

# PROTOCOLIZED USE OF PROTEASE INHIBITORS FOR HEPATITIS C IN A HEALTH CARE AREA: 18 MONTHS OF COST SAVINGS

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## BACKGROUND

In order to adequate the prescriptions for the use of direct-acting antiviral agents (DAAs) for the treatment of HCV genotype 1 infection in mono and co-infected patients according to the recommendations of the Spanish Health System under the current economical conditions, a Local Commission formed by an Infectious Disease specialist, a digestologist and a Hospital Pharmacist, was created in our Health Care Area.

## PURPOSE

In this study we evaluate the economical impact of the prioritization of treatments with DAAs carried out by a Local Commission in a Health Care Area during 18 months.

## MATERIAL AND METHODS

Observational, retrospective study from April 12 to September 13. Viral genotype was measured, as well as liver stiffness by ultrasound based transient elastography (fibroScan®) and IL-28 polymorphism. Patients were classified based on previous treatment with peginterferon-ribavirin (naïve, relapser, partial-responder, null-responder or with unknown previous response). By agreement between the Medical Director, Pharmacy, Digestology and Infectious Disease Services, patients considered eligible for treatment with DAAs were those with F3-F4 fibrosis stage and those relapsers whose liver stiffness were >8,5 kpa. Medical records and analytical data of all patients with a request of treatment with DAAs were reviewed as well as the decision taken by the Commission (accepted/denied). Cost with triple therapy in HCV genotype 1 was estimated to be 40.000€ per patient (treatment and support therapy). Data analysis was developed using SPSS statistical package. .

## RESULTS

56 treatment requests were finally evaluated. Depending on previous treatment, patients were naïve (46.42%), relapsers (37.5%), partial-responders (10.71%) and null-responders (5.35%). Depending on fibrosis stage, they were F0-F2 (25%), F3-F4 (57.14%), and 17.85% had no recent fibrosis test (neither fibroScan® nor biopsy).

93.9% of accepted prescriptions corresponded to F3-F4 patients and the remaining 6.1% were two exceptions included on current HCV therapy recommendations of the Spanish Health System (one F2-naïve woman with childbearing intentions and one F2-naïve man with special working conditions). 23 (41,1%) patients were considered not eligible for triple therapy with DAAs. That supposed a cost saving of 880.000€ (one of them had no indication for treatment (F0-F1), so was not included

## CONCLUSIONS

The creation of a Local Commission and its decisions in order to prioritize triple therapy with DAAs to those patients with more advanced liver disease and deferring the ones in mild stages (hoping for new, better and safer drugs) has supposed until now an important cost saving in our Health Care Area.