Therapeutic considerations in the management of special-population HCV patients and identifying effective roles for pharmacists in their care

Program Summary

The therapeutic management of patients with hepatitis C virus (HCV) has changed dramatically over the last year. The introduction of new medications and treatment guidelines by AASLD/IDSA have altered practice and made infection cure a truly achievable option. The availability of new antiviral medications including fixed dose combination (FDC) ledipasvir/sofosbuvir, simeprevir + sofosbuvir with or without ribavirin, dacomatasvir, FDC grazoprevir/elbasvir and FDC ombitasvir/paritaprevir/ritonavir plus dasabuvir with or without ribavirin, have transformed HCV outcomes compared with historical treatment regimens that were plagued with high failure rates and significant side effects. While much attention has been paid to the management of HCV patients with these changes, many clinicians, including the majority of pharmacists, are considerably less familiar with the management of special population HCV patients such as those co-infected with HIV, those with cirrhosis or impaired renal function, and post-liver transplant recipients. Compared to traditional HCV patients, these special populations are at higher risk for increased complications, morbidity, and mortality, and thus increased attention must be paid to their management. In addition, the risk of complex drug interactions and dosing considerations are greater in these patients, requiring more careful and detailed monitoring and input by pharmacists. This current state of knowledge about these special-population patients is not conducive to the optimal management of their HCV, putting them at greater risk for sub-optimal outcomes. Ideally, pharmacists who are involved with any aspect of care for HCV patient care should be very familiar with the intricacies associated with these special populations, and be able to appropriately tailor therapy and monitoring to cater to specific patient needs in order to optimize outcomes.

Moreover, with the introduction of these new therapies, the difficulties in obtaining them, the significant cost, and the strict monitoring and counseling parameters that must accompany their utilization, there has never been a larger role for pharmacists in the management of HCV patients than there is now. With the paradigm shift in in HCV patient care, it is important to identify and justify roles for pharmacists in the management of HCV patients.

Select References