

REAL-WORLD OUTCOMES FROM PEOPLE WHO USE DRUGS WITH CHRONIC HEPATITIS C VIRUS INFECTION TREATED WITH GLECAPREVIR/PIBRENTASVIR: A POOLED ANALYSIS OF POST-MARKETING OBSERVATIONAL STUDIES

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Background: People who use drugs (PWUD) with chronic hepatitis C virus (HCV) infection should be prioritized for treatment given the increased risk of HCV transmission in this population. Anti-HCV seroprevalence is 42–75% in injection drug users. Glecaprevir/pibrentasvir (G/P), an interferon-free, ribavirin-free, fixed-dose direct-acting antiviral combination, is approved for treatment of adults with chronic HCV genotype (GT) 1–6 infection. This pooled analysis aims to evaluate the real-world effectiveness and safety of G/P in HCV-infected PWUD in ongoing post-marketing observational studies.

Methods: Data were pooled from Austria, Belgium, France, Greece, Israel, Italy, Poland, and Switzerland (13 November 2017–31 January 2019). Patients had chronic HCV GT1–6, without cirrhosis or with compensated cirrhosis, and were treatment-naïve or -experienced. Patients received G/P at the physician's discretion. Only patients treated per SmPC were included in this analysis. Recreational drug use was self-reported. Effectiveness was assessed as the percentage of patients who achieved sustained virologic response at post-treatment Week 12 (SVR12). Safety was assessed in patients who received ≥1 dose of G/P.

Results: 1276 patients received ≥1 dose of G/P, of whom 426 (33%) were PWUD. Of PWUD, 36% had GT3, 85% were treatment-naïve, and 85% were non-cirrhotic. The most common recreational drugs were heroin (58%) and cocaine (27%). The most common route was intravenous (69%). 2% were coinfecting with hepatitis B virus. 7% were coinfecting with human immunodeficiency virus. Duration of G/P treatment was 8 weeks in 81%, 12 weeks in 17%, and 16 weeks in 2%. The SVR12 rate was 98.6% (712/722; 8 virologic failures) overall and 98.1% (208/212; 3 virologic failures) in PWUD. No HCV reinfections were reported. There were no G/P-related serious adverse events (AEs). AEs leading to premature G/P discontinuation were rare (<1%).

Conclusion: G/P was well tolerated and highly effective in HCV-infected PWUD in the real world.

Disclosure of Interest Statement:

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