Peginterferon/Ribavirin- Experienced, Genotype 2 Patients Without Cirrhosis

Recommended and alternative regimens listed by evidence level and alphabetically for:

Peginterferon/Ribavirin- Experienced, Genotype 2 Patients Without Cirrhosis

<table>
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<th>RECOMMENDED</th>
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<td>Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg)(^a)</td>
<td>8 weeks</td>
<td>I, A</td>
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<tr>
<td>Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)</td>
<td>12 weeks</td>
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<table>
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<th>ALTERNATIVE</th>
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<tr>
<td>Daily daclatasvir (60 mg)(^b) plus sofosbuvir (400 mg)</td>
<td>12 weeks</td>
<td>IIa, B</td>
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\(^a\) This is a 3-tablet coformulation. Please refer to the prescribing information.

\(^b\) The dose of daclatasvir may need to be increased or decreased when used concomitantly with cytochrome P450 3A4 inducers and inhibitors, respectively. Please refer to the prescribing information and the section on HIV/HCV coinfection for patients on antiretroviral therapy.

Recommended Regimens

**Glecaprevir/Pibrentasvir**

The SURVEYOR-II, part 4 trial was a single-arm study of the daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) administered as three 100 mg/40 mg fixed-dose combination pills for 8 weeks in patients with genotype 2, 4, 5, or 6 infection without cirrhosis who were treatment-naive or -experienced (interferon or peginterferon ± ribavirin, or sofosbuvir plus ribavirin ± peginterferon) (Asselah, 2018b). One hundred forty-five genotype 2-infected patients were enrolled with a 98% SVR12. Two patients experienced relapse; both were treatment experienced.

**Sofosbuvir/Velpatasvir**

In the randomized, open-label ASTRAL-2 study, genotype 2-infected 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 rate 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 the fixed-dose combination of sofosbuvir/velpatasvir/voxilaprevir versus 12 weeks of sofosbuvir/velpatasvir. Fifty-three genotype 2-infected patients were 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 infection, including those with a past peginterferon/ribavirin treatment failure and patients with compensated cirrhosis.

**Alternative Regimen**

**Daclatasvir + Sofosbuvir**

Daclatasvir (60 mg) plus sofosbuvir (400 mg) for 12 weeks to 24 weeks has been shown to have efficacy in genotype 2 infection. However, available data in patients previously treated with peginterferon/ribavirin are very limited (Wyles, 2015); (Sulkowski, 2014a). For patients who require treatment and are unable to access sofosbuvir/velpatasvir, treatment with daclatasvir/sofosbuvir for 12 weeks is an alternative regimen with consideration of extension of therapy to 24 weeks in more difficult-to-treat patients, such as those with cirrhosis.

**Last update:** September 21, 2017

**Related References**


