DAA-Experienced (Including NS5A Inhibitors Except Glecaprevir/Pibrentasvir Failures), Genotype 5 or 6 Patients, With or Without Compensated Cirrhosis

(For glecaprevir/pibrentasvir treatment failures, please see that topic.)

Recommended regimen for:

DAA-Experienced (Including NS5A Inhibitors Except Glecaprevir/Pibrentasvir Failures), Genotype 5 or 6 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	IIa, B

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

Sofosbuvir/Velpatasvir/Voxilaprevir

Minimal data are available from phase 3 clinical trials regarding the efficacy of a 12-week course of the daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) among patients with genotype 5 or 6 and a history of treatment failure with a DAA-containing regimen. All 7 patients with genotype 5 or 6 (1 genotype 5; 6 genotype 6) participating in the phase 3 POLARIS-1 trial achieved SVR. All participants enrolled in the study had a prior treatment failure with an NS5A inhibitor-containing regimen. Forty-six percent had compensated cirrhosis, although the percentage of patients with genotype 5 or 6 infection with cirrhosis was not provided (Bourliere, 2017).

Last update: November 6, 2019

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.