



iPharma

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OBJECTIVES

The therapeutic landscape of hepatitis C has dramatically changed . An intensive pharmaceutical care program is necessary, due to their recent commercialization, the limited available data on its effectiveness and safety in clinical practice and their high cost. **OBJECTIVE:** to evaluate, in terms of safety and efficiency, pharmacists' interventions on patients starting treatment with new antiviral drugs (NAD).



METHODS

Design: observational, prospective study.

Inclusion criteria: patients who began treatment with NAD between April-September 2015. Drugs were dispensed at the outpatient pharmacy after a clinical interview in a monthly basis collecting demographics, pharmacologic (drug schedule, drug-interactions), laboratory ,clinical data (virological response, adverse events)

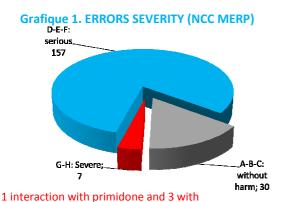


RESULTS

694 patients were included, (mean age 56.2): -52,9% F4, 24,6% coinfected

-Prescription profile:

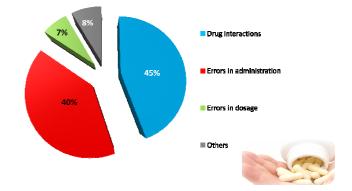
- ombitasvir/paritaprevir/ritonavir+/-dasabuvir: 54,5%
- sofosbuvir/ledipasvir en el 40,6%.
- ▶31,3% 24 week schedule.



Grafique 2. MEDICATION ERRORS

✤<u>194 interventions were made:</u>

 \rightarrow 99% acceptance rate



Selection and duration was adjusted to the protocol

in **99.6%** patients with 98.2% of virological response **Pharmacists interventions (selection and duration)**

resulted in direct cost savings of 121.194 Euros.

CONCLUSIONS

The role of the pharmacist in HCV patients has been fundamental to detect relevant drug-interactions and to provide accurate information on drug administration, hence improving safety. Pharmacists have also participated in the selection of the most cost-effective treatment.

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salmeterol and 3 ribavirin high dose



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