5PSQ-029 SAFE ADMINISTRATION OF SOFOSBUVIR/VELPATASVIR IN A PATIENT WITH PERCUTANEOUS ENDOSCOPIC GASTROSTOMY

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Background and importance There has been a transformation in the treatment of HCV infection with the development of direct acting antivirals. However, there are still limited data to recommend treatments in patients with dysphagia or percutaneous endoscopic gastrostomy (PEG).

Aim and objectives To describe the safe administration of sofosbuvir/velpatasvir (Epclusa) through a G tube in a patient with HCV infection.

Material and methods This was a prospective observational study of a patient with a history of transaminase elevation who was evaluated in the digestive department for the treatment of HCV. Bibliographic research was conducted to find treatment options in patients with dysphagia or PEG. A brochure was created with the steps to be taken in the administration. Data were obtained from medical and analytical records (June 2006–October 2019). Monthly telephone follow-ups were conducted by a pharmacist during the 12 week treatment period.

Results A 53-year-old patient was diagnosed in 2006 with hepatitis C genotype 1a, stage 0 (L1, P2, F0) with a history of basal cell carcinoma in the upper lip and palate with left subtotal maxillectomy. In August 2012, PEG was placed for nutritional feeding. At the time of diagnosis, an expectant attitude was decided due to the appearance of neoplastic skin lesions. In June 2019, the patient showed chronic liver disease (HCV RNA 90 600 IU/mL) with advanced fibrosis (fibroscan score 17.6 kPa) and thrombocytopenia, so it was decided to start treatment with direct acting antivirals. No case was found in the literature.

Sofosbuvir/velpatasvir once daily for 12 weeks was selected based on the patient's HCV genotype, advanced fibrosis and treatment naïve status. According to the summary of product characteristics, sofosbuvir/velpatasvir tablet has neither a time sensitive release mechanism nor an enteric coating. The tablet was crushed into four parts, placed in a syringe with warm water and shaken until it dissolved. Then, 10 mL of water were administered to wash the remains of the syringe. The patient was instructed to self-administer one sofosbuvir/velpatasvir tablet every morning by PEG. The patient denied any missing doses and confirmed self-administration without difficulty. The patient completed the 12 week treatment with good tolerance and compliance.

Conclusion and relevance This is the first documented case in which crushed administration of sofosbuvir/velpatasvir through PEG has proved to be a safe option for the treatment of chronic HCV infection.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-030 ADVERSE DRUG REACTIONS DUE TO INTERACTION WITH COBICISTAT OR RITONAVIR IN HIV POSITIVE PATIENTS: A CASE SERIES

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Background and importance The main problem of antiretroviral therapy (ART) that includes pharmacokinetic enhancers (cobicistat or ritonavir) is inhibition of the metabolism of numerous drugs, which can lead to adverse drug reactions (ADR) due to overdosing.

Aim and objectives To estimate the probability of occurrence of ADR in HIV positive (HIV+) patients due to interaction of cobicistat or ritonavir with chronic treatment (CT).

Material and methods An observational, descriptive, retrospective study was conducted in a tertiary hospital. The treatments of all HIV+ patients with cobicistat or ritonavir who attended the outpatient pharmacy department between January and December 2018 were reviewed. Those patients in whom the pharmacist identified signs or symptoms of a probable ADR related to interaction with ART were selected. Collected data were sex, age, ART, concomitant CT, and ADR detected and its consequence (change, suspension or maintenance of ART or CT).

To estimate the probability of occurrence of ADR due to interactions, the Naranjo algorithm was used, and to determine the probability that the interactions existed in each patient, the DIPS scale (drug interaction probability scale) was used. Data concerning ART and clinical evolution were obtained from the electronic medical records, and those related to CT by patient interview and review of the primary care database. The Naranjo and DIPS score were evaluated by agreement between two specialist pharmacists.

Results The treatment of 894 patients was reviewed, 82.9% men, median age 50.2 (39.7; 55.7) years. Eleven patients (1.2%) presented with 12 ADR due to interactions with cobicistat (91.7%) or ritonavir (8.3%) with their CT.

Seven (58.3%) interactions were considered as 'probable' cause of ADR (5–8 points), 4 (33.3%) as 'possible' cause (2–4 points) and 1 (8.4%) as 'doubtful' cause (0–2 points). The drugs involved were atorvastatin (3), fluticasone (3), deflazacort (1), amlodipine (1), tacrolimus (1), trazodone (1), quetiapine (1) and clonazepam (1). Iatrogenic Cushing's syndrome and muscle pain were the most frequent ADR. In three cases the doctor had to make a change to the patient's ART.

Conclusion and relevance The majority of the analysed interactions were classified as probable or possible causes of ADR. The drugs most frequently involved in ADR due to interactions with cobicistat or ritonavir were atorvastatin and various corticosteroids.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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