PEG-IFN/Ribavirin Treatment-experienced, Genotype 2 Patients with Compensated Cirrhosis

Recommended and Alternative Regimens by evidence level and alphabetically for:

Genotype 2, PEG-IFN/Ribavirin Treatment-experienced Patients, with Compensated Cirrhosis ‡

RECOMMENDED	DURATION	RATING
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)	12 weeks	I, A
ALTERNATIVE	**DURATION**	**RATING**
Daily daclatasvir (60 mg*) plus sofosbuvir (400 mg)	16 weeks to 24 weeks	IIa, B

‡ For decompensated cirrhosis, please refer to the appropriate section.
* The dose of daclatasvir may need to increase or decrease when used concomitantly with cytochrome P450 3A/4 inducers and inhibitors, respectively. Please refer to the prescribing information and the section on HIV/HCV coinfection for patients on antiretroviral therapy.

Sofosbuvir/velpatasvir

In the randomized, open-label ASTRAL-2 study, patients with HCV genotype 2 infection were treated with either 12 weeks of sofosbuvir plus velpatasvir (hereafter, sofosbuvir/velpatasvir) or sofosbuvir plus ribavirin (Foster, 2015a). Of the total of 266 patients, a minority (15%) had previously failed PEG-IFN/ribavirin and a similar proportion (14%) had cirrhosis. Overall, the combination of sofosbuvir/velpatasvir yielded a statistically significant superior SVR12 rate, 99% vs 94%. The only failure in the sofosbuvir/velpatasvir arm was a man who withdrew from the study after one 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. In light of the high SVR12 rate and fewer side effects with sofosbuvir/velpatasvir, regimens with peginterferon and/or ribavirin are no longer recommended for genotype 2 infection.

Daclatasvir plus sofosbuvir

The once-daily combination of daclatasvir (60 mg) plus sofosbuvir (400 mg) for 12 to 24 weeks has been shown to have efficacy in HCV genotype 2 infection, however available data in patients previously treated with PEG-IFN/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 patients to treat such as those with cirrhosis.

Mixed genotypes

Rarely, genotyping assays may indicate the presence of a mixed infection (eg, genotypes 1a and 2). Treatment data for mixed genotypes with direct-acting antivirals are sparse but utilization of a pangenotypic regimen should be considered. When the correct combination or duration is unclear, expert consultation should be sought.

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