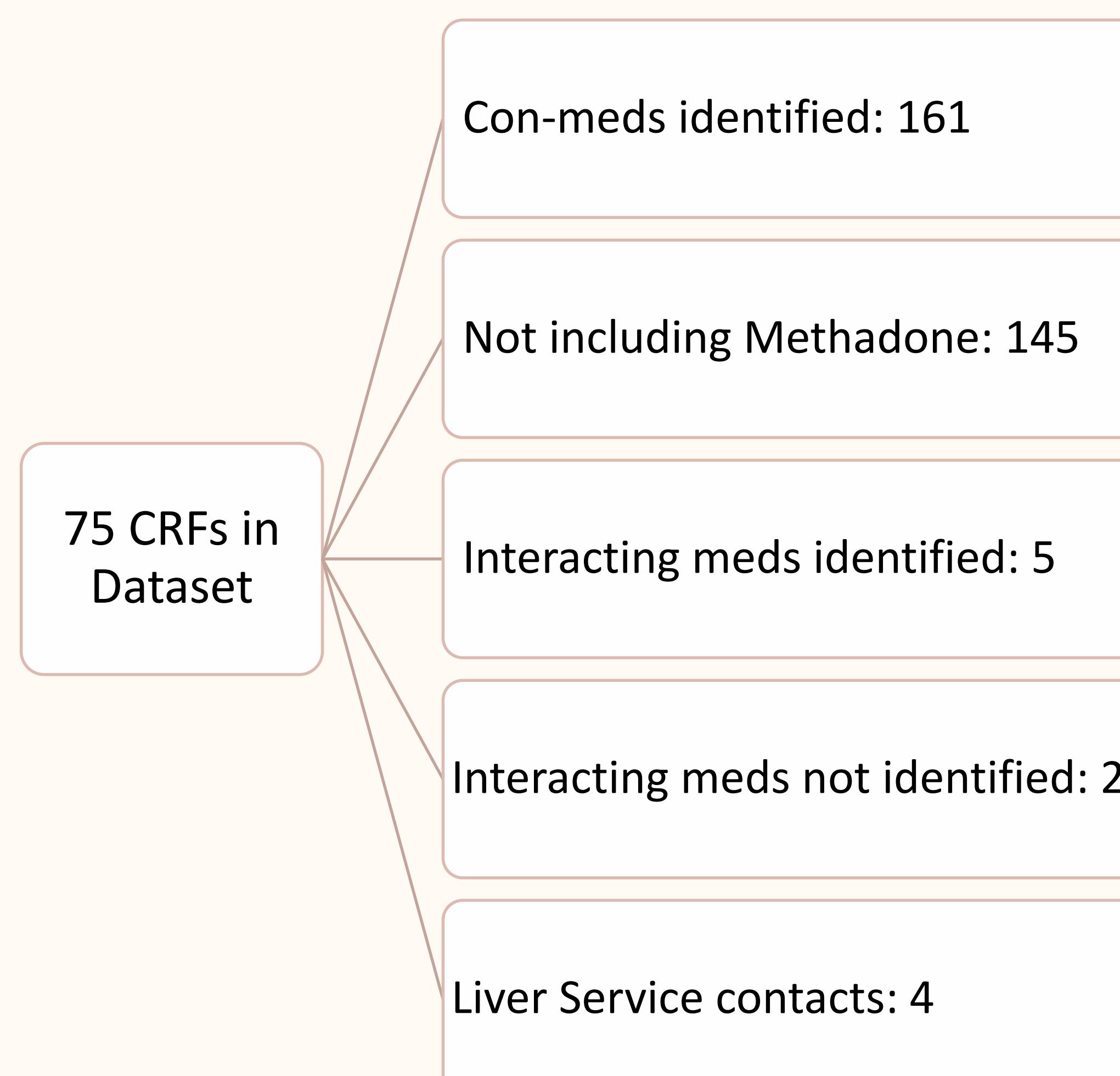


PHARMACOLOGICAL MONITORING OF PARTICIPANTS UNDERGOING DAA TREATMENT FOR HEPATITIS C INFECTION IN NHS TAYSIDE: CONCOMITANT MEDICATIONS OF PEOPLE WHO INJECT DRUGS PARTICIPATING IN THE SUPERDOT-C TRIAL

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Background

- SuperDOT-C trial shifts the assessment for, and monitoring of, Direct Acting Antiviral (DAA) treatment for HCV to community pharmacists in the intervention arm.
- Standard care: prescribing and monitoring of DAAs undertaken by hospital-based specialist pharmacists and clinic-based specialist nurses.
- New challenges for pharmacists, who take responsibility for patient safety.
- Challenges pose potential burden on the specialist liver service, which treats HCV+ patients through clinics and outreach services.
- These staff assess drug-drug interactions and drug-disease risk factors.



Results

The community pharmacists identified 145 concomitant medications for 75 participants in the intervention arm of the trial in Tayside.

Among the 145 medications, they identified 5 interacting con-meds across 5 participants.

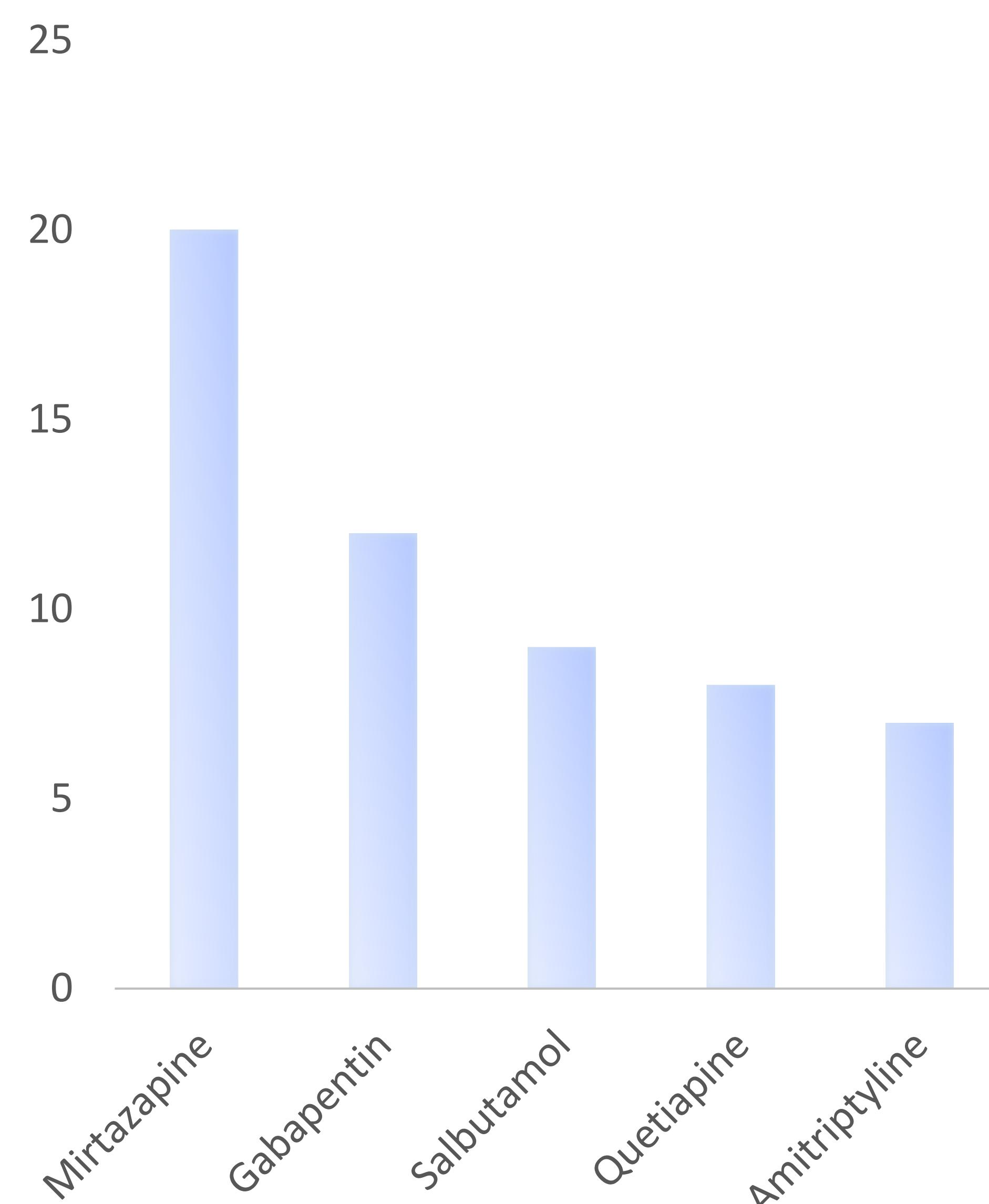
They contacted the NHS Tayside specialist liver services 4 times for safety advice concerning 3 participants.

For 1 participant, 2 potential drug-drug interactions were not identified by the community pharmacist, but they were later identified by the pharmacist Independent Prescriber and found not to interact with the study drug.

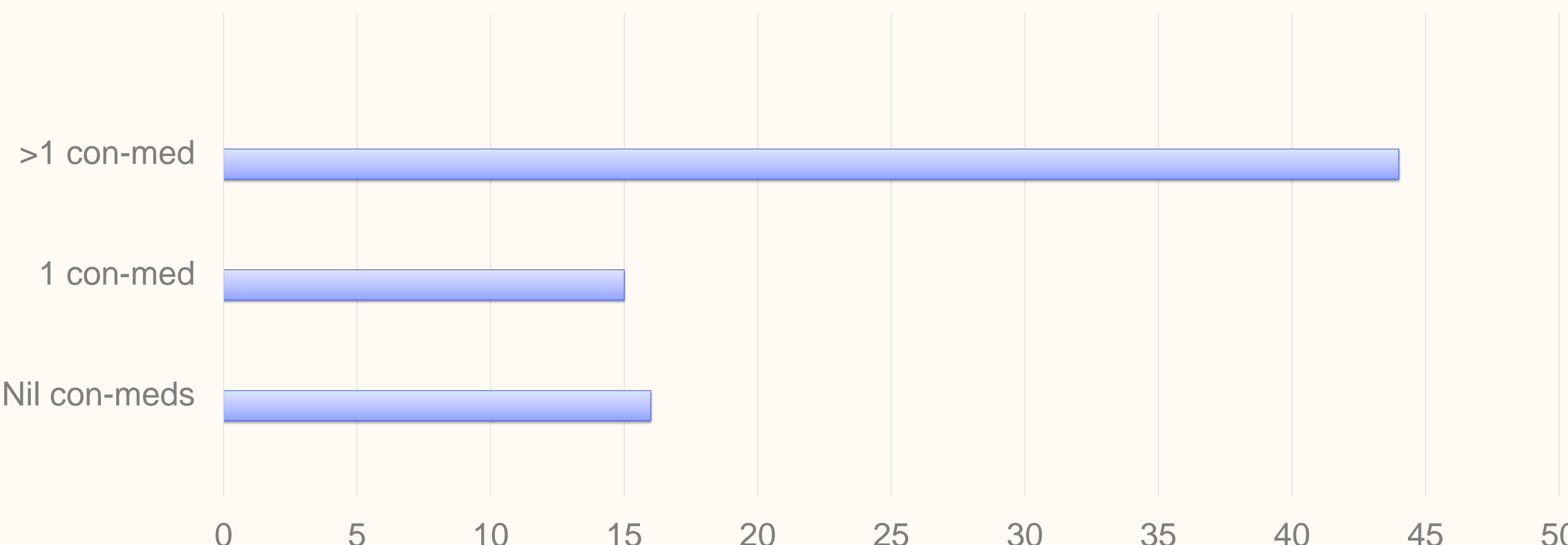
The 5 most reported con-meds by the pharmacists are seen in the chart to the right.

These figures exclude Methadone, as possession of a stable OST prescription is a study inclusion criterion.

Top 5 Concomitant Medications



The most identified concomitant medications amongst PWID in the intervention arm of the trial appear above. This gives a useful snapshot of the health status of those undertaking DAA treatment for HCV in the pharmacy-led arm in Tayside. The next most frequently noted con-meds are Pregabalin (4), Sertraline (4) and Ferrous Fumarate (4).



Methods

The intervention arm enables HCV testing (by DBST) and treatment using DAAs by community pharmacists with the support of a community pharmacist Independent Prescriber, who prescribes the trial medication regimens of Sofosbuvir/Ledipasvir (Harvoni) if genotype 1 or Sofosbuvir/Daclatasvir (Sovaldi/Daklinza) if genotype 3.

The pharmacist's safety evaluation of the participant includes:

- ✓ History of concomitant medications (con-meds);
- ✓ Evaluation of interactions with pathway treatment;
- ✓ Assessment of blood tests and prior diagnosis;
- ✓ Contact with specialist liver service for advice if required.

Conclusion

Only 4.3% of con-meds identified interacted with the DAAs, and 2.5% of con-meds led to pharmacist contact with the health board's specialist liver service.

The 5 most common con-meds prescribed for this population do not interact with DAAs used on the trial.

The data supports using community pharmacists to screen and assess patients for DAA treatment and shows the impact of this activity on the specialist liver service is minimal.



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† Image sourced from www.pngtree.com: 'Drugs Can Not Stop', free to use.

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