

## Peginterferon/Ribavirin-Experienced, Genotype 2 Patients With Compensated Cirrhosis

Recommended regimens listed by evidence level and alphabetically for:

### Peginterferon/Ribavirin-Experienced, Genotype 2 Patients With Compensated Cirrhosis<sup>a</sup>

RECOMMENDED	DURATION	RATING 
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)	12 weeks	I, A
Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) <sup>b</sup>	12 weeks	I, B

<sup>a</sup> For [decompensated cirrhosis](#), please refer to the appropriate section.

<sup>b</sup> Dosing is 3 coformulated tablets (glecaprevir [100 mg]/pibrentasvir [40 mg]) taken once daily. Please refer to the prescribing information.

### Sofosbuvir/Velpatasvir

In the randomized, open-label ASTRAL-2 study, genotype 2 patients were treated with 12 weeks of the daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg) or sofosbuvir plus ribavirin ([Foster, 2015a](#)). Of the 266 participants, a minority (15%) had a history of previous peginterferon/ribavirin treatment failure and a similar proportion (14%) had compensated cirrhosis. Overall, the combination of sofosbuvir/velpatasvir yielded a statistically significant superior SVR12 of 99% vs 94% for sofosbuvir plus ribavirin. The only treatment failure in the sofosbuvir/velpatasvir arm was a patient who withdrew from the study after a single day due to side effects (anxiety). In contrast, there were 6 virologic failures in the sofosbuvir plus ribavirin arm. Fatigue and anemia were more commonly reported in patients receiving sofosbuvir plus ribavirin.

The phase 3 POLARIS-2 study randomized patients to 8 weeks of sofosbuvir/velpatasvir/voxilaprevir or 12 weeks of sofosbuvir/velpatasvir. Fifty-three genotype 2 patients were included in the sofosbuvir/velpatasvir arm and all achieved SVR (100%, 53/53) ([Jacobson, 2017](#)). This study confirms the high efficacy and safety of this 12-week regimen in patients with genotype 2, including those with a past peginterferon/ribavirin treatment failure and patients with compensated cirrhosis.

Considering the high SVR12 and fewer side effects with sofosbuvir/velpatasvir, regimens with peginterferon and/or ribavirin are no longer recommended for genotype 2.

### Glecaprevir/Pibrentasvir

The phase 3, single arm, open-label EXPEDITION-1 study investigated the safety and efficacy of a 12-week course of the daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) administered as three 100 mg/40 mg fixed-dose combination pills in patients with genotype 1, 2, 4, 5, or 6 and compensated cirrhosis ([Forns, 2017](#)). Treatment-naïve and -experienced patients (interferon or peginterferon ± ribavirin, or sofosbuvir plus ribavirin ± peginterferon) were included in the trial. Overall, only 25% (n=36) of patients were treatment experienced. The SVR12 in the genotype 2

patients was 100% (31/31). Overall, 91% percent (133/146) of patients had a Child-Pugh score of 5, and 9% (13/146) had a Child-Pugh score of 6. Twenty percent of patients had a platelet count <100 x 10<sup>9</sup>/L and all but 1 participant had a normal albumin level. In this patient population with compensated cirrhosis, the regimen was safe and well tolerated. There were 11 serious adverse events; none were DAA-related and no adverse events led to discontinuation of the study drugs. This is a safe and highly efficacious 12-week regimen in patients with well-compensated cirrhosis.

**Last update:** November 6, 2019

### Related References

Forns X, Lee SS, Valdes J, et al. [Glecaprevir plus pibrentasvir for chronic hepatitis C virus genotype 1, 2, 4, 5, or 6 infection in adults with compensated cirrhosis \(EXPEDITION-1\): a single-arm, open-label, multicentre phase 3 trial.](#) *Lancet Infect Dis.* 2017;17(10):1062-1068.

Foster GR, Afdhal NH, Roberts SK. [Sofosbuvir and velpatasvir for HCV genotype 2 and 3 infection.](#) *N Engl J Med.* 2015;373(27):2608-2617.

Jacobson IM, Lawitz E, Gane EJ, et al. [Efficacy of 8 weeks of sofosbuvir, velpatasvir, and voxilaprevir in patients with chronic HCV infection: 2 phase 3 randomized trials.](#) *Gastroenterology.* 2017;153(1):113-122.