DAA-Experienced (Including NS5A Inhibitors), Genotype 4 Patients, With or Without Compensated Cirrhosis

Recommended regimen for:

DAA-Experienced (Including NS5A Inhibitors), Genotype 4 Patients, With or Without Compensated Cirrhosis[a]

RECOMMENDED	DURATION	RATING
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg)	12 weeks	I, A

[a] For decompensated cirrhosis, please refer to the appropriate section.

Recommended Regimen

Sofosbuvir/Velpatasvir/Voxilaprevir

The phase 3 POLARIS-1 and POLARIS-4 trials included patients with genotype 4 infection, with or without compensated cirrhosis, who had previously received a DAA regimen, with or without an NS5A inhibitor. The trials included 22 genotype 4-infected patients with a prior treatment failure with an NS5A inhibitor-containing DAA regimen, and 19 genotype 4-infected patients with a prior treatment failure with a DAA regimen not containing an NS5A inhibitor. The study evaluated the daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) for 12 weeks in these patients. Overall, 46% of patients in these clinical trials had compensated cirrhosis, although the number of genotype 4-infected patients with cirrhosis was not provided. Among the 22 patients who had a prior treatment failure with an NS5A inhibitor-containing regimen, 91% (20/22) achieved SVR; 1 patient relapsed and another experienced treatment failure for nonvirologic reasons. All patients with a history of treatment failure with a DAA regimen not containing an NS5A inhibitor achieved SVR (19/19, 100%) (Bourliere, 2017).

Last update: September 21, 2017

Related References

Bourliere M, Gordon SC, Flamm SL, et al. Sofosbuvir, velpatasvir, and voxilaprevir for previously treated HCV infection. *N Engl J Med*. 2017;376(22):2134-2146.