SAFE ADMINISTRATION OF SOFOSBUVIR/VELPATASVIR IN A PATIENT WITH PERCUTANEOUS ENDOSCOPIC GASTROSTOMY

C. Cáceres-Velasco¹, L. Gómez-Sayago², L. Marín Ventura³, J. Lázaro Cebas³, F. Ruiz Molina³, T. Rico-Gutierrez³, T. Criado-Illana³
(1) Complejo Asistencial de Segovia, Pharmacy Department, Segovia, Spain.

Background and Importance
Since 2014 there has been a transformation in the treatment of HCV infection.
However, there is still limited data to recommend treatment options in patients with swallowing difficulties or percutaneous endoscopic gastrostomy (PEG).

Aim and objectives
Describe the safe administration of Sofosbuvir/Velpatasvir through G-tuve in a patient with HCV infection.

Material and Methods

53-year-old patient diagnosed in 2006 of VHC:
- Genotype 1a stage 0 (L1, P2, F0).
- History of basal cell carcinoma (left maxilectomy).
- PEG for nutritional feeding.
- AgHBs(-), Anti-HBc(-), Anti HVC(+) (May 2019).
- GOT=55U/L; GPT=60U/L; GGT=82U/L; Alb:4,5g/dL; FGR>60mL/min (May 2019).
- HCV RNA 90.600 IU/ml (June 2019).
- Fibroscan score 17.6 kPa (June 2019).

Sofosbuvir/Velpatasvir once daily for 12 weeks

Patient with HCV + PEG

First administration in Pharmacy Department

Monthly telephone follow-ups

Data from medical and analitical record (Jan 2006 – Oct 2019)

Instruction sheet and patient education

Bibliographic research for treatment options in patients with dysphagia/PEG

RESULTS

Sofosbuvir/Velpatasvir once daily for 12 weeks

Split the tablet into 4 parts.

Place the 4 parts of the fractionated tablet in the oral syringe cylinder.

Press the plunger until it touches the parts of the fractionated tablet.

Aspirate 15-20ml of warm water and stir carefully until it dissolves.

Administer the total contents of the syringe through the tube.

Aspirate 5-10ml of water to drag the remains of the syringe and administer again through the tube.

Conclusion
This is the first documented case in which crushed administration of Sofosbuvir/Velpatasvir during 12 weeks through PEG has proved to be a safe option.