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**

### RECOMMENDED

| Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) | 12 weeks | Ila, 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).

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Related References