

HCV Resistance Primer

Resistance Testing in Clinical Practice

Regimen-Specific Recommendations for Use of RAS Testing in Clinical **Practice** RECOMMENDED RATING 1 Elbasvir/grazoprevir I, A NS5A RAS testing is recommended for genotype 1a-infected, treatment-naive or -experienced patients being considered for elbasvir/grazoprevir. If present, a different regimen should be considered. I. A Ledipasvir/sofosbuvir NS5A RAS testing can be considered for genotype 1a-infected, treatment-experienced patients with and without cirrhosis being considered for ledipasvir/sofosbuvir. If clinically important^a resistance is present, a different recommended therapy should be used. Sofosbuvir/velpatasvir I, A NS5A RAS testing is recommended for genotype 3-infected, treatment-naive patients with cirrhosis and treatment-experienced patients (without cirrhosis) being considered for 12 weeks of sofosbuvir/velpatasvir. If Y93H is present, weight-based ribavirin should be added or another recommended regimen should be used.

^a Clinically important = \geq 100-fold shift in the in vitro EC₅₀ to ledipasvir

Table 1. Most Common, Clinically Important RASs by DAA, Genotype, and Fold Change

| DAA | Genotype 1a | | | Genotype 1b | | Genotype 3a | | |
|------------|-------------|-------|-----------|-------------|--------|-------------|------|-------|
| | M28T | Q30R | L31M/V | Y93H/N | L31V/I | Y93H/N | A30K | Y93H |
| Ledipasvir | 20x | >100x | >100x / | | >100x | >100x / | NA | NA |
| | | | >100x | | >50x | | | |
| Elbasvir | 20x | >100x | >10x | >1000x / | <10x | >100x / | 50x | >100x |
| | | | >100x | >1000x | | | | |
| Velpatasvi | <10x | <3x | 20x / 50x | >100x / | <3x | <3x / | 50x | >100x |
| ſ | | | | >1000x | | | | |





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| Pibrenta | sv <3x | <3x | <3x | <10x | <3x | <3x | <3x | <3x |
|----------|--------|-----|-----|------|-----|-----|-----|-----|
| " | | | | | | | | |

Color Key: light green = <3-fold change; dark green = <10-fold change; orange = >10- to 100-fold change; pink = >100-fold change

Table 2. Clinically Important RASs by DAA Regimen and Genotype

| DAA Regimen | Genotype | | | | | |
|--------------------------|--|---------------|------|--|--|--|
| | 1a | 1b | 3 | | | |
| Ledipasvir/sofosbuvir | Q30H/R L31M/V Y93C/H/N | L31V ?Y93H | NA | | | |
| Elbasvir/grazoprevir | M28A/T Q30H/R L31M/V Y93C/H/N | Y93H | NA | | | |
| Sofosbuvir/velpatasvir | NA | NA | Y93H | | | |
| Glecaprevir/pibrentasvir | NA | NA | A30K | | | |

Table 3. NS5A RAS Testing Recommendations Prior to Initiation of DAA Treatment Among Genotype 1 Patients by DAA Regimen, Virus Subtype, Prior Treatment Status, and Cirrhosis Status

| DAA Regimen | 1b TN ^a or TE ^b | 1a TN | 1a TE No Cirrhosis | 1a TE Cirrhosis | 3 TN Cirrhosis | 3 TE No Cirrhosis |
|------------------------------|--|----------|--------------------------|-----------------------|----------------------|-------------------------|
| Ledipasvir/sof osbuvir | No | No | Yes | Yes | N/A | N/A |
| Elbasvir/grazo previr | No | Yes | Yes | Yes | N/A | N/A |
| Sofosbuvir/vel patasvir | No | No | No | No | Yes | Yes |
| Glecaprevir/pi brentasvir | No | No | No | No | No | No |

^a TN = treatment naive

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^b TE = treatment experienced





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