

HEPATITIS C TREATMENT IN COMMUNITY PHARMACIES: AN EFFECTIVE WAY OF ENSURING EXCELLENT SVR RATES IN PEOPLE ON OPIATE SUBSTITUTION THERAPY.

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Background:

With interferon free direct acting antivirals (DAAs) for hepatitis C, the need for regular hospital visits to monitor side effects and adverse blood results has reduced, so opportunities to monitor compliance are also reduced and this raises concerns around efficacy.

Methods:

The study aimed to monitor treatment completion rates and outcomes in all individuals receiving oral treatments comparing patients on opiate substitution therapy (OST) to non OST patients. The study was carried out between April 2015 and December 2016.

Results:

A total of 195 were included in the study. Cohort A (97) had treatment dispensed daily in a community pharmacy with their OST. Cohort B (98) the control group were dispensed weekly or 4 weekly.

In cohort A, 75 (77.3%) were genotype 1, 33 (34%) had cirrhosis, 14 (14.4%) were previous treatment failures. In cohort B, 81 (82.6%) were genotype 1, 29 (29.5%) had cirrhosis and 29(29.5%) were past treatment failures.

93 (96%) in cohort A completed full course of treatment and 97 (99%) in cohort B. To date SVR results were available in 171 patients. 75/82 (91.4%) in cohort A and 81/89 (91%) in cohort B achieved an SVR. There were 5 deaths, 3 from decompensating cirrhosis and 2 for accidental overdose. The main treatment failures were in genotype 3 cirrhotics.

Conclusion:

In this study completion of therapy was excellent in both cohorts. Dispensing treatment daily at the same time as OST is an effective way of achieving high SVR rates. Routine provision of HCV treatment does not need to be provided within specialist service. This could have a significant impact when deciding in which care settings treatment can be provided.