EFFECTIVENESS OF GLECAPREVIR/PIBRENTASVIR 
IN REAL-WORLD CLINICAL PRACTICE 
FOR CHRONIC HEPATITIS C INFECTION

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Background

- Glecaprevir/pibrentasvir (G/P) is a pan-genotypic, once-daily, Ribavirin-free, Direct-acting antiviral treatment for hepatitis C virus (HCV) infection in patients with and without compensated cirrhosis.

Objective

- To assess the effectiveness of G/P treatment in patients with HCV infection in routine clinical practice.

Methods

- Observational retrospective study.
- Patients with HCV infection treated with G/P between November 2017 and April 2018 were included.
- Collected variables:
  - Demographic data: Age, gender and race, Adjusted Morbidity Group (AMG)
  - Clinical variables: Transmission route of HCV infection, Previous treatment status, Viral load after 4 weeks of treatment (VL4), HCV genotype, Stages of liver fibrosis

Results

Demographic and clinical data (N=110)

- Mean age (years ± SD): 55 ± 12
- Men: 51 (46%)
- European: 105 (95%)
- Transmission route of HCV:
  - Unknown: 57 (52%)
  - Blood transfusion: 19 (17%)
  - Intravenous drug use: 14 (13%)
  - Nosocomial: 11 (10%)
  - Other routes: 9 (8%)
- Naive: 82 (75%)
- Most common HCV genotypes:
  - 1b: 72 (65%)
  - 1a: 21 (19%)
- Mean baseline viral load (UI/ml): 3.18 million
- Fibrosis degree:
  - F0-F1: 86 (78%)
  - F2: 20 (18%)
  - F3-F4: 4 (4%)
- Most frequent AMG:
  - 2: 47 (42%)
  - 3: 26 (23%)

Clinical variables:

- Baseline viral load
  - Stages of liver fibrosis
  - Viral load after 4 weeks of treatment (VL4)
  - HCV genotype

Viral load after 4 weeks of treatment (VL4)

- 75% Undetectable
- 15% DBQ
- 10% DAQ

DBQ: Detectable Below Quantification (viral load < 15 IU/mL)
DAQ: Detectable Above Quantification (viral load > 15 IU/mL)

SVR12: Undetectable HCV RNA level 12 weeks after stopping G/P

99%

Conclusions

- G/P is associated with high SVR12 rates in real-world setting; similar results were obtained in clinical trials.