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 users (especially those using fentanyl often contaminated with etizolam). This pattern of use is 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

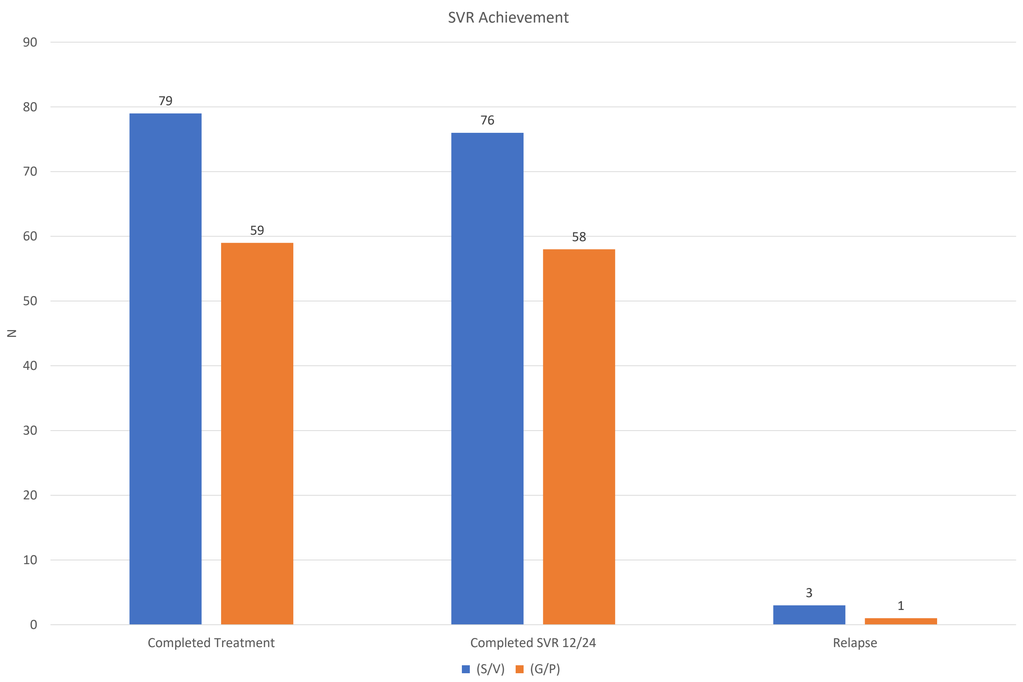
Patients were included in this analysis if active street fentanyl use was identified at the time of HCV therapy initiation at our centre. HCV therapy was administered within the context of multidisciplinary care, based on treatment initiation between 03/19 – 05/22, in whom test of cure data would be available. 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) as a function of treatment type, with documentation of treatment and patient-related correlates of therapeutic failure. Significant health outcomes were also recorded.

Results

Table 1. Demographics of fentanyl users

Demographics	n=208
Age (median, range)	43(20-75)
Female (n,%)	(59,28.4%)
Ethnicity	
Indegenous (n,%)	(41,19.7%)
Caucasian (n,%)	(152,73.1%)
Others (n,%)	(8,3.8%)
Cirrhotic (n,%)	(15,7.2%)
Genotype (n,%)	
GT1	(63,30.3%)
GT3	(54,26.0%)

Figure 1. HCV treatment outcomes



Results Continued

We identified 208 eligible subjects (59(28.4%)female, 41(19.7%)Aboriginal, 15(7.2%)cirrhotic) initiating HCV treatment between March2019 and May2022. All had documentation of 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), at the prescriber's discretion. Premature discontinuation was recorded in 11 cases (1 deceased, 3 withdrawn, 7 non-adherence/LTFU), with no difference based on treatment type. 154 participants have now completed therapy, of them are 16 awaiting for post-treatment HCV RNA result. 138 SVR12 (or HCV RNA documentation at a later time)was documented in 76/79 (97.4%) on S/V, and 58/59 (98.5%) on G/P. Reasons for therapeutic failure were all relapse(3/79 on S/V, 1/59 on G/P).

Conclusion

Within the context of a multidisciplinary program of care, active fentanyl users can be successfully treated for HCV infection with either S/V or G/P, with few participants lost to follow up and a low rate of virologic failure with either regimen. HCV treatment should be considered in all active fentanyl users, although it may need to be delivered in a specific context that favors engagement in care and adherence to treatment.

Disclosures

Dr. Conway has received research grants, honoraria and/or acted as a remunerated advisor for AbbVie, Astra Zeneca, Gilead Sciences, Indivior Canada, Merck, Moderna, Sanofi Pasteur, Seqirus, and ViiV Healthcare.

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