Moving past failures.

October 5, 2015 By Rick Nash

I've been keeping tabs on Merck's newer drugs, but i wait to get my hopes up for something like this without talking with my doc first.

Recently I met with my transplant doc, with the information of my specific RAVs, this new treatment came up.

These last two years have been so full of hope in terms of treatment options...

Gilead's use of the Warehouse of Hep C patients has led to historic profits for Gilead. Johnson and Johnson's Olysio tapped into the market, and Bristol Myers Squibb's new Daklinza (daclatasvir) are filling the gaps Gilead's Sovaldi left.

And soon Merck is about to throw down one of the most virally specific DAAs around. The new combination treatment will be able to cure even cases previously failed due to RAVs (mutations).

Why am I stoked?

Because it may be my sixth treatment.

So what makes it different?

For starters, Several phases have been done with higher efficacy than Harvoni.

C-Edge (alt link) and

C-Salvage. (which is the part where i have some personal investment in its success)

C-Edge is similar to most DAA studies, grazoprevir and elbasvir's efficacy is unsurprisingly high.

C-Salvage as the name implies is specific not only to people who failed interferon/Ribavirin, but also failed a DAA like Sovaldi/Harvoni/V-Pak. It's going after people with NS3 and NS5A variants like myself.

The C-Salvage study has the best results i have seen for someone in my situation.

Previous treatments I've been on had an 84-86% success rate when it came down to my genotype, and cirrhosis. Usually being even lower for decompensated liver patients but...

The C-Salvage boasts an unbelievably high success rate: 96.2%

The new drugs names are grazoprevir and elbasvir. For pouring millions into marketing, the names sure are weird.

It’s slotted to be FDA approved during the early first quarter of 2016.
The new grazoprevir and elbasvir treatments could be as low as 16 weeks instead of 24.

Troubles: The study doesn’t specifically mention which variations, as those may/may not have an impact on success. So in this aspect it’s kinda a crapshoot until later this year when we have clear enough data to say that it will or will not be successful for my specific variations.

Oh and of course... the price, with the way Hep C meds are presently being marketed it would not be surprising to see another hundred thousand dollar price tag.
