



RWANDA FDA
Rwanda Food and Drugs Authority

P.O. Box 84 Kigali

info@rwandafda.gov.rw

www.rwandafda.gov.rw

Kigali,

18 NOV 2019

Ref N° 1532 /Rwanda FDA/2019

RWANDA FDA SAFETY COMMUNICATION:DIS/CRC/002

Medicine: Direct-acting Antivirals (DAAs) for chronic hepatitis C such as Ledipasvir/sofosbuvir (Harvoni[®]), Daclatasvir (Daklinza[®]), Sofosbuvir/Velpatasvir (Epclusa[®])

Re: Rwanda FDA warns on the risk of hypoglycaemia in patients with diabetes on Direct-acting antivirals medicines for hepatitis C

Reference made to the new safety information published in the WHO Pharmaceuticals NEWSLETTER NO.1/2019, further reference also made to the safety communication by Medicines and Healthcare products Regulatory Agency (MHRA/UK). Rwanda FDA is warning on “Direct-acting antivirals for chronic hepatitis C and risk of hypoglycaemia in patients with diabetes”

Hepatitis C virus (HCV) is a major cause of chronic liver disease, including cirrhosis and liver cancer. The WHO has reported that 170 million people are chronically infected with HCV globally [1]. Patients with chronic HCV infection have significantly increased prevalence of type 2 diabetic mellitus (T2DM), which is a common comorbid condition in approximately one-thirds of HCV-infected individuals, possibly owing to a direct or indirect effect of the virus on insulin sensitivity [2]. DAAs are molecules that target specific nonstructural proteins of the virus and results in disruption of viral replication and infection

Studies,^{3,4,5,6,7,8,9} show that some patients with diabetes initiating direct-acting antiviral therapy for hepatitis C have experienced hypoglycaemia. The studies indicate that achieving sustained virological response (SVR) is associated with improvements in glycaemic control, compared to patients who relapse or are non-responders. Many studies recorded these changes in glycaemic control in the first 3 months of treatment. Some studies reported the need to adjust patient’s diabetic medication following changes in glucose metabolism, with up to 30% of patients requiring adjustments to their treatment.

Information to Health care professionals

- Rapid reduction in hepatitis C viral load during direct-acting antiviral therapy for hepatitis C may lead to improvements in glucose metabolism in patients with diabetes, potentially resulting in symptomatic hypoglycaemia if diabetic treatment is continued at the same dose
- Monitor glucose levels closely in patients with diabetes during direct-acting antiviral therapy for hepatitis C, particularly within the first 3 months of treatment, and modify diabetes medication or doses when necessary.
- Physicians who initiate direct-acting antiviral therapy in patients with diabetes should inform the healthcare professional in charge of the diabetic care of the patient

Information to Patients

- Talk to your doctors and pharmacist if you have diabetes before taking Direct acting Antivirals (DAAs) medicines.
- You may need closer monitoring of your blood glucose levels and/or adjustment of your diabetes medication after starting DAAs medicines

Rwanda FDA urges patients and health care professionals to report the suspected serious adverse drug involving Direct acting Antivirals (DAAs) medicines and or other medicines to Rwanda FDA by completing ADR/AEFI reporting form accessible on Rwanda FDA website on the link http://www.rwandafda.gov.rw/web/fileadmin/adr_aefi_reporting_form.pdf and the filled form should be sent to the email : pv_sm@rwandafda.gov.rw and copy to info@rwandafda.gov.rw

Sincerely,


Dr. Charles KARANGWA
Ag. Director General of Rwanda FDA



References

1. World Health Organization: Hepatitis C (2017). Available at: <http://www.who.int/mediacentre/factsheets/fs164/en/>.
2. Basaranoglu M, Basaranoglu G. Pathophysiology of insulin resistance and steatosis in patients with chronic viral hepatitis. *World J Gastroenterol* 2011; 17:4055–4062.
3. Ciancio A, et al. Significant improvement of glycemic control in diabetic patients with HCV infection responding to direct-acting antiviral agents. *J Med Virol* 2018; 90: 320– 27.
4. Hum J, et al. Improvement in Glycemic Control of Type 2 Diabetes After Successful Treatment of Hepatitis C Virus. *Diabetes Care* 2017; 40: 1173–80.
5. Pavone P, et al. Improving of Glycaemic Control Associated with DAAs HCV Treatment Persists at SVR12. HIV Drug Therapy conference; Glasgow, UK; 28–31 October 2016. Poster P273.
6. Dawood AA, et al. Factors Associated with Improved Glycemic Control by DirectActing Antiviral Agent Treatment in Egyptian Type 2 Diabetes Mellitus Patients with Chronic Hepatitis C Genotype 4. *Diabetes Metab J* 2017; 41: 316–31.
7. Lyman A, et al. The Impact of Achieving Virologic Response from Hepatitis C DirectActing Antivirals on Diabetes Control. 2016 Fall Meeting of the Ohio College of Clinical Pharmacy (OCCP). Cleveland, OH, USA; 18 November 2016. Abstract 53.
8. Benitez-Gutierrez LM, et al. Rapid drop in serum glucose and hypoglycemia in chronic hepatitis C patients with diabetes during oral HCV therapy. AASLD 2016: The Liver Meeting; San Francisco, CA, USA; 13–17 November 2015. Abstract 1180.
9. LeClerc SB, et al. Viral response to hepatitis C direct-acting antivirals significantly improves diabetes control. AASLD 2016: The Liver Conference; Boston, MA, USA; 11– 15 November 2016. Abstract 964.