

A SIMPLIFIED PROTOCOL BASED ON

EASL GUIDELINES 2018 FOR THE TREATMENT OF CHRONIC HCV

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#Drugs are currently available in Egypt

Option 1 & 2 & 3 & 4&5

You can choose one of them

Option 1

Sofosbuvir/Ledipasvir

Harvoni

Heterosfir plus (Egypt).

★ In naïve patients (ttt for the first time).

→ Harvoni once daily morning for 3 months.

★ In patients who experienced a previous treatment and failed (either recent or old ttt).

→ Harvoni + Ribavirin for 3 months

If patient has contraindications / intolerance to Ribavirin → Harvoni for 6 months.

Genotype 4 specific

Option 2

Sofosbuvir/ Daclatasvir:

Sovaldi+ Daklinza 60

Egypt(Mpiviropak + daklanork 60)

★ in naïve patients:-

→ Sovaldi+ Daklinza for 3 months.

★ in patients experienced previous ttt and failed

→ Sovaldi+ Daklinza+ Ribavirin for 3 months.

If patient has contraindications/intolerance to Ribavirin

→ Sovaldi+ Daklinza for 6 months.

Genotype 4 specific

Option 3

Ombitasvir/paritaprevir/Ritonavir
Qurevo(Egypt) 2 tablets once.

★ Qurevo + Ribavirin for 3 months.

N.B. in Egypt, Qurevo is reserved for patients with renal impairment and relapsers

Genotype 4 specific

Option 4

Sofosbuvir/Velpatasvir (Epclusa) Once daily.

★ Both naïve patients& patients with previous treatment with failure)

→ Epclusa only for 3 months.

Pangenotypic

Option 5

Sofosbuvir/Velpatasvir/Voxilaprevir

▶ Vosevi 1× 1 for 3 months used mainly for relapsers

Pangenotypic

Drugs that are not available in Egyptian market

Option 6

Grazoprevir/ elbasvir(Zaptier)

★Zaptier once daily for 3 months in naïve patients.

Genotype 4 specific

Option 7

Glecaprevir/Pibrentasvir
(Mavyret) 3×1 for 3 months

Pangenotypic

Important notes

N.B dose of Ribavirin (Rebetol 200mg)

Viracure 200 mg

* If patient's weight < 75 kg

→ 1000 mg / day → 2 cap morning & 3 caps evening.

* Patient with Body weight > 75 kg

→ 1200 mg/day → 3 caps at morning & 3 caps evening.

Target of treatment

The target of recent treatment for HCV with DAAs ± Ribavirin is to achieve

Sustained virological response (SVR)

With is defined as negative HCV RNA PCR (< 15 copies) at 3 months and 6 months successively after finishing of the treatment duration(either 3 or 6 months according to patient circumstances).

N.B : according to both EASL(European) & AASLD(american)

The side effects of sofosbuvir and other DAAs (direct acting antiviral drugs)

Mostly headache & fatigue

Drug interactions with many groups of drugs (reported in guidelines)

Experience in Egypt

The majority of patients (about 90_95%) with HCV have achieved SVR (sustained virological response) successfully.

Many doctors who use the available drugs in Egypt, reports severe S/ E of these drugs which affect small number of patients (5%) approximately.

Those S/E mainly affect patients with cirrhosis (F3& 4 by fibroscan) and old age.

Examples:

* pancytopenia

* rapid deterioration of liver function and development of decompensation after finishing of treatment as well as development of HCC despite achievement of Sustained virological response.

* Cardiac complications like Systolic dysfunction and cardiomyopathy.

These complications were not well studied or even mentioned by the international guidelines apart from some studies about the relation of these drugs with HCC.

N.B

Protocol of Sovaldi+ Daclatasvir(the predominant in Egypt currently) was not studied well by researchers regarding EASL guidelines ,despite achievement of SVR in majority of patients without any Side effects

Unlike protocol of Harvoni Which was well studied by EASL with satisfactory results.