

Hepatitis C – Hepatitis Central.Com

2016 was an amazing year for Hepatitis C drug progress. In 2016, Harvoni and Viekira Pak were the most likely prescribed Hepatitis C medications. In addition, Zepatier, Viekira XR, Technivie and Epclusa were approved by the FDA to treat Hepatitis C. Used for different Hepatitis C genotypes, these medications boast a very high success rate, eliminating the Hepatitis C virus in 95 to 100 percent of patients.

However, there is always room for improvement. The following pharmaceutical companies are leading the way:

Gilead

This combination consists of sofosbuvir, velpatasvir and voxilaprevir to treat people who had failed previous therapies and to provide higher cure rates for those who had not been previously treated (genotypes 1 through 6). The cure rates in phase 3 clinical trials were 95 to 98 percent. This led to being granted Breakthrough Therapy designation by the FDA for those with genotype 1 who had failed a previous course of therapy that contained a NS5A inhibitor and being submitted in December 2016 for approval to treat all genotypes.

AbbVie

The combination of glecaprevir (ABT-493) plus pibrentasvir (ABT-530) was used to treat genotypes 1, 3, 4, 5 and 6 for a duration of just eight weeks. This combination was granted Breakthrough Therapy designation by the FDA for those with genotype 1 who had failed a previous course of therapy that contained a NS5A inhibitor. In December 2016 AbbVie applied to the FDA to market and treat all Hepatitis C genotypes with this drug combination.

Janssen

- Samatasvir – currently in phase 1 development for genotypes 1, 2, 3 and 4, and in a phase II study with Olysio (simeprevir) in treatment-naïve patients with genotype 1b or 4.
- AL-335 (odalasvir) – currently in a phase IIa study for genotype 1.
- ACH-3422 and Odalasvir (ACH-3102) and Sovaprevir – currently in phase II studies in for genotype 1.
- Odalasvir plus sofosbuvir is in phase II development for genotype 1.
- Odalasvir, AL-335, and simeprevir in treatment-naïve and treatment-experienced patients with and without cirrhosis for genotypes 1 through 6 are in a phase IIb study.

Merck

MK-3682 (polymerase inhibitor), grazoprevir (protease inhibitor) plus ruzasvir (NS5A inhibitor) with and without ribavirin to treat genotypes 1, 2 and 3 is currently in phase II development. This same combination is also being evaluated in an ongoing phase II study to treat people with

genotype 1 who had failed a previous course of a direct-acting antiviral therapy (Harvoni or Zepatier).

The investment in finding better therapeutic solutions for chronic Hepatitis B and Hepatitis C is immense. The complexity in combining drugs is increasing in the effort to find cures for these viral menaces. Our hopes are high as the race heats up to find both direct and indirect-acting antivirals for Hepatitis B and better, safer, less expensive, pan-genotypic solutions for Hepatitis C.