In the direct antiviral agents era of Hepatitis C Virus therapy, optimizing treatment with multidisciplinary strategies improves adhesion and efficacy.

**BACKGROUND**

Prospective analysis of HCV patients treated with DDA regimens at a peripheral hospital
- Enrolled in monthly outpatient pharmaceutical consultations
- Baseline and on-treatment parameters were reassessed per consultation:
  - Need for therapeutic changes / concomitant medicines
  - DDI
  - Adverse events
  - Compliance
  - Behavioural awareness / Patient education

**OBJECTIVES**

To evaluate the pharmacist’s role in HCV therapeutic management, to minimise compliance issues, drug-to-drug interactions (DDI) and adverse events management

**RESULTS**

142 Patients
544 Pharmaceutical Consultations

145 DAA Regimens

Baseline Consultations
On-treatment consultations

47 Active Pharmaceutical Interventions (32%)

**CONCLUSIONS**

Pharmaceutical interventions at our centre helped optimise HCV treatment in one-third of cases at the start but also throughout the treatment process, validating the pharmacist role within the multidisciplinary management of HCV.

**BIBLIOGRAPHY**

2. The European Guidelines of Hospital Pharmacy. EHPG. 2014