

**HepCBC Hepatitis C Education and Prevention Society
Patient Group recommendation for Sovaldi™ (sofosbuvir)
February 23, 2016**

General Recommendations:

- (a) HepCBC supports the CDEC recommendations that all patients with CHC should be considered for treatment, regardless of fibrosis score. We recognise priority needs to be given to those with advanced liver disease, according to the concept of Treatment as Prevention of morbidity/mortality. However there is also clear evidence that the sooner hepatitis C treatment is given, the greater the chance of achieving SVR, the greater chance that liver cancer (and cancer in general), liver failure and transplant, plus other morbidities and mortality will be prevented, and the greater number of QALYs gained.

- (a) HepCBC also supports the addition of one-time-only age-cohort testing for hepatitis C to the current Canadian hepatitis screening guidelines. This action could result in identifying and being able to treat almost every Canadian with hepatitis C. This would greatly enhance the total benefit of these medications to our society as well as providing a good rationale for the TCPA to negotiate lower prices per treatment.

HepCBC supports modifications and updates to the CDEC recommendations for sofosbuvir as an approved treatment for CHC with modifications as follows:

Genotype 1:

Treatment	Duration	Notes
sofosbuvir/ledipasvir	12 weeks	+ ribavirin (cirrhosis) up to 24 weeks if ribavirin-intolerant and/or cirrhosis
sofosbuvir/ledipasvir	8 weeks	Treatment naïve, HCV RNA < 6m iu/ml, no cirrhosis
sofosbuvir/simeprevir	12 weeks	+ ribavirin (cirrhosis) or extend to 24 weeks if ribavirin-intolerant. Note simeprevir is unsuitable for G1a with Q80K variant
sofosbuvir/daclatasvir	12 weeks	+ ribavirin (cirrhosis) or extend to 24 weeks if ribavirin-intolerant.
Peg-IFN/RBV/sofosbuvir	12 weeks	IFN-free regimes should be considered first

Genotype 2:

Treatment	Duration	Notes
sofosbuvir/ribavirin	12 weeks	Extend to 16-24 weeks if cirrhosis especially if treatment-experienced
sofosbuvir/daclatasvir	12 weeks	
Peg-IFN/RBV/sofosbuvir	12 weeks	An option for treatment-experienced + cirrhosis

Genotype 3:

Treatment	Duration	Notes
Peg-IFN/RBV/sofosbuvir	12 weeks	Despite the inclusion of Peg-IFN, this combination remains a very valuable option for G3
sofosbuvir/daclatasvir	12 weeks	Extend to 24 weeks and include ribavirin if cirrhosis
sofosbuvir/ledipasvir/RBV	12 weeks	This is a possible treatment option for G3 though achieves lower SVR rates than Peg-IFN/RBV/sofosbuvir (see CASL & Gane et al. below)
sofosbuvir/ribavirin	24 weeks	This option is sub-optimal but can be considered if the first two options are not available/contraindicated.

Genotype 4:

Treatment	Duration	Notes
sofosbuvir/ledipasvir	12 weeks	+ ribavirin (cirrhosis) or extend to 24 weeks if ribavirin-intolerant
sofosbuvir/simeprevir	12 weeks	+ ribavirin (cirrhosis) or extend to 24 weeks if ribavirin-intolerant
sofosbuvir/daclatasvir	12 weeks	+ ribavirin (cirrhosis) or extend to 24 weeks if ribavirin-intolerant

Genotypes 5 & 6:

Treatment	Duration	Notes
sofosbuvir/ledipasvir	12 weeks	+ ribavirin (cirrhosis) or extend to 24 weeks if ribavirin-intolerant. Extend to up to 24 weeks if treatment-experienced, compensated cirrhosis and negative predictors of response
Sofosbuvir/daclatasvir	12 weeks	+ ribavirin (cirrhosis) or extend to 24 weeks if ribavirin-intolerant
Peg-IFN/RBV/sofosbuvir	12 weeks	

The recommendations/modifications are mainly supported by:

EASL guidelines:

<http://www.easl.eu/medias/cpg/HEPC-2015/Full-report.pdf>

and also (in part) by both:

AASLD guidelines:

<http://www.hcvguidelines.org/>

CASL guidelines:

http://www.liver.ca/files/Professional_Education_Partnerships/Information_Resources_for_HCP/CASL_Hep_C_Consensus_Guidelines_Update_-_Jan_2015.pdf

World Health Organization (February 2016) *New Recommendations in the Updated WHO Guidelines for the Screening, Care and Treatment of Persons with Chronic Hepatitis C Infection: Policy Brief* Geneva, Switzerland: WHO Document Production Services

<http://www.who.int/hepatitis/publications/hepatitis-c-guidelines-policy/en/>

In addition, for genotype 2:

Foster G, Pianko S, Brown A, Forton D, Nahass, RG, George J, Barnes E, Brainard DM, Massetto B, Lin M, Han B, McHutchison JG, Subramanian GM, Cooper, C, Agarwal, K

'Efficacy of Sofosbuvir Plus Ribavirin With or Without Peginterferon-Alpha in Patients With Hepatitis C Virus Genotype 3 Infection and Treatment-Experienced Patients With Cirrhosis and Hepatitis C Virus Genotype 2 Infection' *Gastroenterology*, Volume 149, Issue 6, 1462 - 1470

In addition, for genotype 3:

Esteban R & Buti M (2015) 'Therapy with Direct Acting Antivirals for Genotype 3 Patients: Interferon's Last Gasp?' *Gastroenterology*, Volume 149, Issue 6, 1326 - 1330

Foster G, Pianko S, Brown A, Forton D, Nahass, RG, George J, Barnes E, Brainard DM, Massetto B, Lin M, Han B, McHutchison JG, Subramanian GM, Cooper, C, Agarwal, K

'Efficacy of Sofosbuvir Plus Ribavirin With or Without Peginterferon-Alfa in Patients With Hepatitis C Virus Genotype 3 Infection and Treatment-Experienced Patients With Cirrhosis and Hepatitis C Virus Genotype 2 Infection' *Gastroenterology*, Volume 149, Issue 6, 1462 - 1470

For genotypes 3 & 6:

Gane EJ, Hyland RH, An D, Svarovskaia E, Pang, PS, Brainard D & Stedman CA (2015) 'Efficacy of Ledipasvir and Sofosbuvir, With or Without Ribavirin, for 12 Weeks in Patients With HCV Genotype 3 or 6 Infection' *Gastroenterology*, Volume 149, Issue 6, 1454 – 1461