Crushing and Splitting DAAs for HCV Treatment: A Case Series

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BACKGROUND

- Direct Acting Antivirals (DAAs) can produce sustained virologic response (SVR) rates >90%.
- There is limited data regarding the use of DAAs in patients unable to swallow tablets.
- DAA tablet manipulation may impact drug absorption and treatment outcome.

METHOD

- OBJECTIVE
  - Describe the safety and effectiveness outcomes of real-world cases requiring DAA tablet manipulation.

- Design
  - Multi-site, retrospective case series

- Sample
  - Adult patients receiving DAA therapy with tablet manipulation at three academic health-systems

- Study period
  - January 2013 to December 2019

Study outcomes

- Achievement of SVR at least 12 weeks after therapy completion, reasons for tablet manipulation, adverse effects and adherence

RESULTS

Table 1: Summary of Cases of HCV Treatment Requiring DAA Manipulation

<table>
<thead>
<tr>
<th>Gender</th>
<th>Race</th>
<th>Pertinent Medical History</th>
<th>Non-DAA Rx Burden</th>
<th>Fibrosis Stage</th>
<th>Previous HCV Treatment</th>
<th>Drug Regimen</th>
<th>Potential Drug Interactions with DAA</th>
<th>Method of Administration</th>
<th>Patient-Reported Adherence</th>
<th>Treatment Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>White</td>
<td>N/A + heart/kidney transplant, HTN, HLD, DM, Gl bladder</td>
<td>28</td>
<td>1a</td>
<td>Not reported</td>
<td>Naïve</td>
<td>GLE/PIB</td>
<td>Not reported</td>
<td>No missed doses</td>
<td>SVR12 achieved</td>
</tr>
<tr>
<td>Female</td>
<td>Black</td>
<td>N/A + heart/kidney transplant, TTR amyloidosis, ESRD</td>
<td>30</td>
<td>1a</td>
<td>Not reported</td>
<td>Naïve</td>
<td>GLE/PIB</td>
<td>Not reported</td>
<td>2 missed doses</td>
<td>SVR12 achieved</td>
</tr>
<tr>
<td>Male</td>
<td>Black</td>
<td>Short gut syndrome, esophageal colitis requiring colostomy</td>
<td>8</td>
<td>1</td>
<td>F2, F3</td>
<td>Naïve</td>
<td>LDV/SoF</td>
<td>Not reported</td>
<td>No missed doses</td>
<td>SVR12 achieved</td>
</tr>
<tr>
<td>Male</td>
<td>White</td>
<td>H/o squamous cell carcinoma of esophagus, HTN, DM, HLD</td>
<td>7</td>
<td>1a</td>
<td>F0</td>
<td>Experienced (F0)</td>
<td>LDV/SoF</td>
<td>Magnesium</td>
<td>No missed doses</td>
<td>SVR12 achieved</td>
</tr>
<tr>
<td>Female</td>
<td>Black</td>
<td>H/o laryngeal cancer</td>
<td>3</td>
<td>1</td>
<td>F0, F1</td>
<td>Naïve</td>
<td>LDV/SoF</td>
<td>Not reported</td>
<td>Several missed doses</td>
<td>Lost to follow up</td>
</tr>
<tr>
<td>Female</td>
<td>White</td>
<td>H/o carcinoma of oral, HCC, GERD, HTN</td>
<td>8</td>
<td>3</td>
<td>F2, F3</td>
<td>Naïve</td>
<td>SoF/VEL</td>
<td>Not reported</td>
<td>1 missed dose</td>
<td>SVR12 achieved</td>
</tr>
<tr>
<td>Male</td>
<td>Black</td>
<td>H/o malignant neoplasm of esophagus</td>
<td>3</td>
<td>3</td>
<td>F2</td>
<td>Naïve</td>
<td>SoF/VEL</td>
<td>Not reported</td>
<td>No missed doses</td>
<td>SVR12 achieved</td>
</tr>
<tr>
<td>Female</td>
<td>White</td>
<td>W/Harrington rod, BMI 17.8</td>
<td>0</td>
<td>3</td>
<td>F0</td>
<td>Naïve</td>
<td>SoF/VEL</td>
<td>Not reported</td>
<td>No missed doses</td>
<td>SVR12 achieved</td>
</tr>
<tr>
<td>Female</td>
<td>White</td>
<td>H/o squamous cell carcinoma of larynx, GERD, HTN, CAD</td>
<td>11</td>
<td>1a</td>
<td>F0</td>
<td>Experienced (SIM + SOF)</td>
<td>SoF/VEL</td>
<td>Not reported</td>
<td>SVR12 achieved</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>White</td>
<td>Decompenasated cirrhosis, hypoalbuminemia, malignit mass</td>
<td>12</td>
<td>3</td>
<td>F4</td>
<td>Experienced (F0)</td>
<td>SoF/VEL + RBV</td>
<td>Calcium carbonate, ranitidine</td>
<td>4 missed doses</td>
<td>Lost to follow up</td>
</tr>
</tbody>
</table>

CONCLUSION

- All patients with available data achieved an SVR12.
- This case series provides evidence for safety and effectiveness with HCV DAA tablet manipulation.

REFERENCES


DISCLOSURES

- David E. Koren is an independent consultant for AbbVie and has participated on an advisory panel for Gilead.
- Other authors report no disclosures or conflicts of interests.