

Treatment-Naive Genotype 4 With Compensated Cirrhosis

Recommended and alternative regimens listed by pangenotypic, evidence level and alphabetically for:

Treatment-Naive Genotype 4 Patients With Compensated Cirrhosis^a

RECOMMENDED	DURATION	RATING 
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)	12 weeks	I, A
Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) ^b	8 weeks ^c	I, B
Daily fixed-dose combination of elbasvir (50 mg)/grazoprevir (100 mg)	12 weeks	IIa, B
Daily fixed-dose combination of ledipasvir (90 mg)/sofosbuvir (400 mg)	12 weeks	IIa, B

^a For [decompensated cirrhosis](#), please refer to the appropriate section.

^b Dosing is 3 coformulated tablets (glecaprevir [100 mg]/pibrentasvir [40 mg]) taken once daily. Please refer to the prescribing information.

^c For HIV/HCV-coinfected patients, a treatment duration of 12 weeks is recommended.

Recommended Regimens

Sofosbuvir/Velpatasvir

The daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg) for 12 weeks was approved by the FDA for the treatment of genotype 4 infection in patients with or without cirrhosis. ASTRAL-1 included 64 genotype 4-infected, treatment-naive patients without cirrhosis or with compensated cirrhosis, all of whom achieved SVR12 (100%) ([Feld, 2015](#)).

The POLARIS-2 phase 3 study randomized DAA-naïve patients (19% with compensated cirrhosis, overall) to 8 weeks of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) or 12 weeks of sofosbuvir/velpatasvir. Of 57 patients with genotype 4 in the sofosbuvir/velpatasvir arm, 98% achieved SVR and 1 patient experienced relapse ([Jacobson, 2017](#)). A real-world, pooled analysis of 12 cohort studies demonstrated an SVR of 100% (38/38) among adults with genotype 4 infection and compensated cirrhosis who were treated with 12 weeks of sofosbuvir/velpatasvir ([Mangia, 2020](#)).

Glecaprevir/Pibrentasvir

EXPEDITION-1 was a multicenter, open-label, single-arm, phase 3 trial that enrolled 146 treatment-naïve or -experienced (interferon or peginterferon ± ribavirin, or sofosbuvir plus ribavirin ± peginterferon) patients with genotype 1, 2, 4, 5, or 6 infection and compensated cirrhosis. Patients received the daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) administered as three 100 mg/40 mg fixed-dose combination pills for 12 weeks. Across all

genotypes, 99% (145/146) achieved SVR12 ([Forns, 2017](#)). EXPEDITION-1 included 16 treatment-naive and -experienced genotype 4-infected participants with compensated cirrhosis. All 16 patients achieved SVR12. Baseline NS5A RASs were detected by next-generation sequencing (using a 15% detection cutoff) in 40% of 133 tested participants. Baseline NS5A RASs had no effect on SVR12 rates among treatment-naive and -experienced participants with genotype 4. Based on this study, a 12-week course of glecaprevir/pibrentasvir is recommended for genotype 4-infected, treatment-naive patients with compensated cirrhosis.

EXPEDITION-8 evaluated 8 weeks of glecaprevir/pibrentasvir among 280 treatment-naive patients with compensated cirrhosis and genotype 1, 2, 4 (n=13), 5, or 6 infection. SVR12 was 99% with no virologic failures ([Brown, 2018](#)). Patients with a prior history of decompensation, hepatocellular carcinoma, and HIV or HBV coinfection were excluded from the study.

Elbasvir/Grazoprevir

In an integrated analysis of phase 2/3 trials, 15 treatment-naive patients with genotype 4 infection and cirrhosis were treated with 12 weeks of elbasvir/grazoprevir with or without ribavirin, resulting in an SVR of 96% ([Asselah, 2018c](#)).

Ledipasvir/Sofosbuvir

The SYNERGY trial was an open-label study evaluating 12 weeks of ledipasvir (90 mg)/sofosbuvir (400 mg) in 21 genotype 4 patients, of whom 60% were treatment naive and 43% had advanced fibrosis (Metavir stage F3 or F4) ([Kohli, 2015](#)). One patient took the first dose and then withdrew consent. The 20 patients who completed treatment all achieved SVR12; thus, the SVR12 was 95% in the intention-to-treat analysis and 100% in the per-protocol analysis. Another open-label, single-arm study evaluating 12 weeks of ledipasvir/sofosbuvir that included 22 genotype 4, treatment-naive patients (one with cirrhosis) reported an SVR12 of 95% (21/22) in this patient population ([Abergel, 2016](#)).

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Related References

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Brown RS, Hezode C, Wang S, et al. [Preliminary efficacy and safety of 8-week glecaprevir/pibrentasvir in patients with HCV genotype 1-6 infection and compensated cirrhosis: the EXPEDITION-8 study \[Abstract LB-7\]](#). *The Liver Meeting*. 2018.

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Jacobson IM, Lawitz E, Gane EJ, et al. [Efficacy of 8 weeks of sofosbuvir, velpatasvir, and voxilaprevir in patients with](#)

[chronic HCV infection: 2 phase 3 randomized trials](#). *Gastroenterology*. 2017;153(1):113-122.

Kohli A, Kapoor R, Sims Z, et al. [Ledipasvir and sofosbuvir for hepatitis C genotype 4: a proof-of-concept, single-centre, open-label phase 2a cohort study](#). *Lancet Infect Dis*. 2015;15(9):1049-1054.

Mangia A, Milligan S, Khalili M, et al. [Global real-world evidence of sofosbuvir/velpatasvir as simple, effective HCV treatment: analysis of 5552 patients from 12 cohorts](#). *Liver Int*. 2020;40(8):1841-1852.
