


Sofosbuvir Plus Ribavirin Treatment-experienced, Genotype 2 Patients

Recommended Regimens by evidence level and alphabetically for: Genotype 2, Sofosbuvir Plus Ribavirin Treatment-experienced Patients ‡		
RECOMMENDED	DURATION	RATING 
Daily daclatasvir (60 mg*) plus sofosbuvir (400 mg) with or without weight-based ribavirin [‡]	24 weeks	Ila, C
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg) with weight-based ribavirin [‡]	12 weeks	Ila, C

‡ [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.

To date, there are few data available to guide therapy in patients with HCV genotype 2 infection in whom prior treatment with sofosbuvir and ribavirin has failed. Prior studies of genotype 1 or 3 treatment failures have shown that adding ribavirin to sofosbuvir/velpatasvir leads to higher cure rates than just sofosbuvir/velpatasvir alone ([Pianko, 2015](#)). Extrapolating from this study, the addition of ribavirin is recommended.

The combination of daclatasvir and sofosbuvir is effective in patients with HCV genotype 2 infection, but there are limited data about this therapy in treatment-experienced patients with HCV genotype 2 infection ([Sulkowski, 2014a](#)); ([Wyles, 2015](#)). For patients in whom prior treatment with sofosbuvir and ribavirin failed who are ribavirin ineligible, the decision to treat with daclatasvir and sofosbuvir should be made on an individual patient basis with consideration of extension of therapy to 24 weeks with the addition of ribavirin, especially in difficult-to-treat patients 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.

Last update: April 12, 2017