

## **HCV TREATMENT AMONG FENTANYL USERS: TOWARDS UNIVERSAL ACCESS TO ANTIVIRAL THERAPY**

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### **Background:**

To achieve HCV elimination among all infected populations by 2030, specific programs will need to be designed for individuals who are difficult to engage and maintain in care. This includes active opiate agonist fentanyl users, associated with a higher risk of overdose events (including deaths), quite often in the context of social and medical instability. We evaluated the success rate of HCV therapy among active fentanyl users identified through our inner-city outreach program and receiving treatment within our innovative model of multidisciplinary care.

### **Methods:**

Patients were included in this analysis if active street fentanyl use was identified at the time of HCV therapy initiation at our centre. HCV therapy was administered within the context of multidisciplinary care. Medication adherence was verified on weekly basis, with frequent/daily administration in concert with opiate agonist therapy being implemented as appropriate. The primary endpoint was achievement of cure of HCV infection (as measured by SVR 12), with documentation of treatment and patient-related correlates of therapeutic failure. Significant health outcomes were also recorded.

### **Results:**

We identified 208 eligible subjects (149 (71.6%) male, 41 (19.7%) Aboriginal, 15 (7.2%) cirrhotic) initiating HCV treatment between March 2019 and May 2022. All had historical fentanyl use in the previous week or positive urine drug screen at HCV treatment initiation with either sofosbuvir/velpatasvir (S/V, 133) or glecaprevir/pibrentasvir (G/P, 75). Premature discontinuation was recorded in 11 cases (1 deceased, 3 withdrawn, 7 non-adherence/LTFU). 147 participants have now completed therapy, 22 of them are awaiting for post-treatment HCV RNA result. SVR12 and/or 24 was documented in 110/114 (96.5%) on S/V, and 67/68 (98.5%) on G/P. Reasons for therapeutic failure were all relapse (4/114 on S/V, 1/68 on G/P). There were 2 overdose deaths, with no difference in rate between S/V and G/P.

### **Conclusion:**

Delivered within the program we have developed, HCV therapy is highly effective among active fentanyl users, with no difference in safety or efficacy between S/V and G/P.

### **Disclosure of Interest Statement:**

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