



Treatment Recommendations for the management of patients with Chronic HCV Infection – February 2016

These are recommendations for treatment based on a consensus meeting of experienced treating physicians held in London in January 2016. The most appropriate management of the individual patient is a matter for individual clinical judgement based on patient need taking due account of the evidence base, the NICE completed cost effectiveness analyses and the overall cost of the medication.

Therapies that are NICE approved are presented in bold and those that are NICE unapproved are italicised.

The prices of the different regimens vary considerably. Clinicians should take due regard to the budgetary impact of the drugs selected, taking account of the individual patient's requirements.

Genotype 1

	Non-cirrhotic	Cirrhotic
Treatment-naive	Sof/Led 8 wks ^a Omb/Par +Das+Rib 12 wks ^b Omb/Par+Das 12 wks	Sof/Led +/- Rib 12¹ wks [*] Omb/Par+ Das+ Rib 12^{2,3} wks
Treatment-experienced	Sof/Led 12 wks ^a Omb/Par+Das+Rib 12 wks ^b Omb/Par+Das 12 wks	Sof/Led +/- Rib 12¹ wks [*] Omb/Par+Das+Rib 12/24³ wks
Liver decompensation (NHSE policy, not NICE approved)	<i>Consider assessment for liver transplantation. Decisions about suitability and timing of antiviral therapy should be undertaken by the MDT in conjunction with the local transplant centre. If treated during decompensation then Sof/Led/Rib 12 wks is appropriate.</i>	

^a Genotype 1a

^b Genotype 1b

¹ Consider ribavirin in patients more likely to have a poor response (e.g. prior null responders)

² In patients at low risk of treatment failure ribavirin may be omitted

³ 24 weeks in genotype 1a prior null responders, otherwise 12 weeks (differs from NICE who recommend 24 weeks for all)

*Child Pugh A only

Note

Should Elbasvir/Grazoprevir or Sof/Velpatasvir become available during the lifetime of these recommendations, the ODN's would encourage NHS England to make these drugs available within their licensed indications.

Genotype 2

	Non-cirrhotic	Cirrhotic
Treatment-naive	Peg+Rib 24 wks* IFN Intolerant Sof + Rib 12 wks	Peg+Rib 24 wks IFN Intolerant Sof+Rib 12 wks
Treatment-experienced	Sof+Rib 12 wks	Sof+Rib 12 wks
Liver decompensation (NHSE policy, not NICE approved)	<i>Consider assessment for liver transplantation. Decisions about suitability and timing of antiviral therapy should be undertaken by the MDT in conjunction with the local transplant centre. If treated during decompensation then SOF/LED/Rib 12 wks is appropriate.</i>	

**12-16 weeks in patients with high chance of good response*

The panel recommends that NHSE be asked to support a policy of Peg/Sof/Rib for IFN sensitive patients with advanced fibrosis (F3) or cirrhosis

Note

Should Sof/Velpatasvir become available during the lifetime of these recommendations, the ODN's would encourage NHS England to make these drugs available within their licensed indications.

GENOTYPE 3

	Fibrosis <F3	Fibrosis = F3	Cirrhotic
Treatment-naive	Peg+Rib 24 wks OR <i>Consider waiting for new therapies¹</i>	Peg+Rib 24 wks IFN intolerant Sof+Dac +/- Rib 12 wks* OR <i>Consider waiting for new therapies¹</i>	Sof+Peg+Rib 12wks IFN intolerant Sof+Dac +/- Rib 12 wks*
Treatment-experienced	Sof+Peg+Rib OR <i>Consider waiting for new therapies¹</i>	Sof+Peg+Rib 12wks IFN intolerant Sof+Dac +/- Rib 12 wks*	Sof+Peg +Rib 12wks IFN intolerant Sof+Dac +/- Rib 12 wks*
Liver decompensation (NHSE policy, not NICE approved)	<i>Consider assessment for liver transplantation. Decisions about suitability and timing of antiviral therapy should be undertaken by the MDT in conjunction with the local transplant centre. If treated during decompensation then Sof/Dac/Rib 12 wks is appropriate.</i>		

The clinicians have recommended that NHSE consider funding Peg+Riba+Sof for patients with F3 fibrosis

**Treatment can be extended to 24 weeks by MDT if there are poor response characteristics at baseline (HIV coinfection, post-OLT cirrhosis) or on treatment (ribavirin intolerance, validated viral load kinetic predictor). The majority of patients will be treated for 12 weeks. (Note that NICE recommends 24 weeks)*

¹ This recommendation is not based on clinical effectiveness but on the assumption of future acquisition costs. Sof+Dac is a cost effective regimen approved by NICE for patients with advanced fibrosis who cannot have interferon.

Note

Should Sof/Velpatasvir become available during the lifetime of these recommendations, the ODN's would encourage NHS England to make these drugs available within their licensed indications.

GENOTYPE 4

	Non-cirrhotic		Cirrhotic	
Treatment-naive	Omb/Par +/-Rib*	12 wks	Sof/Led Omb/Par+Rib	12 wks 12 wks
Treatment-experienced	Sof/Led Omb/Par+Rib	12 wks 12 wks	Sof/led +/- Rib Omb/Par+Rib	12 wks 24¹ wks

Liver decompensation (NHSE policy, not NICE approved)

Consider assessment for liver transplantation. Decisions about suitability and timing of antiviral therapy should be undertaken by the MDT in conjunction with the local transplant centre. If treated during decompensation then Sof/Led/Rib 12 wks is appropriate.

Note

**In exceptional circumstances, can consider Sof+Dac+RBV or 12W Sof/Led (Not NICE approved), in those patients in whom drug-drug interactions with Omb/Par/Rib are considered a potential concern.*

¹ For patients who are at low risk of treatment failure consideration should be given to 12 weeks treatment

Should Elbasvir/Grazoprevir or Sof/Velpatasvir become available during the lifetime of these recommendations, the ODN's would encourage NHS England to make these drugs available within their licensed indications

GENOTYPE 5 AND 6

There are insufficient data to develop a clear consensus at this time. These genotypes are uncommon in England and until more data are available decisions must be made on a case-by-case basis.

We recommend that for interferon tolerant patients Peg/Riba/Sof should be made available and for IFN intolerant patients we recommend that Sof/Led be provided. In the future if Sof/Velpatasvir is available we suggest that NHSE consider making this drug available for these patients.

PATIENTS WITH HIV CO-INFECTION

- All HIV/HCV co-infected patients should be managed by/in conjunction with teams with expertise in co-infection care and pharmacists versed with drug-interactions
- In general, the same DAA-based regimens used in HCV mono-infection are applicable to co-infected patients with chronic HCV
 - Please NOTE mortality benefit from liver and non-liver causes in patients with F0/F1 fibrosis achieving SVR are convincingly demonstrated in this group of patients
 - Higher fibrosis progression rates despite effective cART
 - Exceptions to the general recommendations
 - 8 weeks of therapy with Sof/Led for G1 HCV should only be used in Rx-naïve patients with mild fibrosis and vl <6 million IU/mL
 - For G1 cirrhotic patients addition of Rib to Sof/Led for 12 weeks is recommended
 - For G1a cirrhotic patients – 24 weeks of Omb/Par/Das/Rib is recommended until further data are available
 - For G3 patients with advanced fibrosis/cirrhosis, Sof/Dac/Rib may need to be extended to 24 weeks
- Drug-interactions with antiretrovirals need careful consideration and co-infected patients may need alternate regimens when drug-interactions cannot be overcome
- Patients with acute/early HCV should be offered psychological intervention to minimise risk of onward transmission/re-infection and those failing to demonstrate likelihood of spontaneous resolution should:
 - Where possible be enrolled on to clinical trials in acute/early HCV for shorter duration DAA-based therapy
 - Or offered same treatment regimens as non-cirrhotic chronic HCV/HIV co-infection – recommended with research

- Decision regarding treatments for re-infections should be made at ODN level

FIBROSIS DEFINITIONS

The definition of cirrhosis is a Fibroscan score of >11.5 and F3 a score > 9.5kPa

In centres without ready access to Fibroscan then a FIB-4 level of less than 1.3 makes the presence of F3 fibrosis unlikely. A FIB-4 score of over 1.3 does not confirm F3 but indicates the need for further assessment of fibrosis severity.

Abbreviations

Sof= sofosbuvir

Led = ledipasvir

Omb = Ombitasvir

Par = Paritaprevir

Das = Dasabuvir

Rib = Ribavirin

Peg = pegylated interferon