


## Treatment-Naive Genotype 4 Without Cirrhosis

Recommended regimens listed by pangenotypic, evidence level, and alphabetically for:

### Treatment-Naive Persons With Genotype 4 Infection Without Cirrhosis

RECOMMENDED	DURATION	RATING 
Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) <sup>a</sup>	8 weeks	I, A
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)	12 weeks	I, A
Daily fixed-dose combination of elbasvir (50 mg)/grazoprevir (100 mg)	12 weeks	I, A
Daily fixed-dose combination of ledipasvir (90 mg)/sofosbuvir (400 mg) <sup>b</sup>	12 weeks	I, A

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

<sup>b</sup> An 8-week regimen can be considered in persons with favorable baseline characteristics (ie, no cirrhosis, HCV RNA <6 million IU/mL, and absence of genotype 4r).

## Recommended Regimens

### Glecaprevir/Pibrentasvir

Based on favorable data for 12 weeks of treatment for persons without cirrhosis in part 4 of the phase 2 SURVEYOR-2 study (100% SVR12 rate in 34 participants with genotype 4, 5, or 6) ([Kwo, 2017b](#)), ENDURANCE-4 enrolled 121 DAA-naive or DAA-experienced (sofosbuvir plus ribavirin ± peginterferon) participants with genotype 4, 5, or 6 infection without cirrhosis to receive 12 weeks of the daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) administered as three 100 mg/40 mg fixed-dose combination pills ([Asselah, 2018b](#)). Of those enrolled, 86% had fibrosis stage F0 to F1 and 68% were treatment naive. The genotype distribution was 63% genotype 4, 21% genotype 5, and 16% genotype 6. The overall SVR12 rate for the intention-to-treat population was 99% (120/121), including 99% (75/76) for genotype 4, 100% (26/26) for genotype 5, and 100% (19/19) for genotype 6.

Persons with genotype 4, 5, or 6 infection were not included in the randomized study to compare an 8-week versus 12-week course of glecaprevir/pibrentasvir for DAA-naive persons without cirrhosis. However, part 4 of the SURVEYOR-2 study investigated an 8-week course of glecaprevir/pibrentasvir in DAA-naive persons without cirrhosis ([Asselah, 2018b](#)). In the intention-to-treat analysis, 93% (43/46) of participants with genotype 4 infection, 100% (2/2) of those with genotype 5 infection, and 90% (9/10) of those with genotype 6 infection achieved SVR12; there were no known virologic failures.

EXPEDITION-1 investigated the use of glecaprevir/pibrentasvir among treatment-naïve (75%) or treatment-experienced (interferon or peginterferon ± ribavirin, or sofosbuvir plus ribavirin ± peginterferon) persons with compensated cirrhosis. Of 146 participants with genotype 1, 2, 4, 5, or 6 infection given 12 weeks of glecaprevir/pibrentasvir, 99% (145/146) achieved SVR12, including 100% (16/16) of participants with genotype 4 infection, 100% (2/2) of those with genotype 5 infection, and 100% (7/7) of those with genotype 6 infection ([Forns, 2017](#)). Based on these studies, an 8-week course of glecaprevir/pibrentasvir was approved for the treatment of genotype 4 infection among DAA-naïve persons without cirrhosis. A meta-analysis of real-world cohorts that examined glecaprevir/pibrentasvir treatment response among adults demonstrated an SVR12 rate of 98.3% (n=55) among participants with genotype 4 infection without cirrhosis treated for 8 weeks ([Lampertico, 2020](#)).

### **Sofosbuvir/Velpatasvir**

The daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg) for 12 weeks was approved by the FDA for the treatment of genotype 4 infection in persons with or without cirrhosis. ASTRAL-1 included 64 treatment-naïve participants with genotype 4 infection without cirrhosis or with compensated cirrhosis, all of whom achieved SVR12 ([Feld, 2015](#)).

The POLARIS-2 phase 3 study randomized DAA-naïve participants to 8 weeks of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) versus 12 weeks of sofosbuvir/velpatasvir. Of the 57 participants with genotype 4 infection in the sofosbuvir/velpatasvir arm, 98% attained SVR; 1 person experienced relapse ([Jacobson, 2017](#)). A real-world, pooled analysis of 12 cohorts that evaluated adults treated with 12 weeks of sofosbuvir/velpatasvir demonstrated an SVR rate of 99.6% (238/239) among participants with genotype 4 infection, with or without compensated cirrhosis ([Mangia, 2020](#)).

### **Elbasvir/Grazoprevir**

The phase 3 C-EDGE treatment-naïve trial of elbasvir/grazoprevir included 18 persons with genotype 4 infection. With 12 weeks of therapy, SVR rate was 100% (18/18) ([Zeuzem, 2015](#)). A similar SVR12 rate of 96% (54/56) was seen among treatment-naïve participants with genotype 4 infection and HIV coinfection from the combined phase 2/3 elbasvir/grazoprevir database who were treated for 12 weeks ([Rockstroh, 2015](#)).

An integrated analysis of a phase 2/3 trial evaluated elbasvir/grazoprevir with or without ribavirin among 111 treatment-naïve persons with genotype 4 infection (predominantly subtype 4a and 4d); 26% of participants had HIV/HCV coinfection and 13% had cirrhosis. Elbasvir/grazoprevir without ribavirin for 12 weeks resulted in an SVR12 rate of 96% (97/101) ([Asselah, 2018c](#)). Baseline RASs and subtype did not appear to impact SVR12 rates. In a study among treatment-naïve participants with genotype 4 infection that compared 8 weeks versus 12 weeks of elbasvir/grazoprevir treatment for those with F0 to F2 fibrosis (all with F3 to F4 fibrosis received 12 weeks of treatment), SVR rates were 94% (50/53) in the 8-week arm and 96% (26/27) in the 12-week arm ([Asselah, 2020](#)).

### **Ledipasvir/Sofosbuvir**

In the HEPNED-001 study from the Netherlands, 40 treatment-naïve persons without cirrhosis and with (n=30) and without (n=10) HIV coinfection were treated with ledipasvir/sofosbuvir for 8 weeks; 93% (28/30) of participants with HIV/HCV coinfection and 100% (10/10) of those with HCV monoinfection attained SVR12 ([Boerekamps, 2019](#)). Participants were predominantly infected with genotypes 4a and 4d; 2.5% each were infected with 4c and 4t. In another study that evaluated 8 weeks of ledipasvir/sofosbuvir among treatment-naïve persons from Saudi Arabia without cirrhosis and with genotype 4 infection, SVR12 rate was

98% ([Babatin, 2019](#)). Notably, 91% of participants had a baseline HCV RNA level <6 million IU/mL. These pilot studies support the use of ledipasvir/sofosbuvir for persons with genotype 4 infection, with 8 weeks of therapy a consideration for those with favorable characteristics (ie, no cirrhosis, HCV RNA <6 million IU/mL, and absence of genotype 4r).

In a study from Rwanda, 300 treatment-naive participants with genotype 4 infection were treated with ledipasvir/sofosbuvir for 12 weeks. The major subtypes among participants were 4k (n=134), 4r (n=48), 4q (n=42), and 4v (n=24). Overall SVR rate was 87% with subtype differences evident; SVR rate for 4r infection was 56% compared with 93% for other subtypes ([Gupta, 2019](#)). The influence of subtype on SVR warrants consideration of the use of ledipasvir, although subtype 4r is rare in non-African populations.

## Related References

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### **Additional Reading**

- [Persons With HIV/HCV Coinfection](#)
- [Persons With Renal Impairment](#)
- [Management of Acute HCV Infection](#)

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