

HEPATITIS C TREATMENT IN 2015

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Disclosure

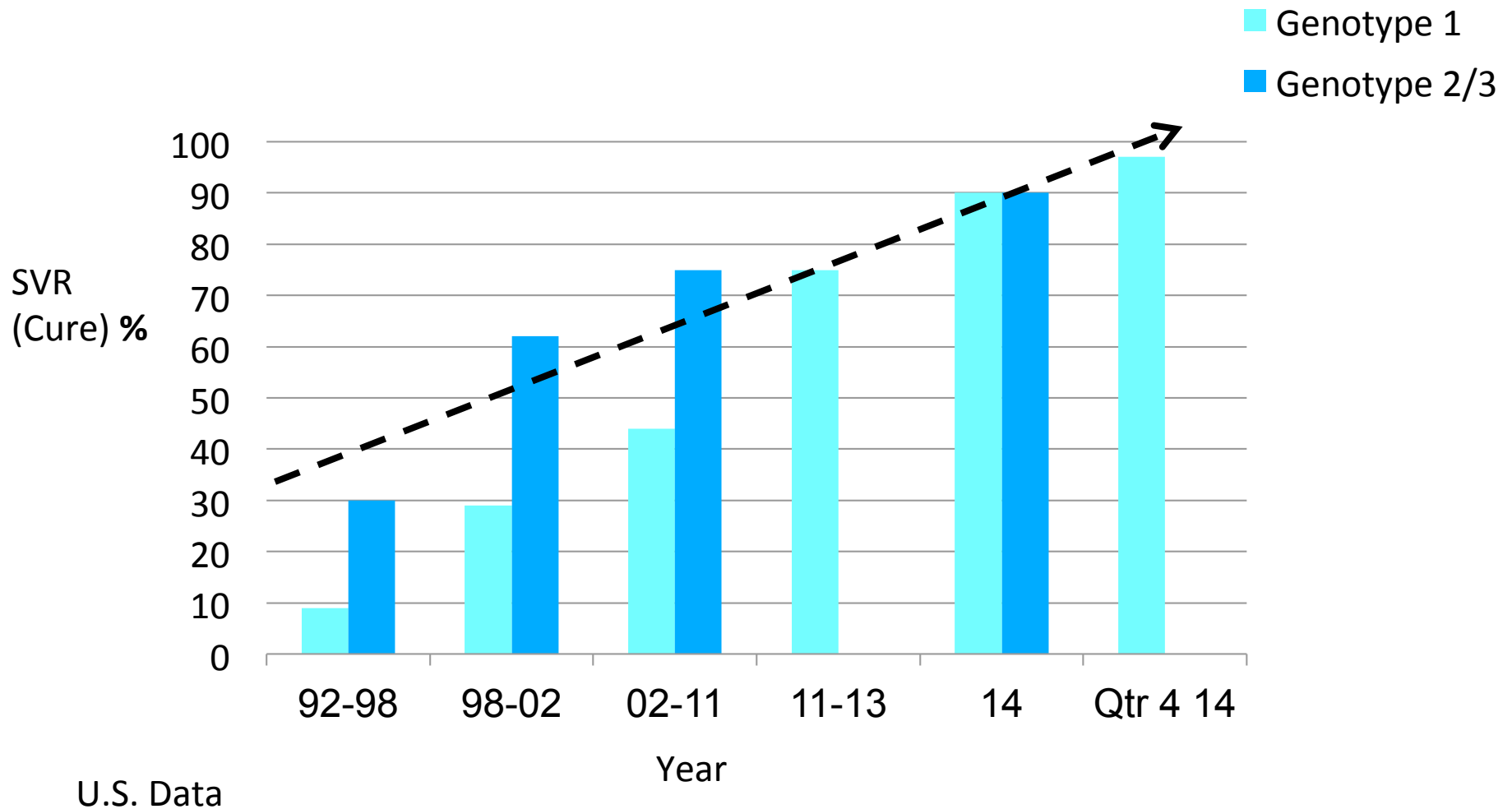


- The ANTHC Liver Disease & Hepatitis Program is conducting an investigator-sponsored observational study of Alaska Native/American Indian persons receiving sofosbuvir-based treatment for hepatitis C infection. This study is funded in-part by a contract with Gilead Sciences.

Objectives

- Recognize that hepatitis C treatment has improved
- Identify drugs used now to treat hepatitis C
- Recognize positive effect of sustained virologic response (SVR) on risk of liver transplant, hepatocellular carcinoma (HCC) and death
- Explain Fibroscan imaging and its role in non-invasive monitoring of liver fibrosis

History of Hepatitis C Treatment Response



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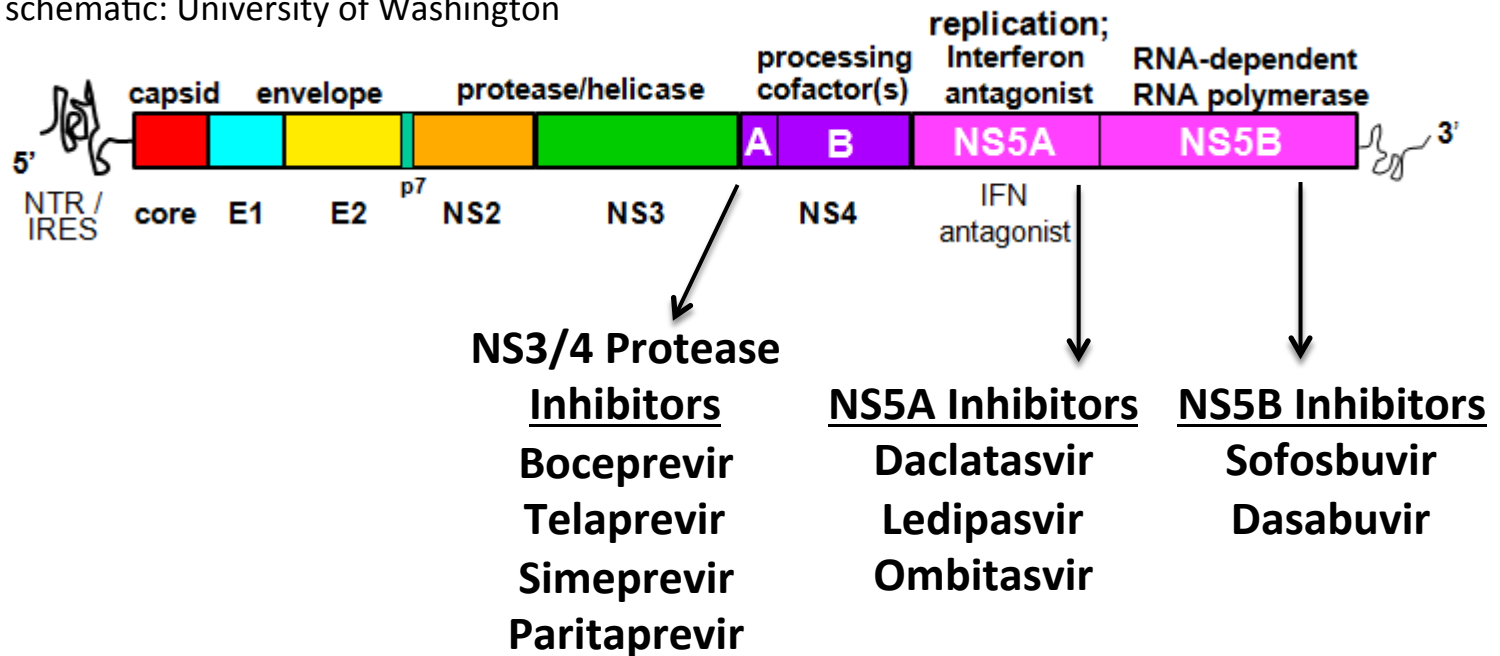
"This probably won't work, but we do have medications that will take care of the side effects."

Revolutionary changes started in 2013

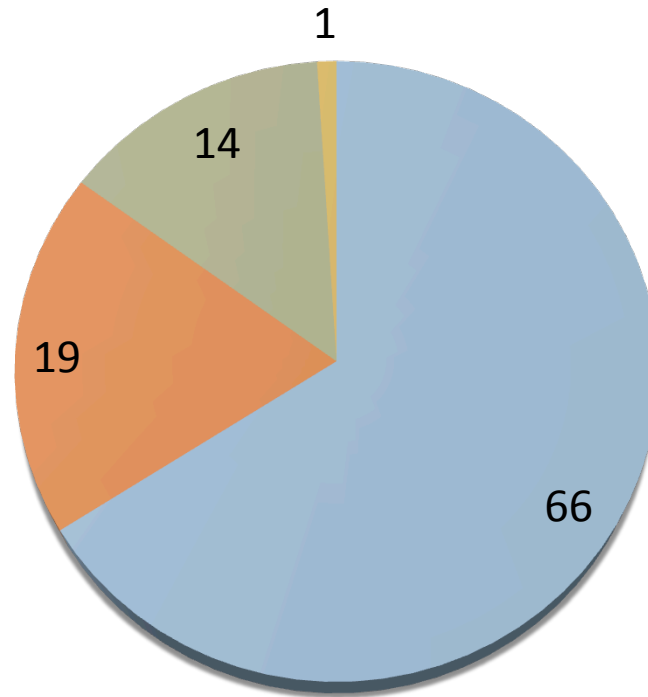
- ▣ Interferon-free
- ▣ Fewer side effects
- ▣ Shorter duration of treatment
- ▣ Higher cure rates

Where Direct Acting Anti-Virals (DAAs) Target the Hepatitis C Virus

Virus schematic: University of Washington



Genotypes



■ Geno 1 ■ Geno 2 ■ Geno 3 ■ Genos 4-6

Treatment Options Genotype 1: Direct Acting Anti-viral Combinations

Ledipasvir /
Sofosbuvir
Harvoni®
Gilead

Paritaprevir/
Ritonavir,
Ombitasvir
+ Dasabuvir,
Viekira Pak®
Abbvie

Simeprevir,
Olysio® +
Sofosbuvir,
Sovaldi®
Janssen &
Gilead

Ledipasvir/Sofosbuvir (Harvoni®)

- Ledipasvir (LDV) 90mg
 - ▣ NS5A inhibitor
 - ▣ Antiviral activity against HCV GT 1a and 1b
- Sofosbuvir (SOF) 400mg
 - ▣ NS5B polymerase inhibitor
 - ▣ Potent antiviral activity against HCV GT 1-6

Side effects: fatigue and headache

Ledipasvir/Sofosbuvir (Harvoni®) for Genotype 1

- Minimal side effects
- Pregnancy Category B
- Take with or without food
- Interactions with acid-suppressing medications
- Do not take with St. John's wort or rifampin
- Safe for mild, moderate and severe hepatic impairment (Child-Pugh Class A, B, or C)
- Safe for mild to moderate renal impairment ($GFR \geq 30$)
- Manufacturer's price \$94,500 for 12 week treatment



FDA Indications

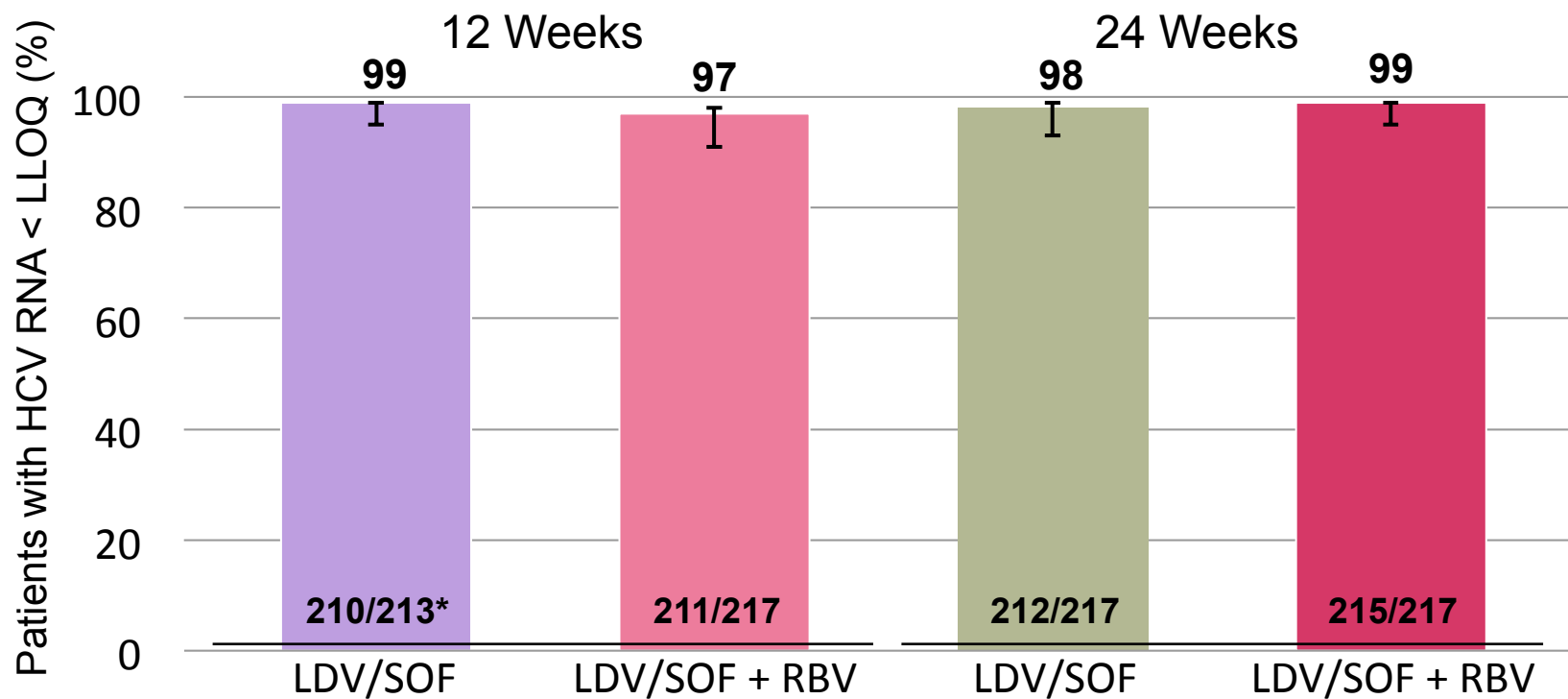
Ledipasvir/Sofosbuvir (Harvoni®)

Patient Population	Recommended Treatment Duration
Treatment-naïve with or without cirrhosis	12 weeks*
Treatment-experienced without cirrhosis	12 weeks
Treatment-experienced with cirrhosis	24 weeks

* 8 weeks can be considered in treatment-naïve patients without cirrhosis who have pre-treatment HCV RNA less than 6 million IU/mL

LDV/SOF Overall Results

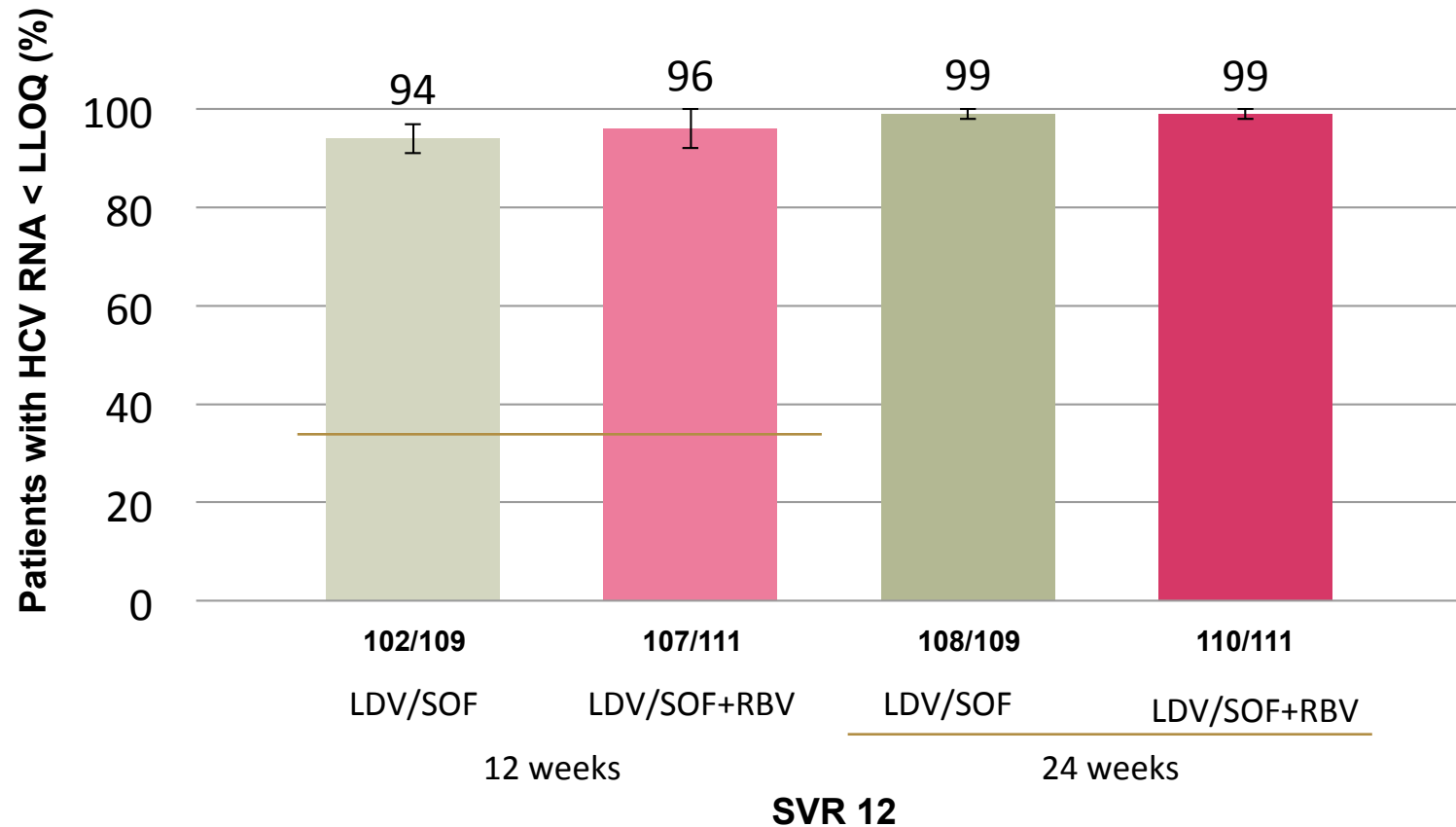
ION-1 (GT 1, Treatment-Naive, LDV/SOF±RBV x 12 or 24 weeks)



*excluding one subject with genotype 4 infection
Error bars represent 95% confidence intervals.

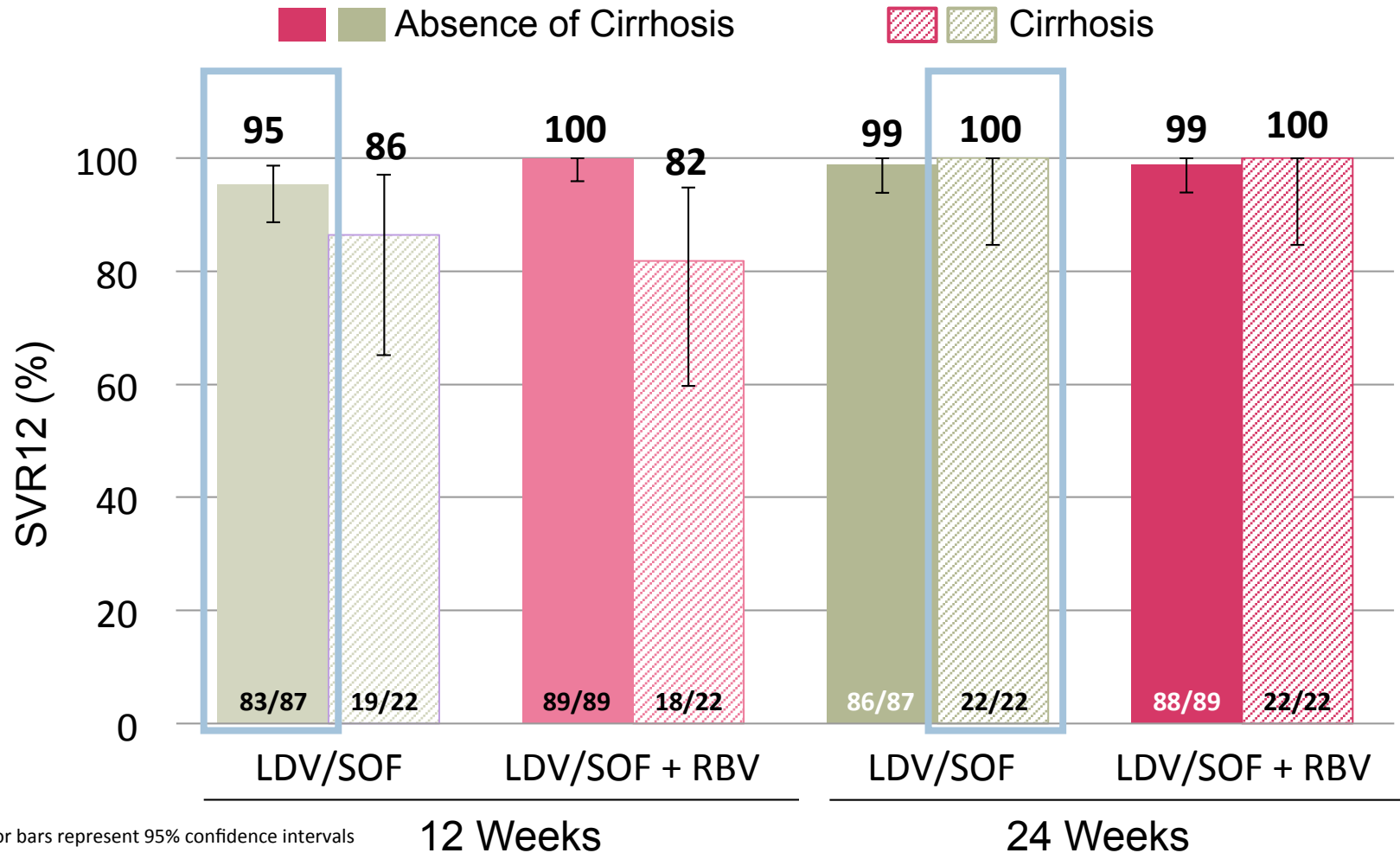
LDV/SOF Overall Results

ION-2 (GT 1, Treatment-Experienced, LDV/SOF±RBV x 12 or 24 weeks)



SVR12: No Cirrhosis vs. Cirrhosis

ION-2 (GT 1, Treatment-Experienced, LDV/SOF±RBV x 12 or 24 weeks)



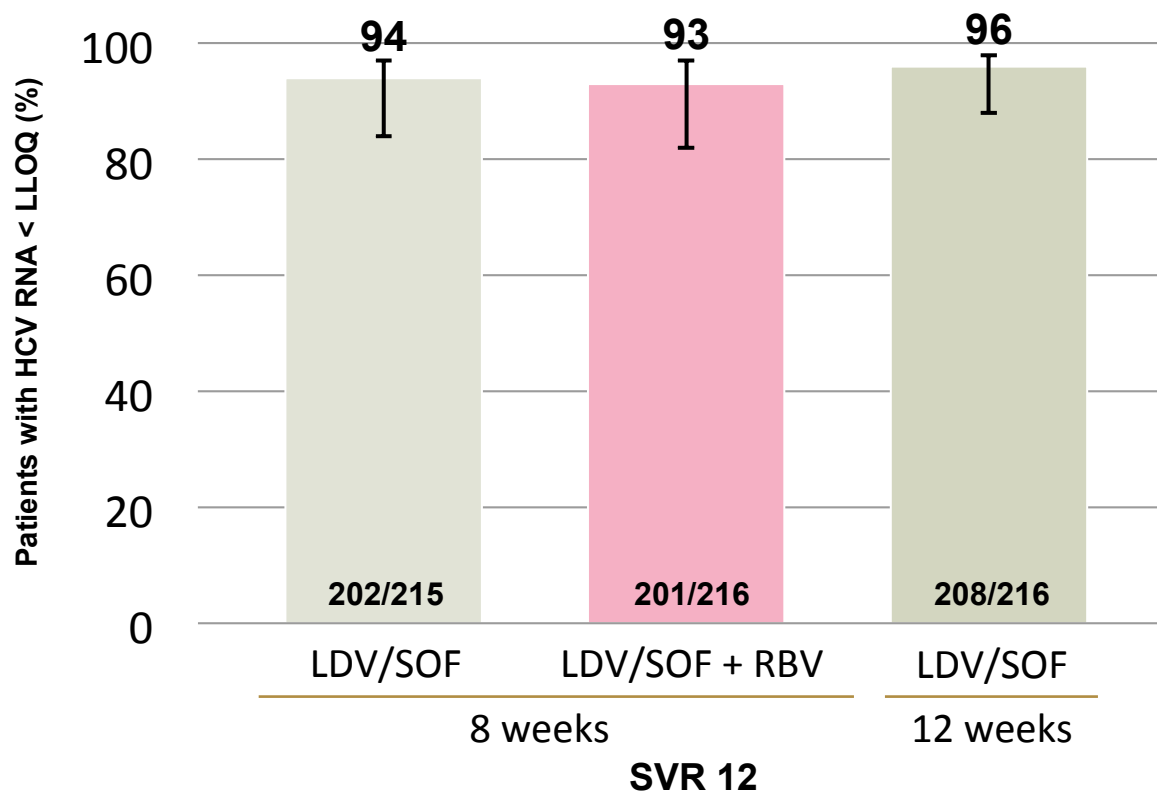
Error bars represent 95% confidence intervals

Afdhal N, EASL, 2014, O109

Afdhal N, et al. *N Engl J Med* 2014;370:1483-1493

LDV/SOF Treatment Duration

ION-3 (GT 1, Treatment-Naive, Non-Cirrhotic, LDV/SOF±RBV x 8 or 12 weeks)



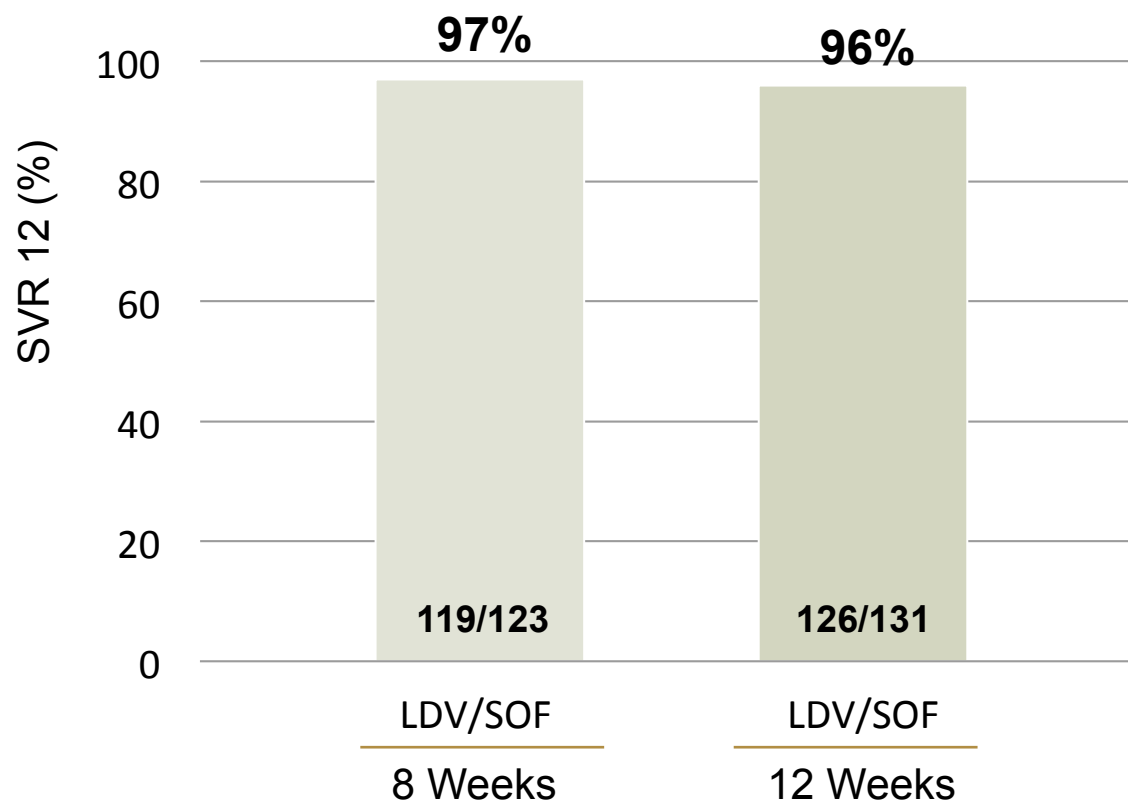
Error bars represent 95% confidence intervals

Kowdley K, et al. *N Engl J Med* 2014;370:1879-1888

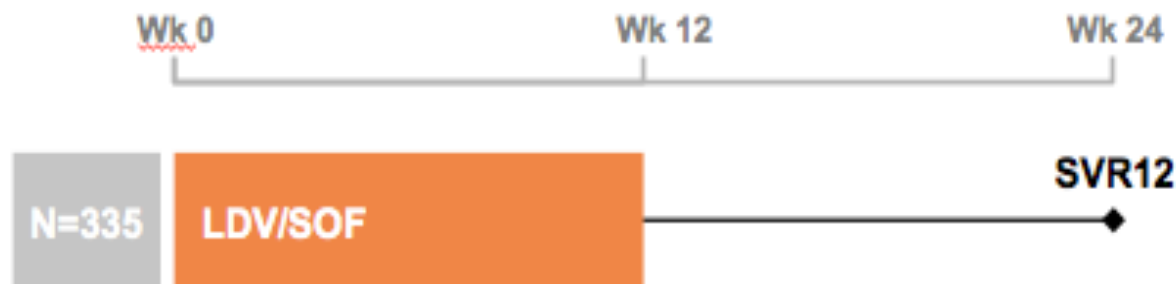
Data on File, Gilead Sciences, Inc. Data on File, Gilead Sciences, Inc.

Baseline HCV RNA < 6 Million IU/mL

ION-3 (GT 1, Treatment-Naive, Non-Cirrhotic, LDV/SOF±RBV x 8 or 12 weeks)



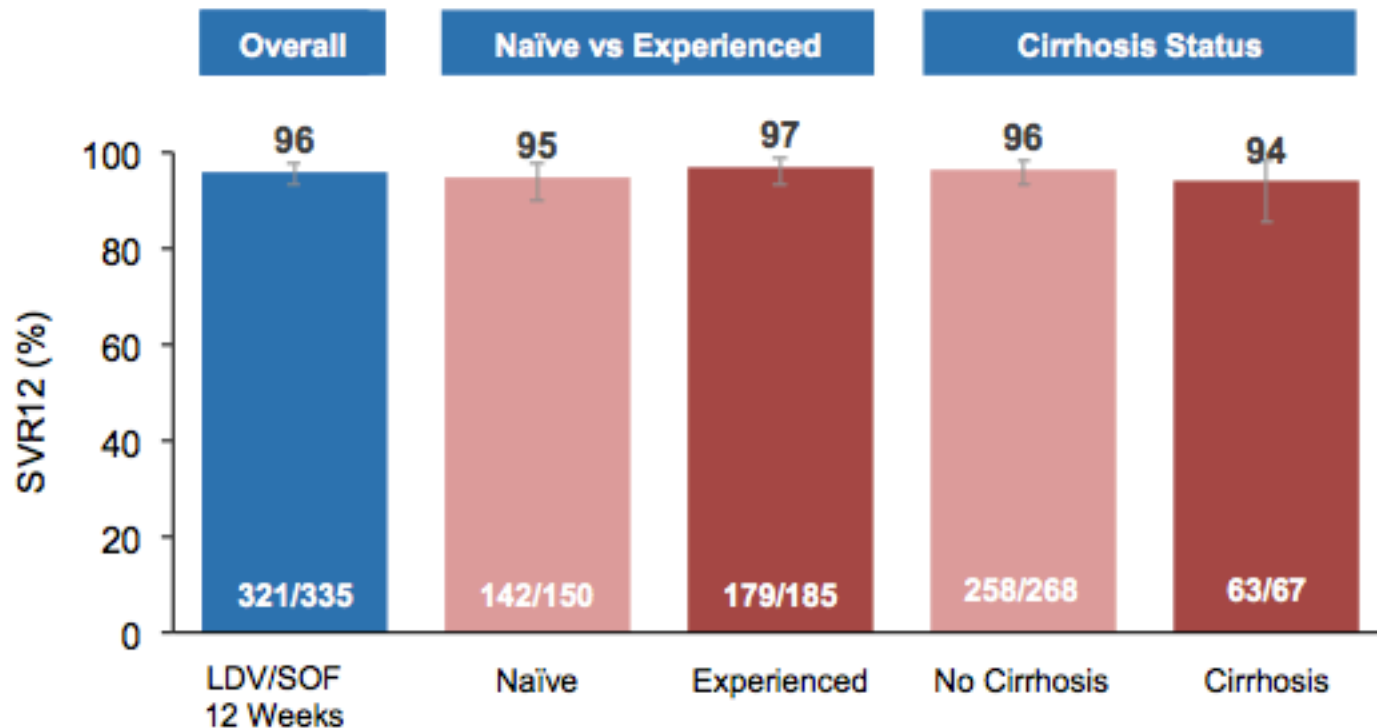
Harvoni HIV/HCV ION-4 Study Design



- ◆ Phase 3, multicenter, open-label study (NCT02073656)
- ◆ HCV GT 1 or 4 patients in US, Canada, and New Zealand
- ◆ Broad inclusion criteria
 - HCV treatment-naïve or treatment-experienced
 - 20% with compensated cirrhosis
 - Platelets $\geq 50,000/\text{mm}^3$; hemoglobin ≥ 10 mg/dL, CrCl ≥ 60 mL/min
 - HIV-1 positive, HIV RNA < 50 copies/mL; CD4 cell count > 100 cells/ mm^3
- ◆ ART regimens included emtricitabine and tenofovir disoproxil fumarate plus efavirenz, raltegravir, or rilpivirine

Harvoni[®] HIV/HCV ION-4 Study

SVR 12 Results

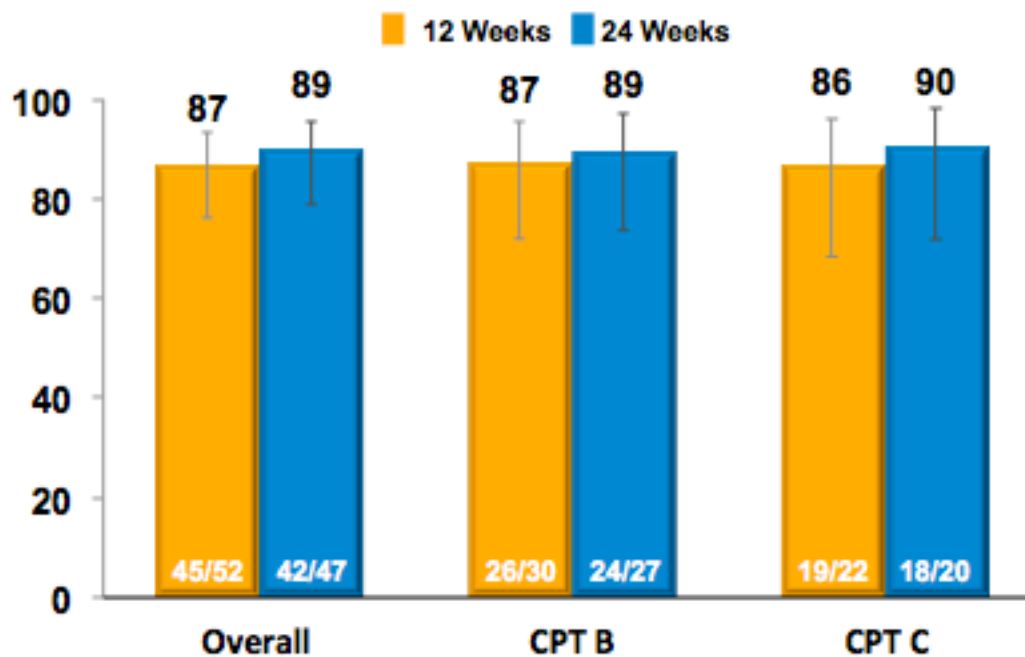


Error bars represent 95% confidence intervals.

Treatment of Persons with Decompensated Cirrhosis

Ledipasvir/Sofosbuvir + RBV in Patients with Decompensated Cirrhosis: Preliminary Results of a Prospective, Multicenter Study

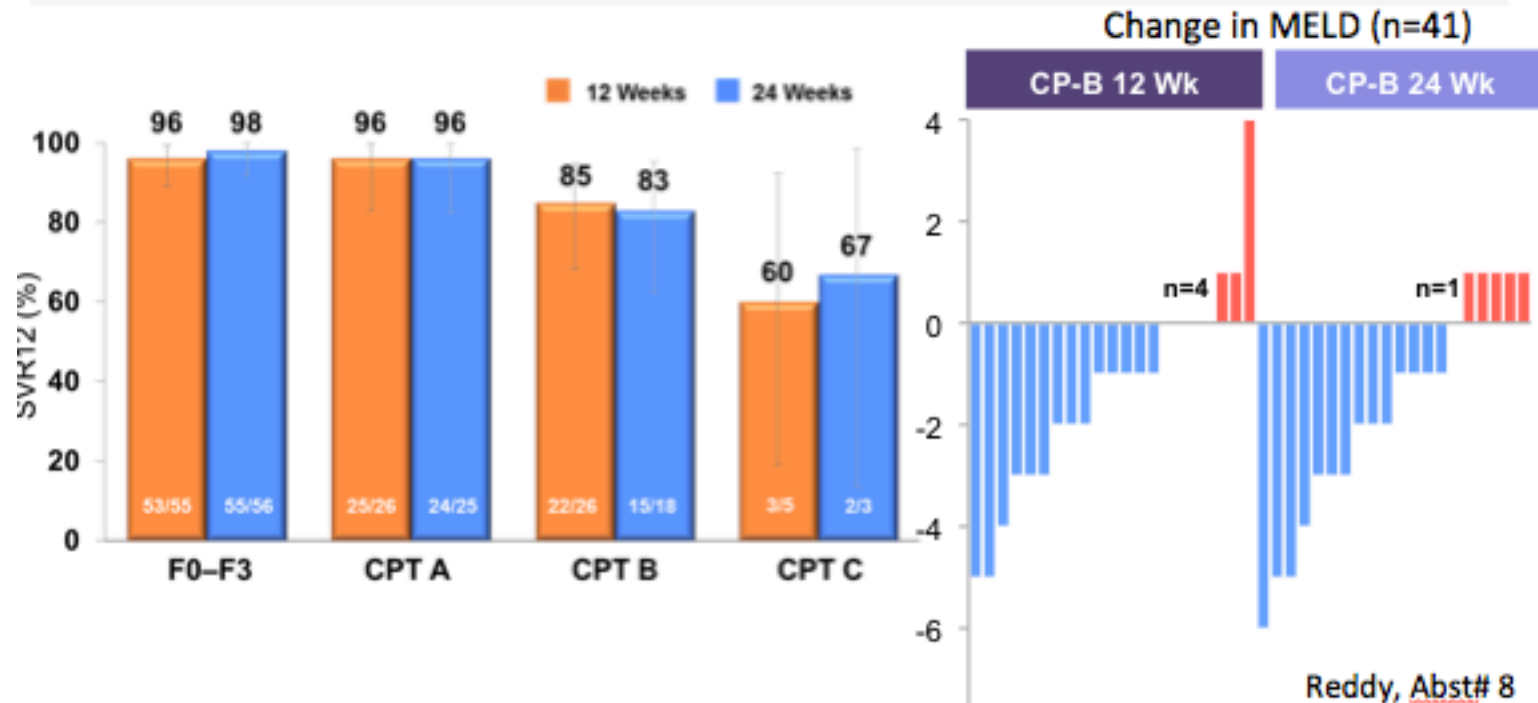
- Randomized to SOF + LDV + RBV (600 mg w/escalation) for 12 or 24 weeks
- Patients with GT 1 or 4 and decompensated cirrhosis
 - Most patients with MELD > 10 (MELD= 16-20 in 10-46%)
 - Median Albumin= 2.6- 3.0 g/L; Median platelets = 71-88 K



...and Post-Transplant

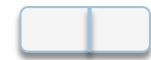
Ledipasvir/Sofosbuvir + RBV in Patients with in Patients With Post-Transplant Recurrence: Preliminary Results of a Multicenter Study

- Randomized to SOF + LDV + RBV (600 mg w/escalation) for 12 or 24 weeks
- Post-transplant patients with GT 1 or 4, Included F0-F3 and cirrhotics
 - Most cirrhotic patients with MELD > 10 (60%),
 - Median platelets=79-108K, Median albumin= 2.4-3.7 g/dl
- Improvements in MELD, bilirubin, and albumin noted



Simeprevir/Sofosbuvir for Genotype 1

- Simeprevir (Olysio®)



2 pills/day

- ▣ NS3/4A protease inhibitor

- ▣ Multiple potentially significant drug interactions

- Sofosbuvir (Sovaldi®)

- ▣ NS5B polymerase inhibitor

- Approved by FDA for combination use in November 2014

- Combined manufacturers' price > \$150,000 for 12 weeks

Side Effects: Photosensitivity, rash, fatigue, headache, nausea, insomnia, pruritis, dizziness, diarrhea

FDA Indications Simeprevir/Sofosbuvir

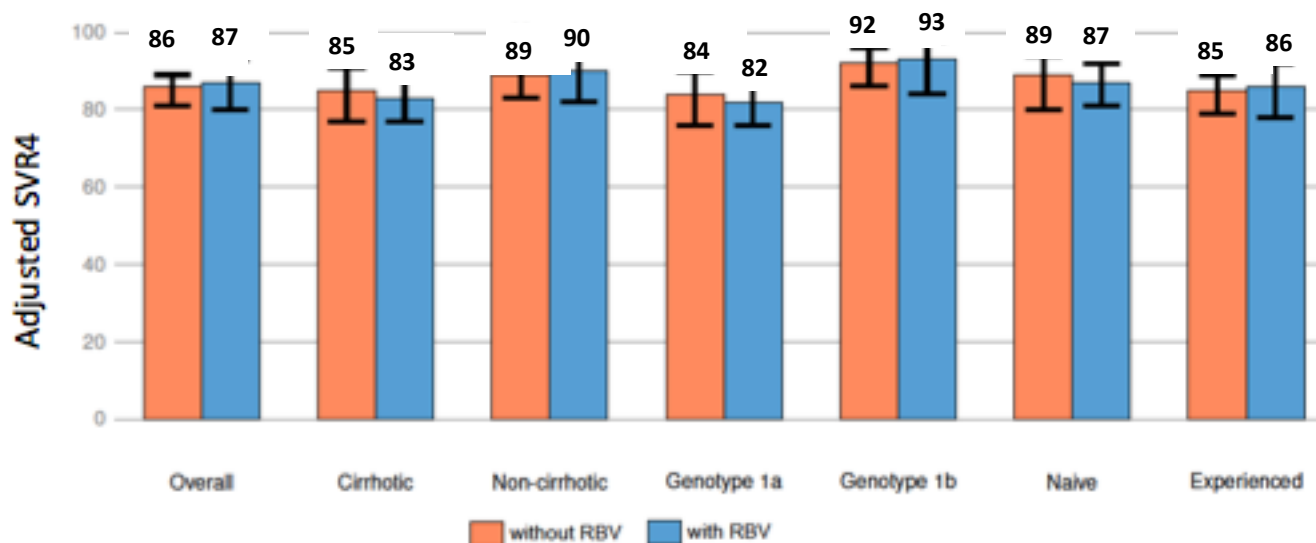
Patient Population	Treatment duration
Genotype 1a & 1b without cirrhosis*	12 weeks
Genotype 1a & 1b with cirrhosis*	24 weeks

* Includes treatment-naïve and treatment experienced

Simeprevir and Sofosbuvir

Safety and Efficacy of Sofosbuvir-Containing Regimens for Hepatitis C: Real-World Experience in a Diverse, Longitudinal Observational Cohort

- HCV-TARGET cohort: Medical records centrally abstracted for safety and efficacy data
- 51 enrolling sites (38 Academic and 13 Community practices)
- High rate of SOF/SMV use, Well-tolerated; 2.3% discontinued due to AE
- SVR 4 (adjusted for baseline factors) similar SVR +/- RBV
- Negative predictors of SVR4: Prior triple therapy failure, Geno 1a, Prior decompensation



Jensen, Abst# 45; Sulkowski, Abst# 955

Viekira Pak[®]

(Ombitasvir/Paritaprevir/Ritonavir plus Dasabuvir)

- Ombitasvir
 - ▣ NS5A inhibitor
- Paritaprevir
 - ▣ NS3/4A protease inhibitor
- Ritonavir
 - ▣ CYP3A inhibitor (boosts protease inhibitor)
- Dasabuvir
 - ▣ NS5B palm polymerase inhibitor

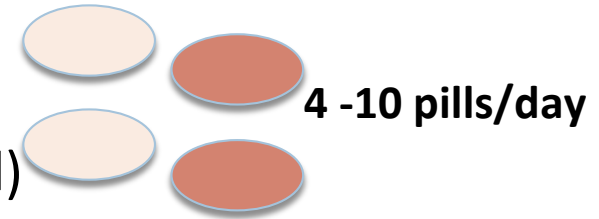
Side effects: nausea, pruritus, insomnia (without ribavirin) and fatigue, nausea, pruritus, rash, insomnia and asthenia (with ribavirin)

FDA Indications Viekira Pak[®]

Patient Population	Treatment	Duration
Genotype 1a without cirrhosis	Viekira Pak + ribavirin	12 weeks
Genotype 1a, with cirrhosis	Viekira Pak + ribavirin	24 weeks
Genotype 1b, without cirrhosis	Viekira Pak	12 weeks
Genotype 1b, with cirrhosis	Viekira Pak + ribavirin	12 weeks

Viekira Pak[®] +/- Ribavirin for Genotype 1

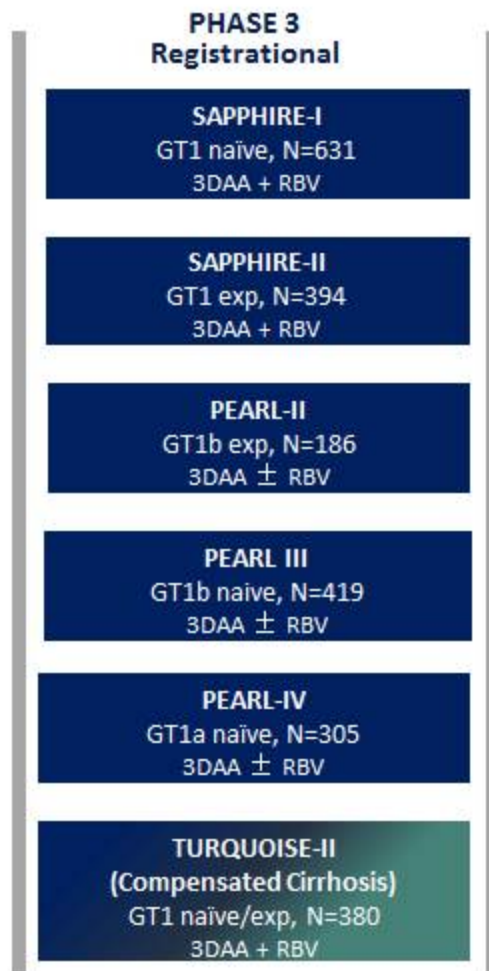
- 4 pills/day without ribavirin
- Additional 5-6 pills with ribavirin (weight-based)
- Pregnancy Category B without ribavirin
- Take with food
- Many drugs contraindicated with Viekira Pak
- Additional drugs interact with and require dose changes when coadministered with Viekira pak
- Not recommended in moderate cirrhosis (Child Pugh B)
- Contraindicated in severe cirrhosis (Child Pugh C)
- Safe for mild, moderate or severe renal impairment (without ribavirin)
- Manufacturer's price \$83,319 for 12 weeks



Ribavirin

- Anti-viral medication for HCV since 1998
- Exact mechanism of action unknown
- Pregnancy category X
- Must use birth control during treatment and for 6 months after treatment
- Adds 5 – 6 pills/day to treatment
- Dose reduction required for CrCl < 50
- Causes hemolytic anemia
- S/Es: fatigue, headaches, arthralgias, insomnia, alopecia, nausea/vomiting, diarrhea, anorexia, pruritus, cough, thrombocytopenia and neutropenia
- Manufacturer's price \$3000-\$4000/12 weeks

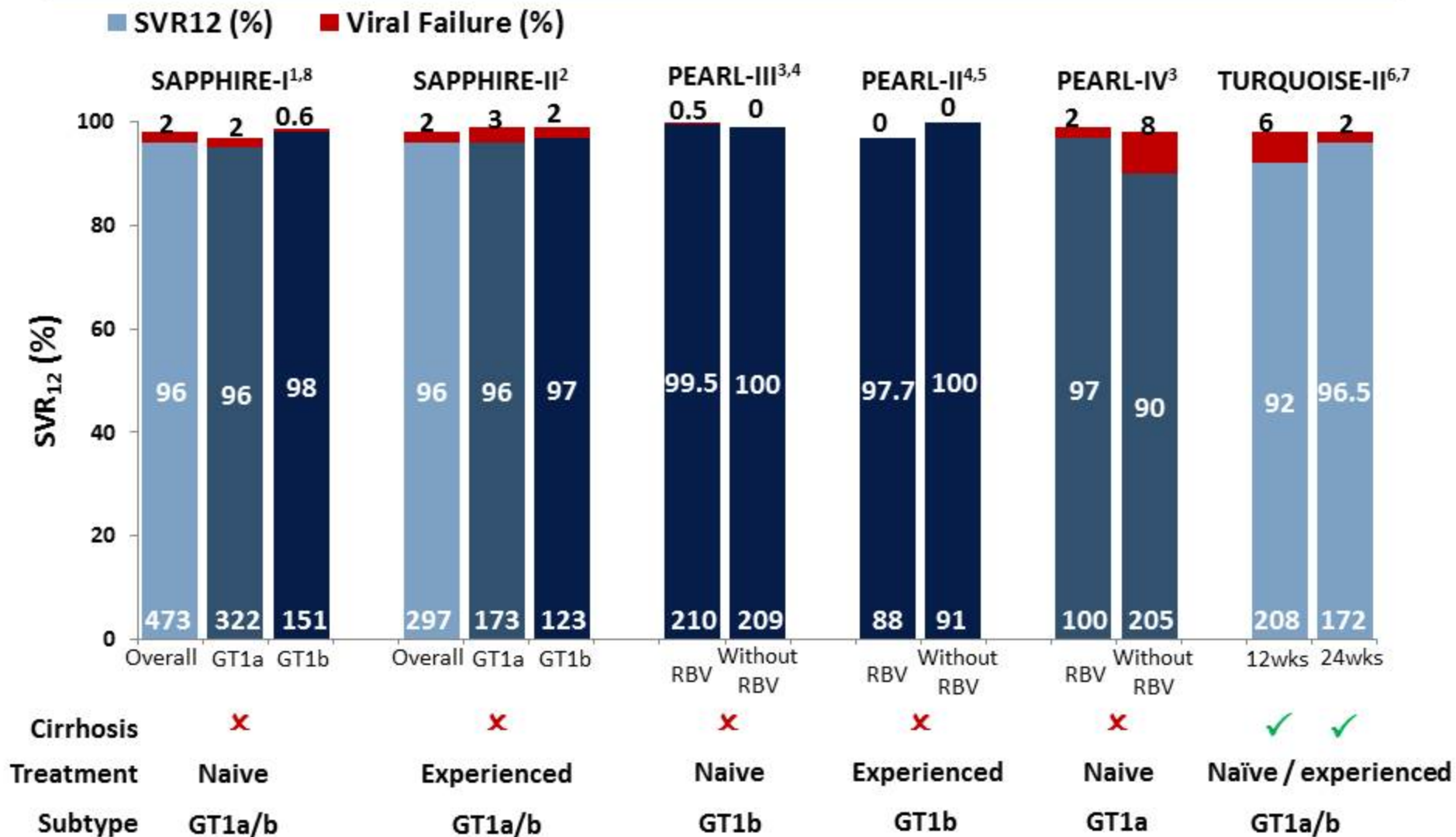
Viekira Pak Phase 3 Program—Registrational Trials



Abbreviations: 3DAA, OBV/PTV/r +DSV; DAA, Direct Acting Antivirals; DSV, dasabuvir; Exp, PegIFN/RBV experienced; GT, genotype; OBV, ombitasvir; PTV, paritaprevir; PegIFN, pegylated interferon; r, ritonavir; RBV, ribavirin.

Reference: www.clinicaltrials.gov

Viekira Pak Phase 3 Program—Registrational Trials Summary of Results



* The side-by-side graphs are to simplify presentation; direct comparison across trials should not be made due to differing trial designs.

1. Feld J, et al. *NEJM* 2014; 2. Zeuzem S, et al. *NEJM*; 2014;
 3. Ferenci P, et al. *NEJM* 2014; 4. Bernstein D, et al. *UEGW* 2014. P0048;
 5. Andreone, et al. *Gastro* 2014; 6. Poordad F, et al. *NEJM* 2014;
 7. Wedemeyer H, et al. *UEGW* 2014. P0625; 8. Feld J, et al. *ID Week* 2014



Genotype 2 and 3 Treatment

FDA Approved Treatment for Genotypes 2 and 3: Sofosbuvir (Sovaldi) + Ribavirin

Sofosbuvir

NS5B Inhibitor

Approved by the FDA in Dec 2013

Ribavirin

Anti-viral used in HCV treatment since 1998

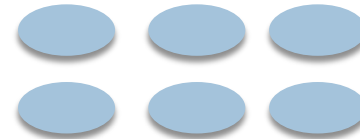
Pregnancy category X

Side effects: fatigue, headache, insomnia, loss of appetite, anemia

Sofosbuvir (Sovaldi®) and Ribavirin



1 sofosbuvir/day + 5-6 ribavirin/day



- ❑ Sofosbuvir can be taken with or without food
- ❑ Ribavirin should be taken BID with food
- ❑ Must use birth control during treatment and for 6 months after treatment

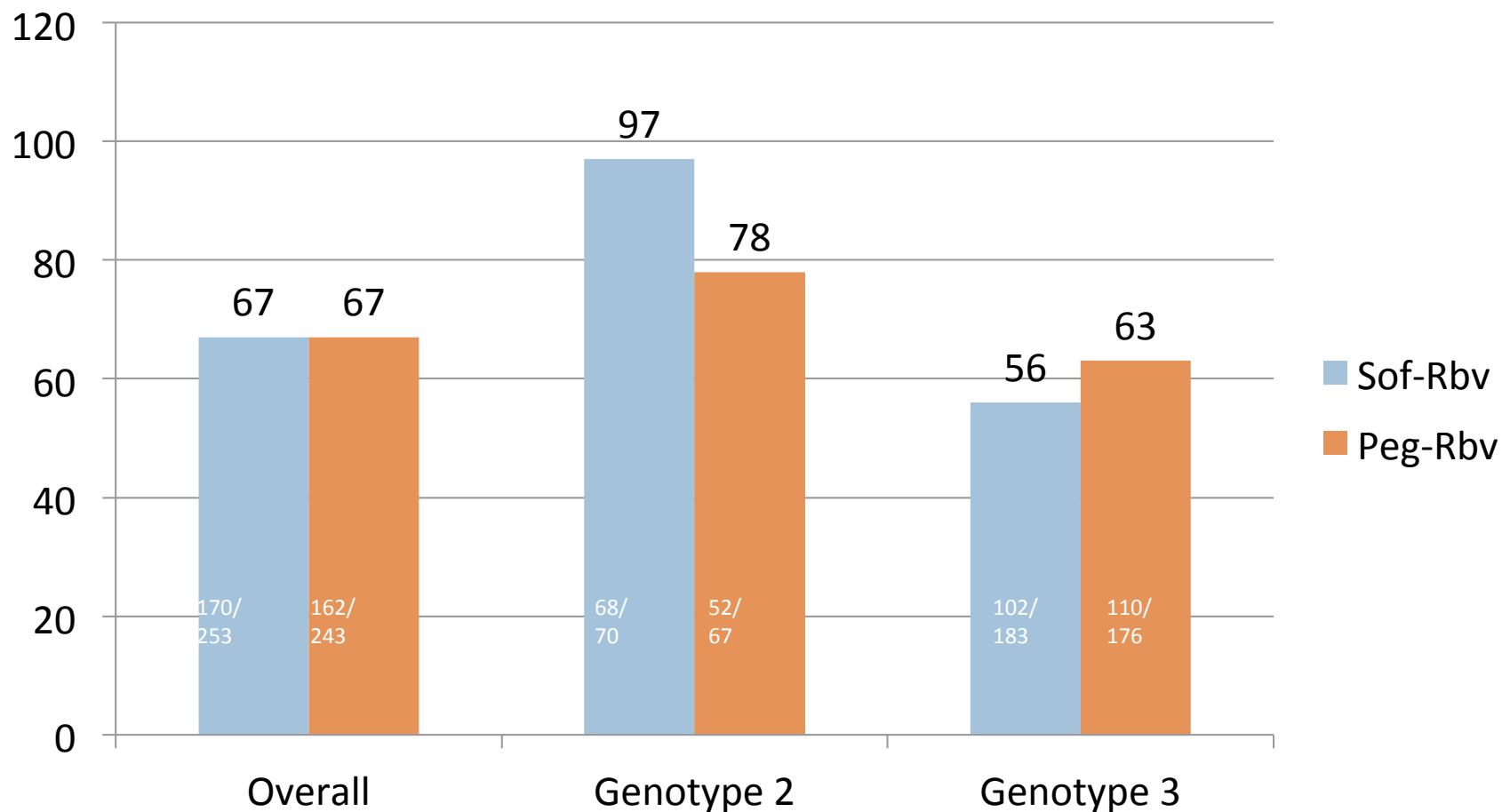
FDA Indications Genotypes 2 & 3

HCV and HCV/ HIV Co-Infection	Treatment	Duration
Genotype 2	Sofosbuvir (Sof) + Ribavirin (Rib)	12 weeks
Genotype 3	Sof + Rib	24 weeks

FISSION SVR 12 Results

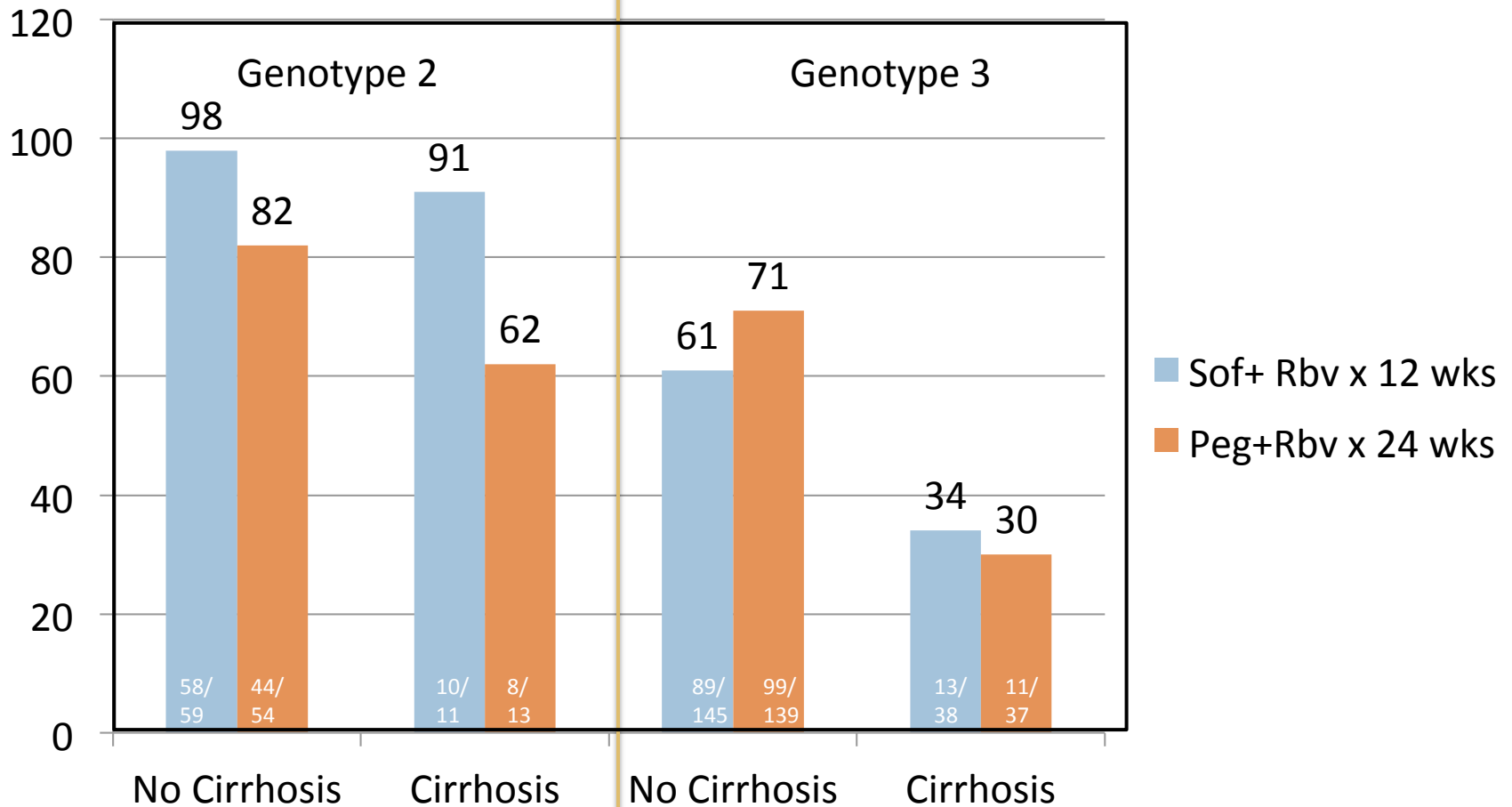
Sofosbuvir + Ribavirin x 12 weeks

Treatment-Naïve



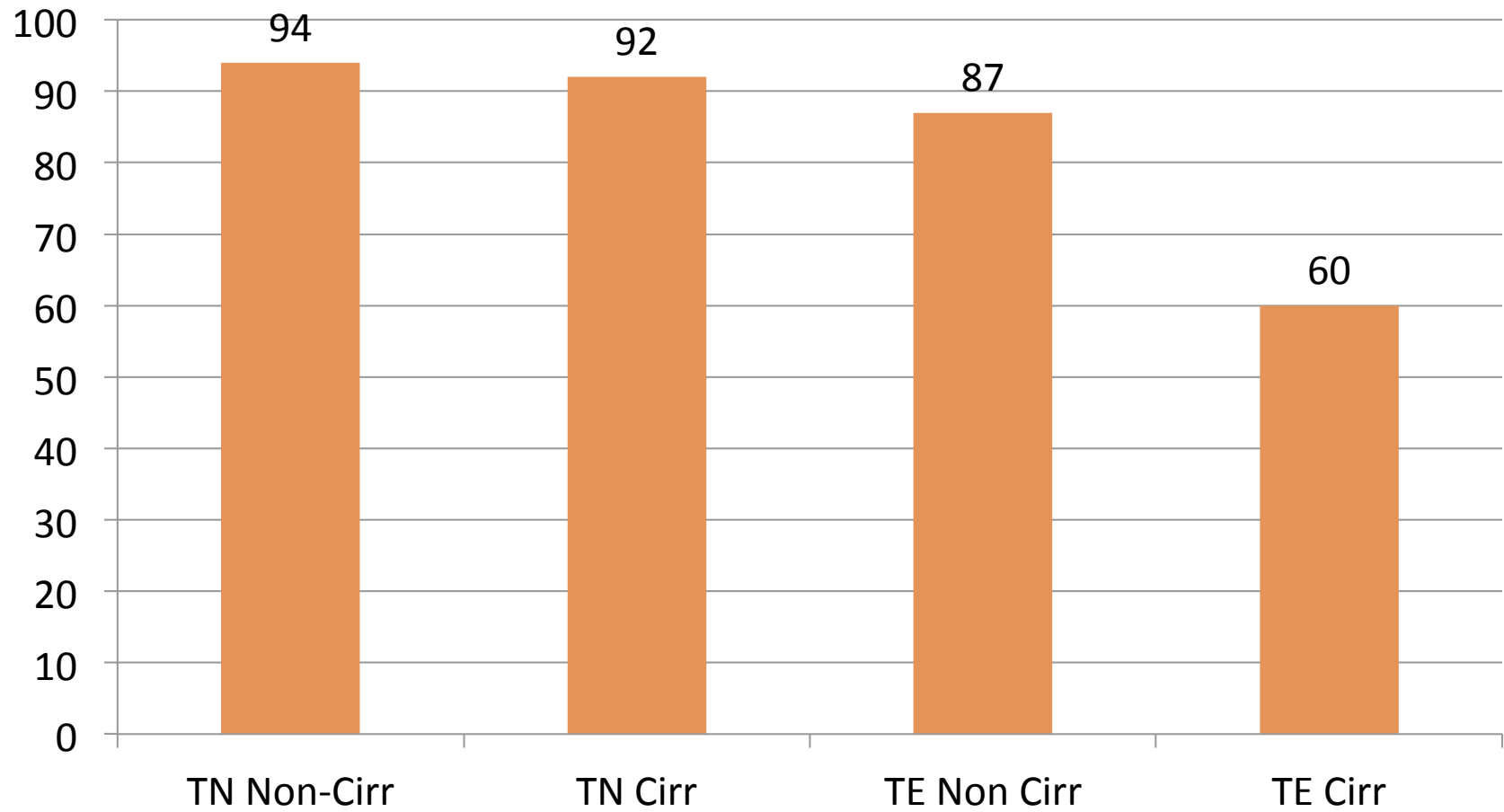
FISSION - SVR12 for Genotype 2 & 3

Cirrhosis vs. Non-Cirrhosis



Valence SVR Results: Genotype 3

Sofosbuvir + Ribavirin x 24 weeks



Alternative Treatment for Genotype 3

Genotype	Treatment/ Duration	SVR
3	Sof + Peginterferon (Peg) + Rib x 12 weeks	97% TN (38/39)

New treatment of daclatasvir + sofosbuvir for genotype 3 expected to be FDA approved by mid 2015.

Benefits of Hepatitis C Treatment

- Sustained virologic response (SVR) results in a 90% reduction in cirrhosis and 70% reduction in liver cancer ^{1,2,3}

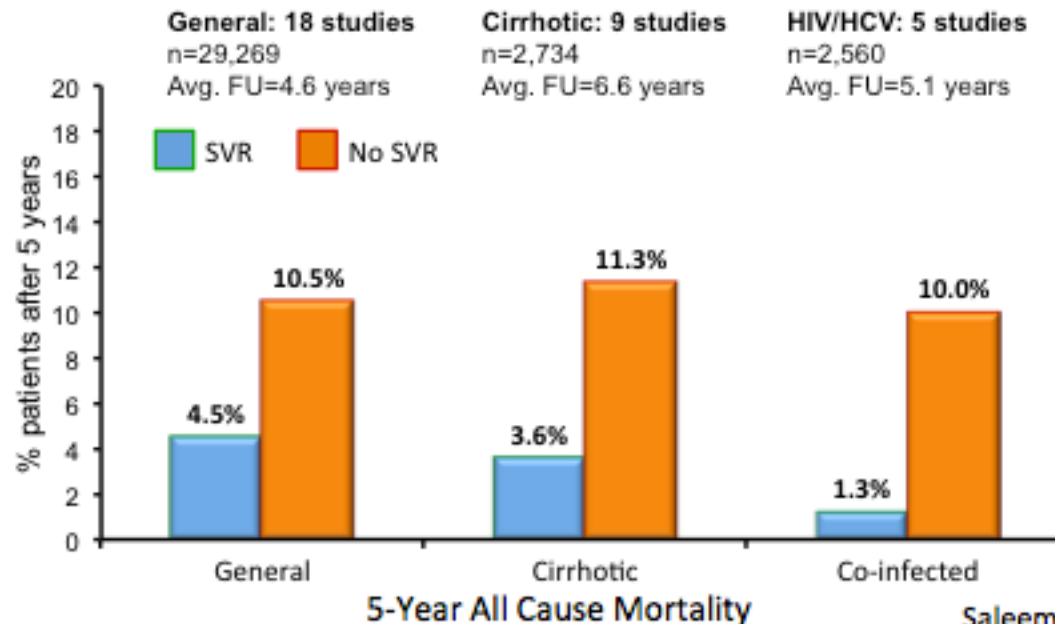
¹Morgan, RL, et al. Ann Intern Med. 2013;158 (5 Pt 1):329-337.

²van der Meer, et al. JAMA. 2012;308(24):2584-2593.

³Veldt, BJ et al. Ann Intern Med. 2007;147(10):677-684.

Effect of SVR on Risk of Liver Transplant, HCC, and Death

- Meta-analysis of 129 studies w/over 23,000 patients
- Estimated relative reductions in risk of liver transplant, HCC, all-cause mortality for SVR vs non-SVR after antiviral therapy
- RR substantially reduced for all groups with SVR



Hepatitis C Treatment Coverage in AK

Medicare Part D

Pharmacy carriers have different drug formularies,
Requires prior authorization

Private Insurance

Most require prior authorization
Some only cover F3-F4 fibrosis

AK Marketplace Insurance Plans

Moda,
Premera

Cover *F3-F4
Fibrosis Only

AK Medicaid

Requires drug testing
Covers *F3-F4 fibrosis only
Viekira Pak (no CP B or C** cirrhosis)

VA

Is covering treatment.
Has treatment criteria.

Uninsured

Apply to Patient Assistance Programs
(See next slides)

*F3-F4 Fibrosis = Advanced fibrosis of the liver (bridging fibrosis or cirrhosis)

**CP B or C = Child Pugh classification of moderate or severe cirrhosis

Pharmaceutical Supported Patient Assistance Programs

Gilead Support Path 1-855-769-7284

<http://www.mysupportpath.com>

Abbvie ProCeed 1-844-277-6233

<https://www.viekira.com/proceed-program>

Janssen 1-855-565-9746

<http://www.janssenprescriptionassistance.com/olysio-cost-assistance>

Moderiba (Ribavirin) 1-844-663-3742

<http://www.moderiba.com/patient-support/financial>

Other Patient Assistance Programs



Partnership for Prescription Assistance 1-888-477-2669

www.pparx.org

Patient Access Network Foundation 1-866-316-7263

www.panfoundation.org

Chronic Disease Fund 1-877-968-7233

www.cdfund.org

Needymeds.org 1-800-503-6897

www.needymeds.org

Hepatitis C Treatment Options 2015

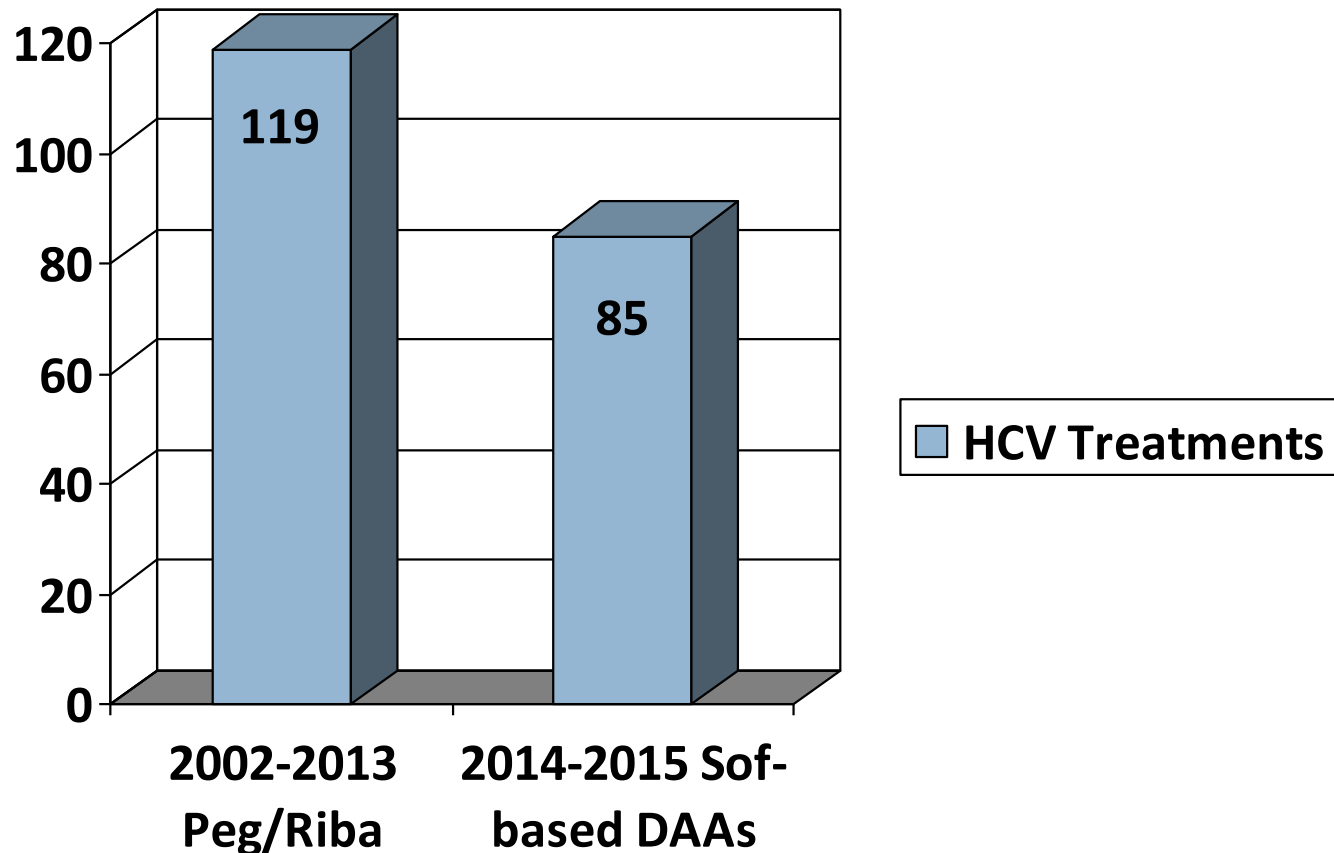
Genotype	FDA Approved Treatments
1	Ledipasvir/sofosbuvir (Harvoni®) or Simeprevir (Olysio®) combined with sofosbuvir (Sovaldi®) or Abbvie 3D regimen (Viekira pak®) +/- ribavirin
2	Sofosbuvir + ribavirin x 12 weeks
3	Sofosbuvir + ribavirin x 24 weeks

Genotypes 4,5,6 **Refer to AASLD/IDSA Guidelines**

AASLD/IDSA Guidelines: Recommendations for Testing, Managing and Treating

Hepatitis C, revised 12/19/14. Available at: www.hcvguidelines.org

ANTHC Hepatitis C Treatment History



Results of 274 HCV Treatment Courses

Treatment Regimen	Number of Persons Treated	Number Completing Therapy (incl # who did not meet response criteria to continue)	% with SVR ⁴
Interferon alone (1992-1998)	18	3	3/18 (16.7%)
Interferon/Ribavirin (1998-2002)	37	11	11/37 (29.7%)
Peginterferon/Rbv ¹ (2002-2013)	119	61	61/119 (51.3%)
Peginterferon/Rbv/ Protease Inhibitor ² (2011/2012 G1 only)	15	12	9/15 (60%)
FDA Approved Sofosbuvir-Based DAAs ³ (2014 to present)	85 (50 still on treatment)	35 (17 not to SVR12 testing yet)	15/18 (83%)

¹Ribavirin

²Protease Inhibitor of Telaprevir or Boceprevir

³Direct Acting Antiviral Agents

⁴Sustained Viral Response or "Cure"

Hepatitis C Living in Bethel Service Unit

□ 33* Chronic HCV (PCR positive) – Consider Treatment:

- ▣ 24 Genotype 1s
- ▣ 6 Genotype 2,3
- ▣ 3 Unknown Genotype

23 with Other Status:

- ▣ 2 on treatment
- ▣ 3 treated/recovered
- ▣ 7 recovered
- ▣ 11 pending confirmation or recovery – need further testing

*15 live in Bethel

In Summary, Hepatitis C Treatment...

- Duration is shorter
- Has fewer side effects
- Is much more effective
- Can prevent complications of liver failure, hepatocellular carcinoma, and liver-related death
- Is much easier (for patient and provider)

Liver Disease/Hepatitis Program Website

<http://www.anthctoday.org/community/hep/index.html>

- Patient Information
- Provider Information
- Hepatitis C Treatment
- Publications
- LiverConnect – Past presentations
- The website is constantly updated as new treatments are FDA approved

LiverConnect Videoteleconference

- 2nd Tuesdays, 8-9am Alaska Standard Time
- Case study presentations from hub/rural providers wanted and welcome!!!
- CEUs (1.0 for each session)
- Contact Sharon Corbett to join: 907-729-1588
- Questions: Email liverconnect@anthc.org or contact Julia Plotnik, RN 907-729-1581 or Jim Gove, RN 907-729-1568