Epclusa and Mavyret Cure Hep C in Nearly Everyone in Real-World Settings

These drugs are approved to treat all six major genotypes of hepatitis C.

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Gilead Sciences' Epclusa (sofosbuvir/velpatasvir) and AbbVie's Mavyret (glecaprevir/pibrentasvir) have very high hepatitis C virus (HCV) cure rates in real-world use, aidsmap reports. Both regimens are approved to treat all genotypes of the virus.

Researchers presented findings from a pair of real-world studies, one for each of the regimens, at the 53rd International Liver Congress in Vienna.

The Epclusa study included 5,340 people with HCV who were members of 12 clinical cohorts in Europe and North America and who started treatment before November 2018. This analysis excluded those who had decompensated cirrhosis, those who had previously been treated with Sovaldi (sofosbuvir) or Daklinza (daclatasvir) and those who received more than 12 weeks of treatment for the virus.

The participants had an average age of 54 years old. Fifty-two percent were men, 3.7 percent had HIV coinfection, 13.2 percent had a history of injecting drugs and 20.7 percent had compensated cirrhosis. Thirty percent had genotype 1 of hep C, and 33 percent had genotype 3.

A total of 92.7 percent of those who started treatment with Epclusa (sofosbuvir/velpatasvir) achieved a sustained virologic response 12 weeks after completing therapy (SVR12, considered a cure). Of those who were not cured, more than two thirds were lost to follow-up while 26 percent stopped treatment. Just 1.4 percent of the cohort saw their virus rebound.

Of those who completed treatment with Epclusa, 98.5 percent were cured. The cure rate did not differ based upon viral genotype, stage of liver fibrosis or various participant characteristics.

The second study looked at 1,698 people with HCV who received Mavyret and were members of the German Hepatitis C-Registry. Sixty-nine percent of the participants were male. They had a median age of 43 years old. Fifty-three percent had genotype 1, and 35 percent had genotype 3. Eighty-four percent were treated for just eight weeks because they had not been treated before and did not have cirrhosis.

A bit more than one quarter of the cohort was receiving medication-assisted treatment for opioid use disorder. Three percent were currently injecting drugs, and 15 percent had a mental health diagnosis.

Of the 998 people who started Mavyret, 964 (97 percent) were cured. The cure rate did not differ based on viral genotype or other subgroup categories. The treatment was generally well tolerated. Just three people stopped the regimen because of adverse health events. After completing treatment, six people were reinfected with HCV, and five people saw their virus rebound.

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