ELBASVIR/GRAZOPREVIR, LEDIPASVIR/SOFOSBUVIR AND VELPATISVIR/SOFOSBUVIR THERAPY AMONG PEOPLE WHO USE DRUGS (PWUD): REAL WORLD EXPERIENCE

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Background:
To meet WHO HCV elimination goals specific programs will be needed to engage vulnerable populations with a high prevalence of HCV infection, such as PWUD. The most prescribed regimens in Canada include elbasvir/grazoprevir (E/G), ledipasvir/sofosbuvir (L/S) and velpatasvir/sofosbuvir (V/S). While clinical trials have highlighted the efficacy of these regimens, real world data is required to confirm these results, especially among PWUD.

Methods:
A retrospective analysis was performed on all HCV-infected PWUD, initiating HCV treatment (rx) at our centre between 06/15-10/17. All subjects were enrolled in a multidisciplinary model of care, addressing medical, psychologic, social and addiction-related needs. The primary outcome was achievement of SVR12. A secondary outcome was maintenance of SVR in long-term follow-up in subjects with ongoing risk behaviors for recurrent viremia.

Results:
A total of 148 individuals (all PWUD, 66% heroin/58% cocaine) have initiated therapy with one of E/G, L/S, or V/S. The E/G cohort (n = 39) includes 6 HIV+, 18 on opiate substitution therapy (OST), 31 Rx naïve, 21 GT1a, and 4 cirrhotic. To date, 34/36 achieved SVR12, with no virologic failures (2 LTFU). The L/S cohort (n = 64) includes 7 HIV+, 6 on OST, 36 Rx naïve, 43 GT1a, 19 cirrhotic. To date, 49/55 achieved SVR12, with 2 virologic relapses, 4 LTFU, one unrelated opioid overdose death. The V/S cohort (n=45) includes 6 HIV+, 13 on OST, 30 Rx naïve, 9 GT1a, 23 GT3a, 10 cirrhotic. To date, 29/29 achieved SVR12.

Conclusion:
Currently prescribed all-oral HCV treatment regimens appear to be highly and equally effective in a real world PWUD cohort. This provides support for expanded access to HCV treatment. Pending complete and ongoing follow-up in this important cohort, health care providers have three excellent options to provide HCV treatment to PWUD engaged in care, in support of the WHO's global elimination targets.

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