5PSQ-031 CLINICAL AND ECONOMIC IMPACT AFTER BREAKING THE SINGLE TABLET ABACAVIR/LAMIVUDINE/ DOLUTEGRAVIR COMBO TREATMENT INTO TWO DRUG REGIMENS

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Background and importance In June 2018, our HIV regional working group, in a programme to improve the efficiency of antiretroviral therapy (ART), recommended changing from a single tablet regimen (STR) with abacavir/lamivudine/dolutegravir (ABC/3TC/DTG) once daily to abacavir/lamivudine (ABC/3TC) generic plus dolutegravir (DTG) once daily.

Aim and objectives To evaluate the degree of implementation of this strategy and the impact in terms of adherence and efficiency after 9 months.

Material and methods The retrospective descriptive study (June 2018–March 2019) included all HIV patients treated with STR ABC/3TC/DTG. To measure adherence, the consumption and dispensation registry of the pharmacy service software programme was used. Patients with a value >95% were considered adherent. The analytical variables collected were viral load (VL, copies/mL) and CD4 lymphocytes (cells/µL) (last available analytical before the change and at least 3 months later). Costs considered were hospital average prices according to the regional public tender.

Results Fifty-two patients, mean age 51.56 years, receiving treatment with ABC/3TC/DTG, were included. The change in ART was carried out in all patients.

Forty-four patients (84.6%) were adherent (>95%) before the switch and remained so after the change. We detected 8 (15.4%) patients with suboptimal adherence(<95%), with a mean adherence prior to the change of 81.5% (SD 5.3%) and after the change 84.3% (SD 6, 2%). Before the change, 49 patients (94.2%) presented undetectable VL, 2 patients (3.8%) had between 50 and 200 copies/mL and 1 patient (1.9%) had VL >200 copies/mL. After the change, 46 patients were evaluated (6 did not have analytics), 43 (93.4%) with undetectable VL, 2 (4.3%) with VL 50–200 copies/mL and 1 patient (2.1%) with VL >200 copies/mL.

The average level of LCD4 in the pre-change analysis was 808.67/µL (SD 205) and after the switch 785.4/µL (SD 308).

Cost savings were 132€/patient/month (1584€/patient/year). The estimated savings for the hospital since this efficiency measure was implemented until March 2019 was 41 000€.

Conclusion and relevance The results of the study, despite its limitations, demonstrated that after the switch, levels of virological suppression were maintained with a significant reduction in healthcare costs without affecting patient adherence to ART. More exhaustive and long term studies should be carried out to corroborate these results.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-032 SUCCESSFUL TREATMENT OF CHRONIC HEPATITIS C INFECTION WITH CRUSHED SOFOSBUVIR/ VELPATASVIR

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Background and importance Sofosbuvir/velpatasvir (SOF/VEL) is an oral regimen approved for patients with hepatitis C virus (HCV). To date, no pharmacokinetic data exist on the impact on efficacy and safety of this regimen when it is crushed and mixed with liquids or food.

Aim and objectives To describe the case of a 65-year-old man patient with HCV infection who successfully achieved a sustained viral response (SVR) when SOF/VEL oral combination was administered crushed and dissolved in 10 mL of water.

Material and methods A 65-year-old man presented with HCV infection, genotype 4, with minimal fibrosis (F0–F1). He was operated on for laryngeal neoplasia and treated with radiotherapy 10 years previously, presenting secondary swallowing problems since then. His last evaluation of liver fibrosis was 4.7 kPa (1 year before treatment). He showed elevated levels of aspartate aminotransferase (43 U/L), alanine aminotransferase (48 U/L) and gamma-glutamyl transferase (94 U/L) at the beginning of treatment, and a normal range for other liver profile values. Off-label treatment with crushed SOF/VEL dissolved in 10 mL of water for 12 weeks was decided, and serum HCV-RNA was determined at +12 weeks, +24 weeks (SVR) and 1 year post-treatment.

Results The patient presented undetectable serum HCV-RNA at +12 weeks, +24 weeks (SVR) and 1 year post-treatment, and normal liver enzymes values were reached at +12 weeks post-treatment. SOF/VEL tablets only took 1 min to be dissolved in water, with a bitter taste, according to the patient.

Conclusion and relevance Crushed SOF/VEL was effective in eradicating HCV in our patient. However, there is little evidence to support the practice of crushing SOF/VEL for reliable conclusions, and hence more studies are needed to determine its bioavailability when administrated in a way different from the conventional one. We aim to develop management guidelines for antiviral drugs with different administrations.

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5PSQ-033 GLECAPREVIR/PIBRENTASVIR USE IN CHRONIC HEPATITIS C: EFFECTIVENESS AND SAFETY

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Background and importance Over the last few years there have been remarkable advances in chronic hepatitis C virus (HCV) drug development, and the goals of most new regimens have been increasing sustained viral response rates