INTRODUCTION

• The clinical impact of persistent viremia (PV) after 21 days of therapy has not been consistently demonstrated in clinical trials.1,2

• Despite the paucity of data, the AASLD and IDSA do provide guidance on the management of PV, recommending rechecking a viral load 2 weeks following a detectable viral load for treatment discontinuation. Recommendations for these virus detection rates (SVR) nearing 100%.

• There is also a lack of knowledge regarding the patient population with PV, recommending rechecking a viral load 2 weeks after treatment discontinuation for these recommendations. There is also a lack of knowledge in regards to the patient population with PV, recommending rechecking a viral load 2 weeks after treatment discontinuation for these recommendations.

• In addition to the gap in published evidence for these recommendations, there is also a lack of knowledge in regards to the patient population with PV, recommending rechecking a viral load 2 weeks after treatment discontinuation for these recommendations.

METHODS

• Single center, descriptive, retrospective cohort study of HCV-infected patients evaluated and initiated on HCV treatment by the Vanderbilt University Medical Center (VUMC) Division of Gastroenterology, Hepatology, and Nutrition or the Division of Infectious Diseases. Patients treated with sofosbuvir combination therapies.

RESULTS

• Pharmacists and pharmacy benefit managers may play a role in the management of patients treated with sofosbuvir combination therapies.

• Current AASLD/IDSA guideline recommendations for PV management thus far regardless of intervention or type.

• Current AASLD/IDSA guideline recommendations for PV management are inconsistent with a wide variety of practices that exist in both diagnostic and therapeutic interventions for HCV infected patients with PV.

• Accounting for other baseline factors, the presence of cirrhosis or treatment experience at baseline was more likely to result in a therapeutic intervention, though these were not significant on univariate analysis.

• Although still in process, the majority of PV patients have achieved SVR thus far regardless of intervention or type.

• CONCLUSIONS

PERSISTENT VIREMIA ON DAA THERAPY: REAL-WORLD EXPERIENCE, INTERVENTIONS, AND OUTCOMES

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