THE VALUE-ADDED BY THE PHARMACIST : DRUG-DRUG INTERACTIONS (DDI) ANALYSIS IN **MULTIDISCIPLINARY MEETING FOR HEPATITIS C**





CP-175

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BACKGROUND: Chronic Hepatitis C management has changed tremendously with Direct Acting Antivirals (DAA) approval.

Direct Acting Antivirals :



Provide a high-sustained virological response with rare adverse effects



Our health care system imposes prescription and dispensing constraints. Treatments are initiated in authorized centers thanks to **multidisciplinary meetings**.



MATERIALS AND METHODS :

- Prospective analysis study of DDI on DAA treatment access forms over a 2 mouths period \checkmark
- DAA strategy proposals and patients' regular treatment were systematically submitted to the analysis of the pharmacist \checkmark
- DDI were identified thanks to : Hep-druginteractions.org database, Vidal monographs and a literature review \checkmark

RESULTS :

- 43 patients' DAA access forms were analyzed \checkmark
- Regular therapies contained **5 drugs** on average

Population characteristics			
Sex	Men : 58,1 %	Women : 41,8 %	
HVC genotype	1:60% 1a:18,6% 1b:37,2% Not reported:4,65%		
	2:2,3%		



A total of **319 combinations** between DAA and regular drugs \checkmark were studied

Prevalence of DDI with Direct Acting Antivirals		
Ombitasvir/paritaprevir/ritonavir	47 %	
Simeprevir	40 %	
Sofosbuvir/ledipasvir	16 %	
Sofosbuvir/daclatasvir	13 %	





In this study, contraindications involve :

ANTIEPILEPTICS (primidone) **ANTIRETRVIRALS** (efavirenz) **BETA-2-AGONISTS** (salmeterol)

CONCLUSION:

- This study shows that 25 % of combinations between DAA and patients' regular drug had DDI. \checkmark
- As expected, because of its metabolism, ombitasvir/paritaprevir/ritonavir association had more DDI than the other DAA. \checkmark
- The pharmacist plays a key role in the DDI management and participates in the choice of hepatitis C treatment. \checkmark

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