GILEAD | Medical Information

Epclusa® (sofosbuvir/velpatasvir) Hepatitis C Virus Genotypes 1–6

This document is in response to your request for information regarding Epclusa® (sofosbuvir/velpatasvir [SOF/VEL]) in patients with HCV GTs 1 through 6.

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The full indication, important safety information, and boxed warnings are available at: www.gilead.com/-/media/files/pdfs/medicines/liver-disease/epclusa/epclusa_pi.

Summary

Product Labeling[1]

SOF/VEL is indicated for the treatment of adult patients with chronic HCV genotype 1, 2, 3, 4, 5, or 6 infection without cirrhosis or with compensated cirrhosis and with decompensated cirrhosis for use in combination with ribavirin. Refer to the package insert for information on the recommended adult dose.

Clinical Data on the Use of SOF/VEL in Patients With HCV Genotypes 1–6

A retrospective integrated analysis of the ASTRAL-1, -2, -3,[2,3] and -5,[4] POLARIS-2 and -3,[5,6] Russian and Swedish (Chulanov et al[7]), and Indian (Sood et al[8]) studies was conducted to evaluate the efficacy and safety of 12 weeks of SOF/VEL in patients with HCV GTs 1 through 6 (n=1938). Patients with decompensated cirrhosis were excluded from this analysis.[9]

- Ninety-eight percent of patients achieved SVR12, and SVR12 rates were similar regardless of HCV GT, cirrhosis status, and treatment experience.[9]
- The most common AEs experienced by ≥10% of patients were headache (24%), fatigue (19%), and nausea (10%).[9]

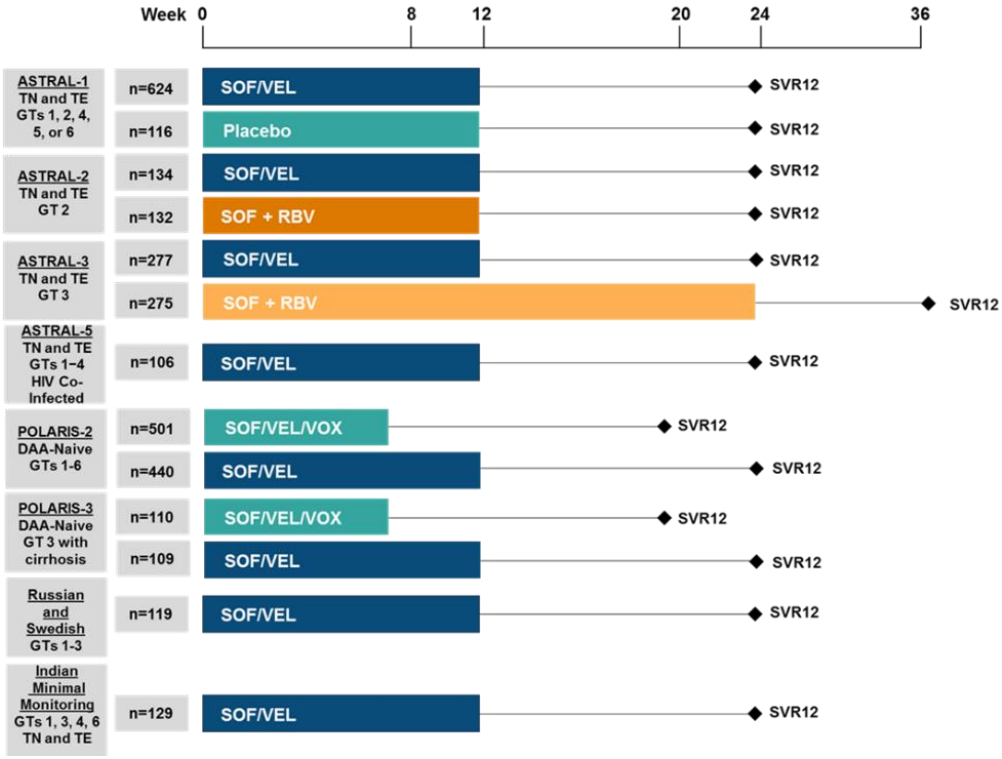
Clinical Data on the Use of SOF/VEL in Patients With HCV Genotypes 1–6

Integrated Post Hoc Analysis

Study design and demographics

A retrospective integrated analysis of the ASTRAL-1, -2, -3,[2,3] and -5,[4] POLARIS-2 and -3,[5,6] Russian and Swedish (Chulanov et al[7]), and Indian (Sood et al[8]) studies was conducted to evaluate the efficacy and safety of 12 weeks of SOF/VEL in patients with HCV GTs 1–6 (n=1938). Patients with decompensated cirrhosis were excluded from this analysis.[9]

Figure 1. Study Designs in Integrated Analysis (Shafran et al)[9]



Abbreviations: RBV=ribavirin; VOX=voxilaprevir.

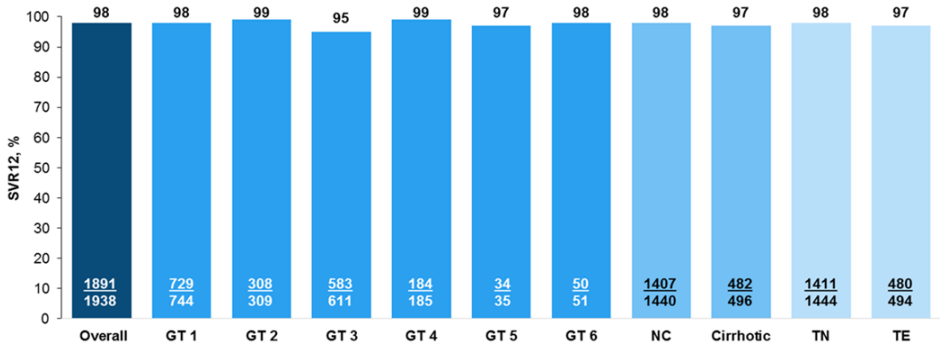
Table 1. Baseline Demographics of Integrated Analysis (Shafran et al)[9,10]

Key Demographics	SOF/VEL Patients (n=1938)
Age, mean, years	52
Male, %	61
Race, White/Asian/Black or African American/Other, %	77/13/8/2
HCV GT 1/2/3/4/5/6, %	38/16/31/10/2/3
Fibrosis by FibroTest, F0-1/F2/F3/F4, %	32/25/15/28
TE, n (%)	494 (25)
Previous treatment (n=494), interferon/DAA-based/other, %	79/14/7

Efficacy

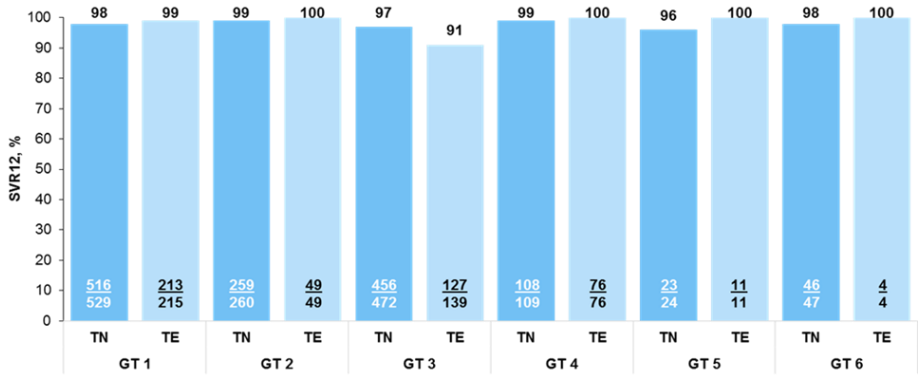
SVR12 was achieved in 98% of all patients, in 97% of patients with cirrhosis, and in 98% of patients without cirrhosis (Figure 2). SVR12 rates were similar between patients with and without cirrhosis when grouped by GTs. GT 1 (NC 98% [n=555/578] vs cirrhotic 99% [n=164/166]), GT 2 (NC 99% [n=263/264] vs cirrhotic 100% [n=44/44]), GT 3 (NC 96% [n=359/375] vs cirrhotic 95% [n=224/236]), GT 4 (NC 99% [n=145/146] vs cirrhotic 100% [n=39/39]), GT 5 (NC 97% [n=28/29] vs cirrhotic 100% [n=5/5]), and GT 6 (NC 98% [n=44/45] vs cirrhotic 100% [n=6/6]).[9]

Figure 2. SVR12 Rates (Shafran et al)[9]



With the exception of patients with GT 3 (SVR12 rates: TN, 97%; TE, 91%), SVR12 rates were similar between patients who were TN or TE when grouped by GT (Figure 3).[9]

Figure 3. SVR12 Rates by GT and Treatment History (Shafran et al)[9]



Similarly, GT 3 patients with baseline RASs had lower SVR12 rates than those without baseline RASs (92% [n=68/74] vs 98% [n=443/454]; no P-values provided). In patients with other GTs, baseline RASs had no impact on SVR12 rates. GT 1 (baseline RASs 98% [n=99/101] vs no baseline RASs 99% [n=605/609]), GT 2 (baseline RASs 100% [n=182/182] vs no baseline RASs 100% [n=121/121]), GT 4 (baseline RASs 100% [n=108/108] vs no baseline RASs 99% [n=71/72]), GT 5 (baseline RASs 100% [n=3/3] vs no baseline RASs 100% [n=31/31]), and GT 6 (baseline RASs 96% [n=26/27] vs no baseline RASs 100% [n=25/25]).[9]

Safety

No treatment-related serious AEs were reported. The most common treatment-emergent AEs included headache, fatigue, and nausea (Table 2).[9]

Table 2. Safety Parameters (Shafran et al)[9]

Safety Parameters		SOF/VEL Patients (n=1938)
AEs, n (%)		1352 (70)
Treatment-emergent AEs occurring in ≥10% of patients, n (%)	Headache	464 (24)
	Fatigue	376 (19)
	Nausea	199 (10)
Serious AEs, n (%)		40 (2)
Grade 3–4 AEs, n (%)		56 (3)
Grade 3–4 laboratory abnormalities, n (%)		139 (7)
Discontinued due to AEs, n (%)		7 (<1)
Deaths, n (%)		4 (<1)

References

1. Enclosed. Gilead Sciences Inc, EPCLUSA® (sofosbuvir and velpatasvir) tablets, for oral use. US Prescribing Information. Foster City, CA.
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4. Wyles D, Brau N, Kottilil S, et al. Sofosbuvir and Velpatasvir for the Treatment of Hepatitis C Virus in Patients Coinfected with Human Immunodeficiency Virus Type 1: An Open-Label, Phase 3 Study. *Clin Infect Dis.* 2017;65(1):6-12.
5. Jacobson IM, Lawitz E, Gane EJ, et al. Efficacy of 8 Weeks of Sofosbuvir, Velpatasvir, and Voxilaprevir in Patients With Chronic HCV Infection: 2 Phase 3 Randomized Trials. *Gastroenterology.* 2017;153(1):113-122. http://www.ncbi.nlm.nih.gov/pubmed/28390869
6. Bourliere M, Gordon SC, Flamm SL, et al. Sofosbuvir, Velpatasvir, and Voxilaprevir for Previously Treated HCV Infection. *N Engl J Med.* 2017;376(22):2134-2146. http://www.ncbi.nlm.nih.gov/pubmed/28564569
7. Chulanov V, Weiland O, Zhdanov K, et al. Sofosbuvir/Velpatasvir Is Safe and Effective in a Phase 3 Study of Genotype 1–3 HCV-infected Russian and Swedish Patients [Presentation]. Paper presented at: 27th Annual Conference of the Asian Pacific Association for The Study of the Liver (APASL); 14-18 March, 2018; New Delhi, India.
8. Sood A, Duseja A, Kabrawala M, et al. The Sofosbuvir/Velpatasvir Single Tablet Regimen Administered for 12 Weeks with Minimal Monitoring in India [Presentation] Paper presented at: Asian Pacific Association for The Study of the Liver (APASL); 14-18 March, 2018; New Delhi, India.
9. Shafran S, Feld J, Jacobson I, et al. Sofosbuvir/Velpatasvir, a Pangenotypic Single-Tablet Regimen: Integrated Analysis of Phase 3 Clinical Trials in Genotypes 1-6 [Poster Number 23]. Paper presented at: International Viral Hepatitis Elimination Meeting (IVHEM); 07-08 December, 2018; Amsterdam, the Netherlands.
10. Lawitz E, Feld JJ, Jacobson IM, et al. Efficacy and Safety of Sofosbuvir/Velpatasvir for the Treatment of Patients with Chronic Hepatitis C Genotype 1-6 Infection: Integrated Analysis of Eight Phase 3 Clinical Trials [Abstract Tu1497]. *Gastroenterology.* 2019;156:S-1343.

Abbreviations

AE=adverse event
DAA=direct-acting antiviral
GT=genotype
NC=non-cirrhotic
RAS=resistance associated substitution
SOF=sofosbuvir
SVR=sustained virologic response
TE=treatment-experienced
TN=treatment-naïve
VEL=velpatasvir

Product Label

For the full indication, important safety information, and boxed warning(s), please refer to the Epclusa US Prescribing Information available at: www.gilead.com/-/media/files/pdfs/medicines/liver-disease/epclusa/epclusa_pi.

Follow-Up

For any additional questions, please contact Gilead Medical Information at:

☎1-866-MEDI-GSI (1-866-633-4474) or 🖱 www.askgileadmedical.com

Adverse Event Reporting

Please report all adverse events to:

Gilead Global Patient Safety ☎ 1-800-445-3235, option 3 or
🖱 www.gilead.com/utility/contact/report-an-adverse-event

FDA MedWatch Program by ☎ 1-800-FDA-1088 or ✉MedWatch, FDA, 5600 Fishers Ln, Rockville, MD 20852 or 🖱 www.accessdata.fda.gov/scripts/medwatch

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