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:
The ongoing SuperDOT-C trial shifts assessment for, and monitoring of, Direct Acting Antiviral (DAA) treatment for HCV to community pharmacists in the intervention arm. This presents new challenges for these pharmacists, who take responsibility for patient safety, and of concern is the burden this new treatment approach may place on the specialist liver service. The standard of care in NHS Tayside is that prescribing and monitoring of DAA treatment is undertaken by specially-trained, hospital-based pharmacists and clinic/outreach-based hepatology nurses, who assess drug-drug interactions and drug-disease risk factors.

Methods:
Enabling HCV testing and treatment using DAAs among community pharmacists with the support of a community pharmacist Independent Prescriber (IP), who prescribes trial medication regimes of Sofosbuvir/Ledipasvir and Sofosbuvir/Daclatasvir. The pharmacist's safety evaluation 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.

Results:
Pharmacists identified 111 con-meds for 65 participants (nil con-meds=21; 1 con-med=13; >1 con-meds=31). Of 111 medications, pharmacists identified 5 interacting con-meds across 5 participants. Pharmacists contacted specialist liver services 6 times for advice concerning 3 participants. For 1 participant, 2 potential drug-drug interactions were not identified, but were later identified by the pharmacist IP. The 5 most-reported con-meds were: Mirtazapine (17), Gabapentin (11), Salbutamol (6), Amitriptyline (5) and Pregabalin (5). These figures exclude Methadone, as stable OST prescription is a study inclusion criterion.

Conclusion:
Only 6.3% of con-meds interacted with the DAAs, and 5.4% of con-meds led to pharmacist contact with liver specialists. Further, the 5 most commonly reported con-meds prescribed for this population do not interact with DAAs used on the trial. These data support the use of community pharmacists to screen and assess patients for DAA treatment and demonstrates the impact on specialist liver service is minimal.

Disclosure of Interest Statement: Study funded by Scottish Government. Study drug provided gratis by Gilead Sciences and Bristol Myers-Squibb.