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**

<table>
<thead>
<tr>
<th>RECOMMENDED</th>
<th>DURATION</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg)</td>
<td>12 weeks</td>
<td>IIa, B</td>
</tr>
</tbody>
</table>

*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**