CLINICAL IMPACT OF DRUG-DRUG INTERACTIONS IN THE USE OF ANTIPSYCHOTICS ON HCV PATIENTS TREATED WITH PANGENOTYPIC DIRECT-ACTING ANTIVIRALS

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Background:
This sub-analysis describes the use, drug interactions (DDIs) and clinical impact of antipsychotic used in real-world patients treated with Pangenotypic Direct Action Antivirals (pDAA), including addictions or drug abuse patients. >

Methods:
<Retrospective observational study, using the BIG-PAC database (Atrys Health), in HCV patients treated with pDAAs between 2017-2020. Potential DDIs between comedication and pDAAs, Sofosbuvir/Velpatasvir [SOF/VEL] and Glecaprevir/Pibrentasvir [GLE/PIB], were evaluated using the University of Liverpool Hepatitis Interactions database. The DDIs risk, reported adverse effects (AEs), and clinical actions linked to DDIs management with antipsychotics (dose reduction; change of antipsychotic or pDAA; electrocardiogram-ECG and discontinuation) were analyzed. >

Results:
<187 patients prescribed antipsychotics were included, 150 treated with SOF/VEL [median age: 53 years; male: 59%; F3/4: 44%] and 37 with GLE/PIB [median age 48 years; male: 60%; F3/4: 46%]. A higher number of antipsychotics (active ingredients) showed DDIs with GLE/PIB vs SOF/VEL (6 vs 2), linked to higher percentage of patients at risk of DDIs (51% vs 23%, p< 0.001, respectively). Two AE were reported with GLE/PIB for quetiapine and paliperidone, and none with SOF/VEL. The AE reported with quetiapine and GLE/PIB (extrapyramidal symptoms) occurred at a dose of <300 mg/day.

Quetiapine was the most prescribed antipsychotic (SOF/VEL, 42 and GLE/PIB, 7). Regarding clinical actions reported for patients prescribed quetiapine, a higher percentage of actions was reported for GLE/PIB (86%; 6/7 patients) vs SOF/VEL group (5%; 2/42 patients), p<0.001; these clinical actions were: ECG monitoring (1 vs 0), dose reduction (2 vs 1), change of DAA/antipsychotic (2 vs 1), and comedication discontinuation (1 vs 0) for GLE/PIB vs SOF/VEL, respectively.>

Conclusion:
< This analysis confirms that the greater use of SOF/VEL in patients with antipsychotic treatment may be due to its better DDI profile, which implies a lower number of adverse effects and required clinical actions.>

Disclosure of Interest Statement:
Speaking/consulting/research: JT (AbbVie, Gilead Sciences, MSD), AGH (AbbVie, Gilead Sciences), RM (AbbVie, Gilead Sciences, Janssen, MSD, ViiV Healthcare), ASM (Atrys Health employee). Gilead employees: MM, CdA and CH. This study was funded by Gilead Sciences.