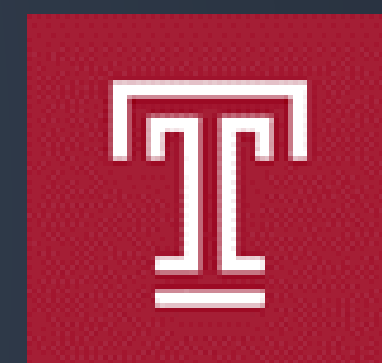


Crushing and Splitting DAAs for HCV Treatment: A Case Series

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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.

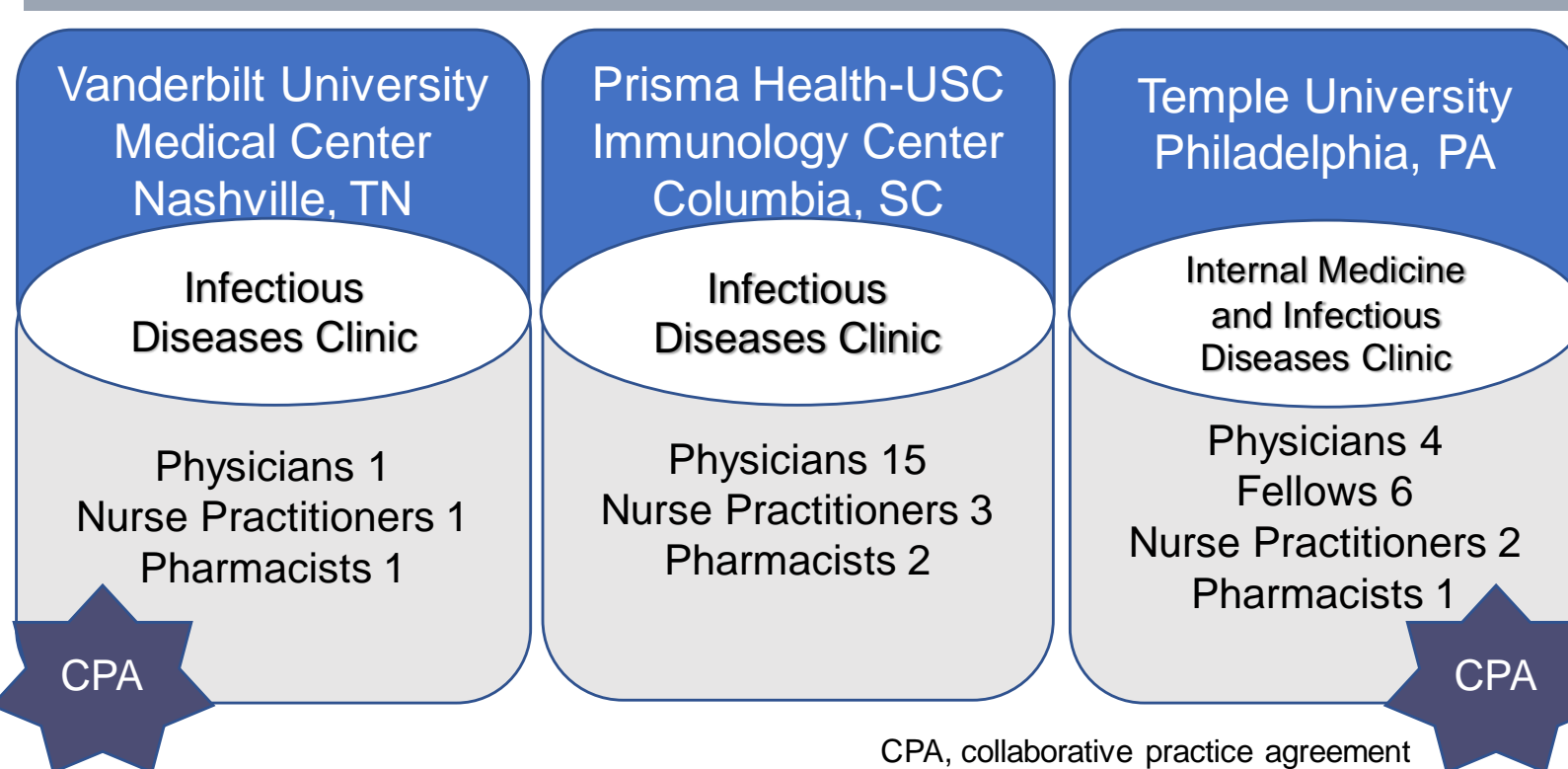
OBJECTIVE

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

METHOD

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

Figure 1: Practice Sites



REFERENCES

- World Health Organization. Hepatitis C fact sheet. 2019. <https://www.who.int/news-room/fact-sheets/detail/hepatitis-c>. Accessed October 6, 2020.
- Oberoi RK, Zhao W, Sidhu DS, et al. A phase 1 study to evaluate the effect of crushing, cutting into half, or grinding of glecaprevir/pibrentasvir tablets on exposures in healthy subjects. J Pharm Sci. 2018;107:1724–30.

RESULTS

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

| Gender | Race | Age | Pertinent Medical History | Non-DAA RX Burden | GT | Fibrosis Stage | Previous HCV Treatment | Drug Regimen | Potential Drug Interactions with DAA | Method of Administration | Patient-Reported Adherence | Treatment Outcome |
|--------|-------|-----|---|-------------------|----|----------------|-------------------------|---------------|--|---|----------------------------|-------------------|
| Male | White | 67 | NAT+ heart/kidney transplant, HTN, HLD, DM, GI bleeds | 28 | 1a | N/A | Naïve | GLE/PIB | atorvastatin, quetiapine, tacrolimus, omeprazole | Crushed and taken by PEG tube | No missed doses | SVR12 achieved |
| Male | Black | 71 | Short gut syndrome, ischemic colitis requiring colectomy | 8 | 1a | F2-F3 | Naïve | LDV/SOF | N/A | Halved and taken by mouth | No missed doses | SVR12 achieved |
| Male | Black | 61 | H/o squamous cell carcinoma of larynx, HTN, DM, HLD | 7 | 1a | F0 | Experienced (IFN) | LDV/SOF | magnesium | Crushed and taken with small amount of orange juice | No missed doses | Lost to follow up |
| Male | Black | 54 | H/o laryngeal cancer | 3 | 1a | F0-F1 | Naïve | LDV/SOF | N/A | Crushed and taken by mouth | Several missed doses | Lost to follow up |
| Male | White | 60 | H/o carcinoma of tonsil, HCC, GERD, HTN | 8 | 3 | F2-F3 | Naïve | SOF/VEL | N/A | Crushed and taken by PEG tube | 1 missed dose | SVR12 achieved |
| Male | Black | 73 | H/o malignant neoplasm of supraglottis | 3 | 3 | F2 | Naïve | SOF/VEL | N/A | Crushed and taken by mouth | No missed doses | SVR12 achieved |
| Female | White | 41 | Scoliosis w/Harrington rod, BMI 17.8 | 0 | 3 | F0 | Naïve | SOF/VEL | N/A | Halved and taken on gelatin | No missed doses | SVR12 achieved |
| Female | White | 60 | H/o squamous cell carcinoma of larynx, GERD HTN, CAD | 11 | 1a | F0 | Experienced (SMV + SOF) | SOF/VEL | N/A | Crushed and taken sprinkled on applesauce | 31 missed doses | SVR12 achieved |
| Female | White | 50 | Decompensated cirrhosis, h/o submandibular malignant mass | 12 | 3 | F4 | Experienced (IFN) | SOF/VEL + RBV | calcium carbonate, ranitidine | Quartered and taken by mouth | 4 missed doses | Lost to follow up |

GT, genotype; IFN, interferon; SMV, simeprevir; SOF, sofosbuvir; LDV/SOF, ledipasvir/sofosbuvir; SOF/VEL, sofosbuvir/velpatasvir; GLE/PIB, glecaprevir/pibrentasvir; RBV, ribavirin; PEG, percutaneous endoscopic gastrostomy; NAT, nucleic acid testing; HTN, hypertension; HLD, hyperlipidemia; DM, diabetes mellitus; GI, gastrointestinal; H/o, history of; HCC, hepatocellular carcinoma; GERD, gastroesophageal reflux; BMI, body mass index; CAD, coronary artery disease; RX, prescription

Figure 2: Reasons for Tablet Manipulation

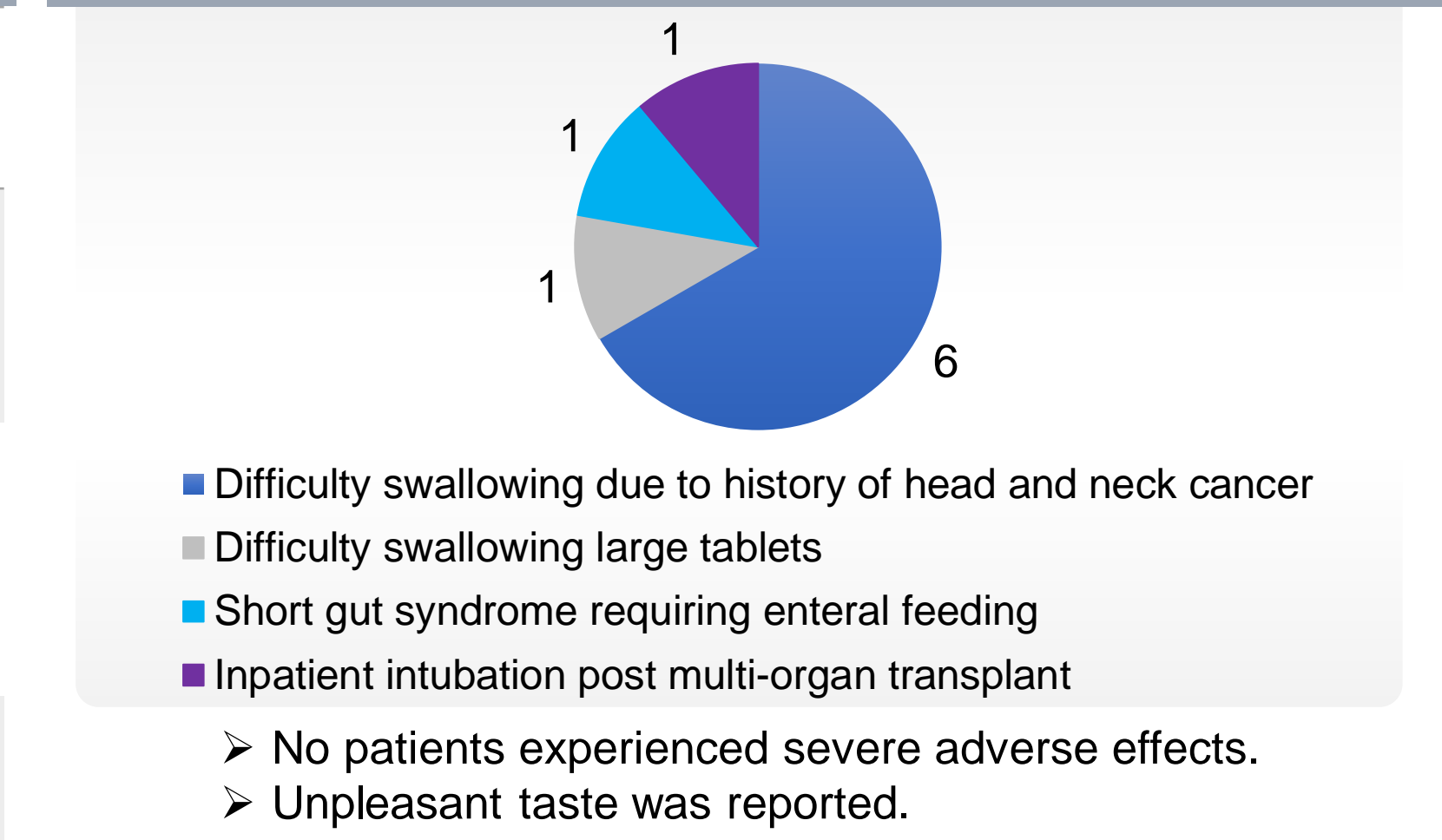
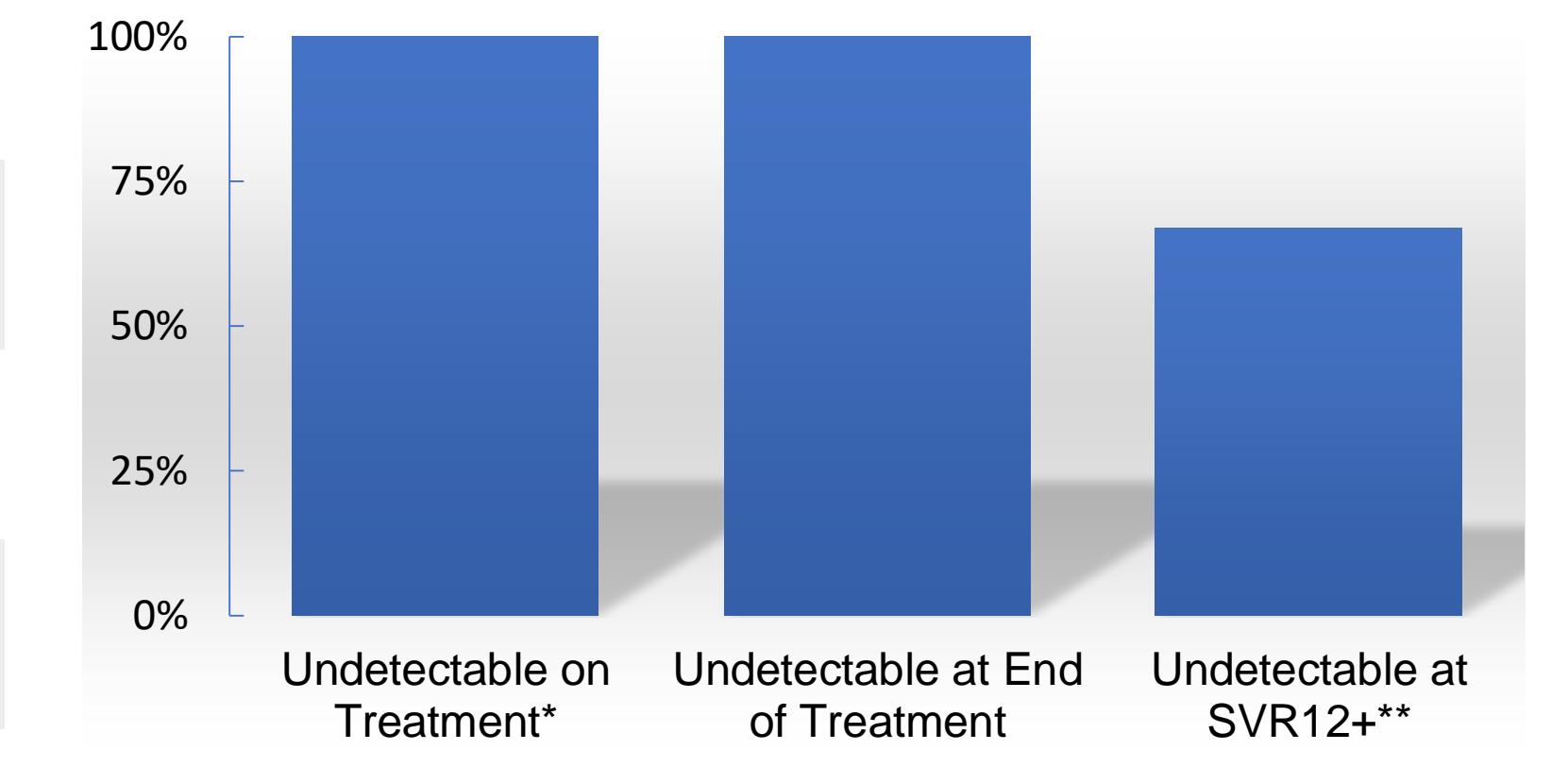


Figure 3: HCV RNA Lab Monitoring



*Defined as reaching an undetectable HCV RNA while on treatment
 **3 patients lost to follow up after end of treatment

CONCLUSION

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

DISCLOSURES

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