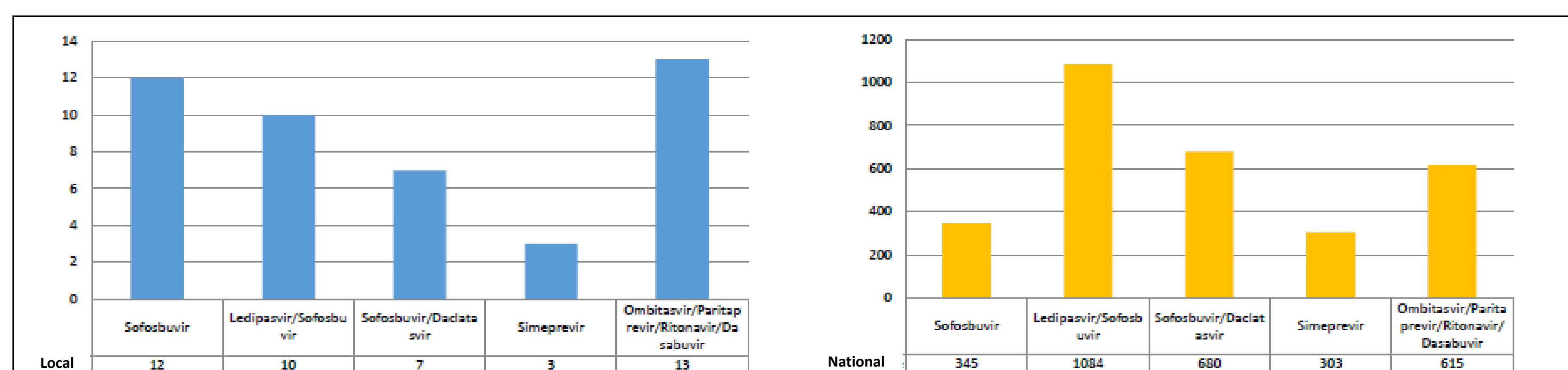


Figure 2. Local and National month average of DAAs-2 prescription

Results

1026 electronic local monitoring prescriptions were analysed. Treatments were: Sofosbuvir (31.3%), Ledipasvir/Sofosbuvir (20.9%), Ombitasvir/Paritaprevir/Ritonavir (25.9% - 20.4% in monotherapy; 5.5% in association with Dasabuvir), Daclatasvir (15%), Simeprevir (6.9%). The national and local monthly average of prescriptions was respectively: 345 and 12 (Sofosbuvir), 1084 and 10 (Ledipasvir/Sofosbuvir), 680 and 7 (Sofosbuvir/Daclatasvir), 303 and 3 (Simeprevir), 615 and 13 (Ombitasvir/Paritaprevir/Ritonavir-Dasabuvir). National prescribing trend (listed in ascending order) was: Simeprevir, Sofosbuvir, Ombitasvir/Paritaprevir/Ritonavir-Dasabuvir, Sofosbuvir/Daclatasvir, Ledipasvir/Sofosbuvir. Differently, local prescribing trend (listed in ascending order) was: Simeprevir, Sofosbuvir/Daclatasvir, Ledipasvir/Sofosbuvir, Sofosbuvir, Ombitasvir/Paritaprevir/Ritonavir-Dasabuvir.

Conclusion

Comparison between local and national prescribing trends have shown differences: Ledipasvir/Sofosbuvir and Ombitasvir/Paritaprevir/Ritonavir-Dasabuvir are the most prescribed therapies respectively in national and local context. These differences could be justified by population differences; however, a detailed study of local patient population is needed to confirm genotype and patient population as the only influencing factors for discrepancies.

References 1. WEF-E 2017 "Aggiornamento sui dati nazionali di prescrizione dei DAAs dai registri AIFA" Simona Montilla

23rd Congress of Hospital Pharmacists (eahp)

HOSPITAL PHARMACISTS - SHOW US WHAT YOU CAN DO!

21st - 23rd March 2018 | Gothenburg, Sweden

Contact information
chiara.inserra@asst-fbf-sacco.it