

**New HCV Drugs: 2 HCV Protease Inhibitors Boceprevir & Telaprevir Have FDA Hearing for Approval on April 27 & 28 & Expected to be in Pharmacy by June and Other HCV Drugs Further Back in Development**

**In the phase 3 REALIZE Study of the HCV protease inhibitor telaprevir the results showed a lead-in did not improve the SVR rates compared to not doing a lead-in which is 4 weeks of Peg/riba alone before starting telaprevir, so the recommendation will be to start all 3 drugs at once:**

The SVR rate for prior relapsers is 83% with telaprevir for 12 weeks/Peg/riba 48 weeks, 88% for lead-in group, 24% for Peg/riba 48 weeks.

The SVR for prior partial responder is 59% with telaprevir for 12 weeks/Peg/riba for 48 weeks, 54% for those with lead-in, and 15% for Peg/riba alone.

The SVR for prior null-responders is 29% with telaprevir 12 weeks/Peg/riba 48 weeks, 33% with lead-in, and 5% with Peg/riba alone.

**APASL: [Telaprevir-based Therapy in Genotype 1 Hepatitis C Virus-infected Patients with Prior Null Response, Partial Response or Relapse to Peginterferon/Ribavirin: REALIZE Trial Final Results](#) - (02/18/11)**

**AASLD: [Telaprevir in Combination with Peginterferon alfa-2a and Ribavirin in Genotype 1 HCV Treatment-Naïve patients: Final results of Phase 3 ADVANCE Study](#) - (11/04/10)**

**AASLD: [Telaprevir Phase 3 ILLUMINATE Study - Final Results Reported at AASLD Nov 2 2010](#) - (11/04/10)**

**AASLD: [Phase 3 - Response Guided Therapy \(RGT\) - Boceprevir Combined with peginterferon alfa-2b plus ribavirin for treatment-naïve patients with HCV genotype 1 \(SPRINT-2 Final Results\)](#) - (11/04/10)**

**AASLD: [Response-Guided Therapy with Boceprevir + Peginterferon alfa-2b/Ribavirin for Treatment-Naïve Patients with Hepatitis C Virus Genotype 1 Was Similar to a 48-Wk Fixed-Duration Regimen with Boceprevir + Peginterferon alfa-2b/Ribavirin in SPRINT-2](#) - (11/03/10)**

### **FUTURE of HCV Therapy**

There are many new HCV drugs in development that are further behind in the development process than these 2 above described HCV protease inhibitors boceprevir & telaprevir. There are drugs from other classes, different types where a drug from one of each of these classes will it is expected be used in a combination regimen of 2, 3 or 4 orally administered drugs (pills or capsules). some of these drugs are taken twice daily & some once daily. In addition to 5 new HCV protease inhibitors in development, there are NS<sub>5A</sub> inhibitors, which can be very potent, there are 3 types of nukes (nucleosides, nucleotides & NNRTI inhibitors). There are also 2 protease inhibitors further back in earlier development that may be effective against drug resistance to the current HCV protease inhibitors. This group of drugs are a few years away from availability. These multi-drug regimens will be very potent & there is the potential to achieve SVR, 'cure', for something approaching over 90% of all treatable patients, really all treatable patients will potentially be 'curable' or capable of achieving SVR . More patients will be treated for shorter duration of therapy with 24 weeks reachable for many patients and eventually perhaps even a shorter duration for some patients. There is a possibility that for some patients we may find out we can eliminate Peg/riba from therapy, these studies are ongoing or planned now so results will come. Here are some reports from the most recent liver meeting in November 2010 called AASLD:

**AASLD: [5 New Potent HCV Protease inhibitors](#) - (11/05/10)**

AASLD: [HCV New Drugs](#) - (11/08/10)

AASLD: [HCV Late Breaker Posters this Morning at AASLD.....ABT450, BMS790052 NS5A+proteaseBMS650032, BI 201335+HCV polymerase inhibitor BI 207127+ribavirin](#) - (11/02/10)

Here is link to all the reports from AASLD where you can read all the individual reports of study results of all the new drugs:

[61th Annual Meeting of the American Association for the Study of Liver Diseases](#)  
Boston, MA, Hynes Convention Center  
October 30-November 3, 2010