

HEPATITIS WEB STUDY

HEPATITIS C ONLINE

Simeprevir (Olysio)

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Last Updated: July 14, 2015



SIMEPREVIR (OLYSIO) Background and Dosing

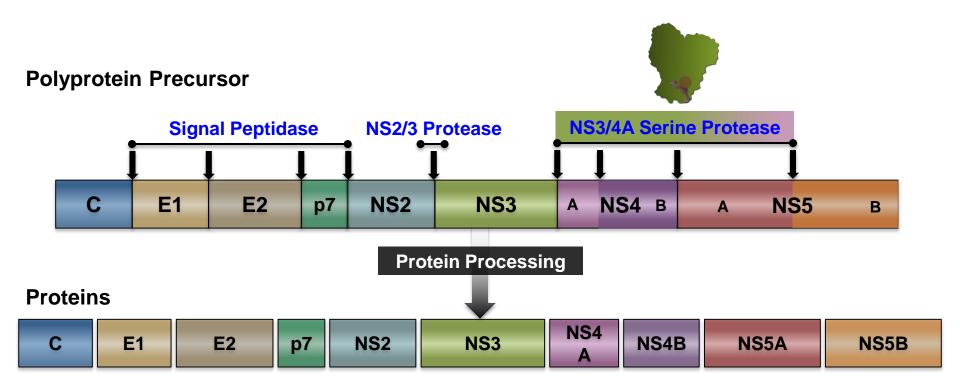


Simeprevir (*Olysio*) Summary

- Approval Status: FDA approved December 6, 2013
- Indication for HCV Monoinfection
 - GT 1: Simeprevir (12 weeks) + peginterferon + ribavirin (12 or 36 weeks)
 - Poor response to Simeprevir + Peginteferon + Ribavirin with GT1a and NS3 Q80K polymorphism at baseline
- Class & Mechanism
 - NS3/4A protease inhibitor
 - Activity against GT 1,2,4,5,6 (strongest activity against GT 1a, 1b)
- Simeprevir Dosing
 - 150 mg PO once daily with food
 - In combination with peginterferon + ribavirin (triple therapy)
- Adverse Effects (AE) attributable to Simeprevir
 - Rash (including a photosensitivity reaction), pruritus, and nausea
- Wholesaler Acquisition Cost in United States
 - 28 tablet bottle = \$22,120; estimated 12-week cost = \$66,360

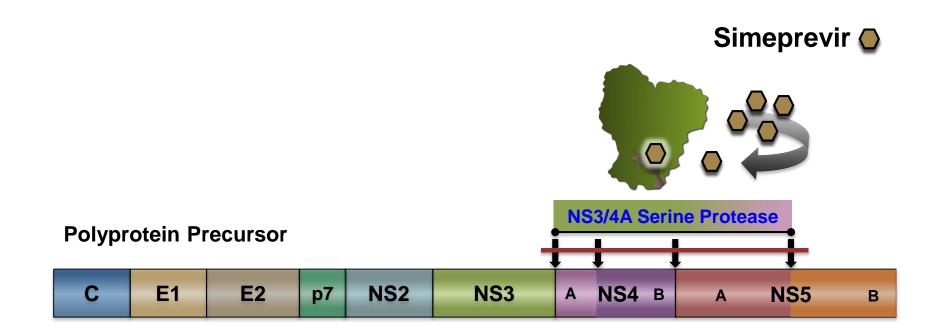


HCV Protein Processing Role of Role of NS3/4A Serine Protease





HCV Protein Processing NS3/4A Serine Protease Inhibition



Proteins





SIMEPREVIR (OLYSIO) Clinical Trials



Simeprevir: Summary of Key Studies

- Phase 3 Trials in Treatment Naive
 - QUEST 1: Simeprevir-PEG-RBV vs. PEG-RBV in GT1
 - QUEST 2: Simeprevir-PEG-RBV vs. PEG-RBV in GT1
- Phase 3 Trials in Treatment Experienced
 - **PROMISE**: Simeprevir-PEG-RBV vs. PEG-RBV in GT1, prior relapse
 - ATTAIN: Simeprevir vs. Telaprevir in prior null or partial responders
- Phase 2 Trials in Treatment Experienced
 - ASPIRE: Simeprevir + PR in GT1 treatment experienced



Simeprevir: Summary of Key Studies

- Phase 3 Trials in Treatment Naïve and Experienced
 - **RESTORE**: Simeprevir in HCV genotype 4 (naïve and experienced)
- Simeprevir + Sofosbuvir
 - COSMOS: Simeprevir + Sofosbuvir +/- RBV in GT1
 - **OPTIMIST-1**: Simeprevir + Sofosbuvir in GT1 without cirrhosis
 - **OPTIMIST-2**: Simeprevir + Sofosbuvir in GT1 with cirrhosis
- HIV Coinfection
 - C212: Simeprevir in HIV-HCV coinfected in GT1



Simeprevir in Treatment-Naïve Patients



Treatment Naïve

Simeprevir + PEG + RBV in Treatment-Naïve Genotype 1 QUEST-1 Trial

Jacobson IM, et al. Lancet. 2014;384:403-13.



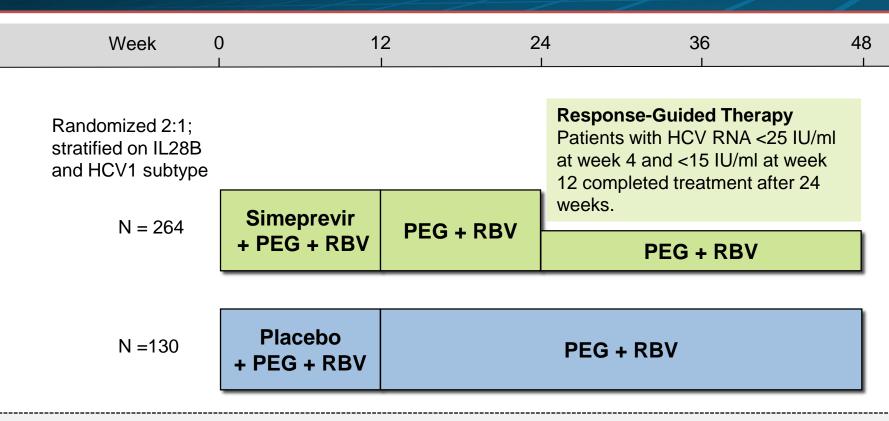
Simeprevir + PEG + Ribavirin for Treatment-Naïve HCV GT1 QUEST-1 Trial

QUEST-1 Trial: Features

- Design: Randomized, double-blind, placebo-controlled, phase 3 trial with simeprevir + PEG + RBV versus PEG + RBV in treatment-naïve GT 1
- Setting: Multicenter at 71 sites in 13 countries
- Entry Criteria
 - Treatment-naïve, chronic HCV monoinfection
 - HCV Genotype 1 (1a or 1b)
- Patient Characteristics
 - -N = 394
 - HCV Genotype: 1a (56%); 1b (44%)
 - IL28B Genotype: 71% non-CC
 - Age: median age 48
 - Sex: 56% male
 - Race: 89% white, 8% black
 - Liver disease: F3 = 18%; F4 = 12%
- Primary end-points: Efficacy (SVR12) and safety



Source: Jacobson IM, et al. Lancet. 2014;384:403-13.



Drug Dosing

Simeprevir: 150 mg once daily

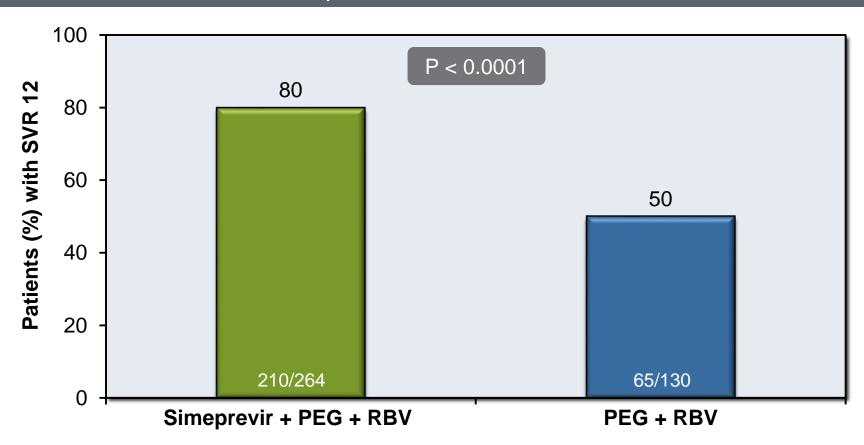
Peginterferon alfa-2a (PEG): 180 mcg/week

Ribavirin (RBV) weight-based (in 2 divided doses): 1000 mg/day if < 75 kg or 1200 mg/day if ≥ 75kg



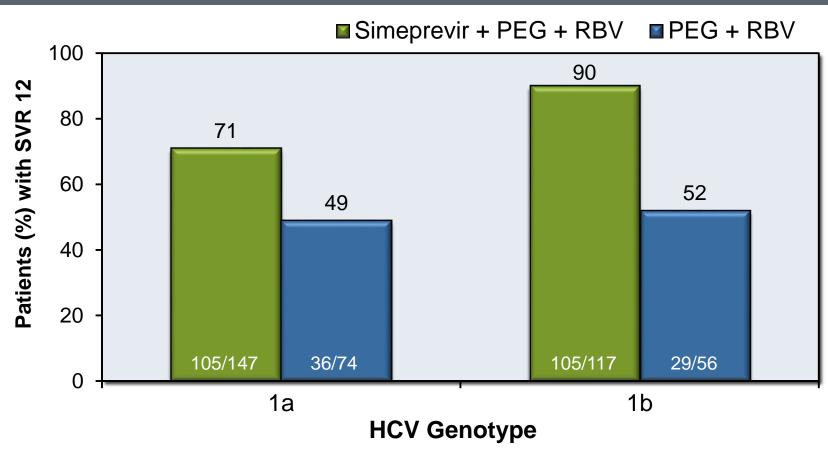
Source: Jacobson IM, et al. Lancet. 2014;384:403-13.

QUEST-1: Proportion of Patients with SVR12





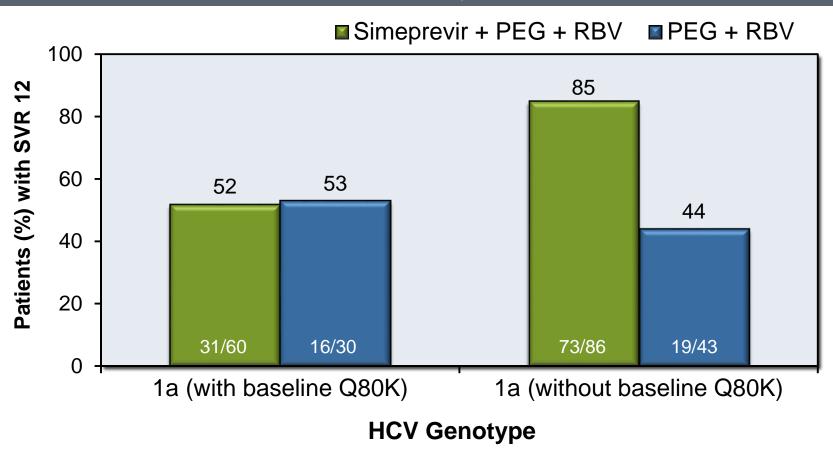
SVR12 by HCV Genotype 1 Subtype



Abbreviations: PEG = Peginterferon; RBV = Ribavirin



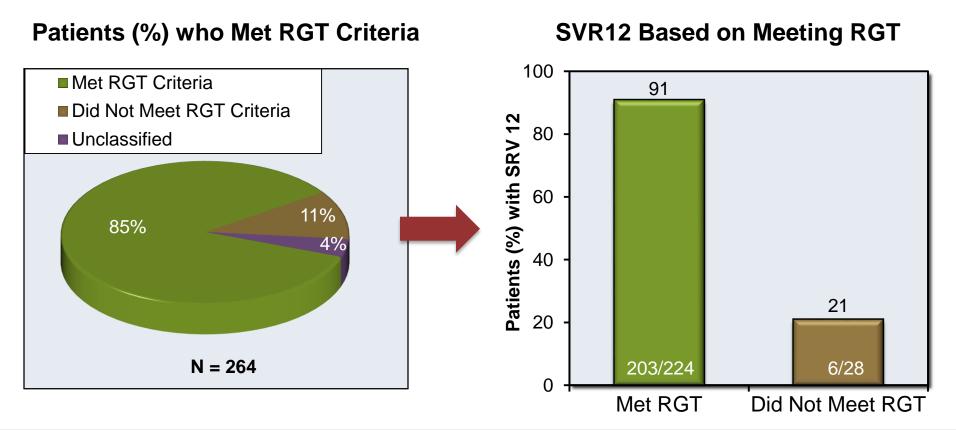
QUEST 2: SVR12 for HCV 1a by Baseline Q80K Status



Abbreviations: PEG = Peginterferon; RBV = Ribavirin



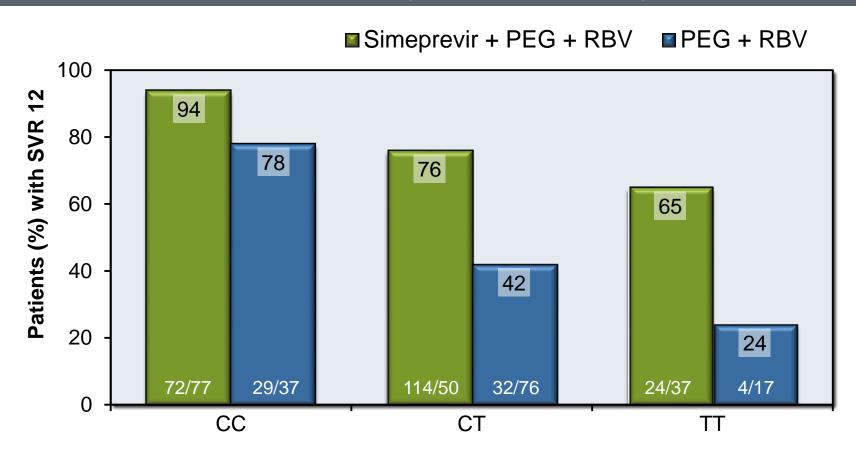
SVR12 Response in Simeprevir Arm Based on Achievement of RGT Criteria



RGT= response-guided therapy: in simeprevir study arm, patients with HCV RNA<25 IU/ml at week 4 (undetectable or detectable) and <25 IU/ml at week 12 (undetectable) stopped treatment after 24 weeks



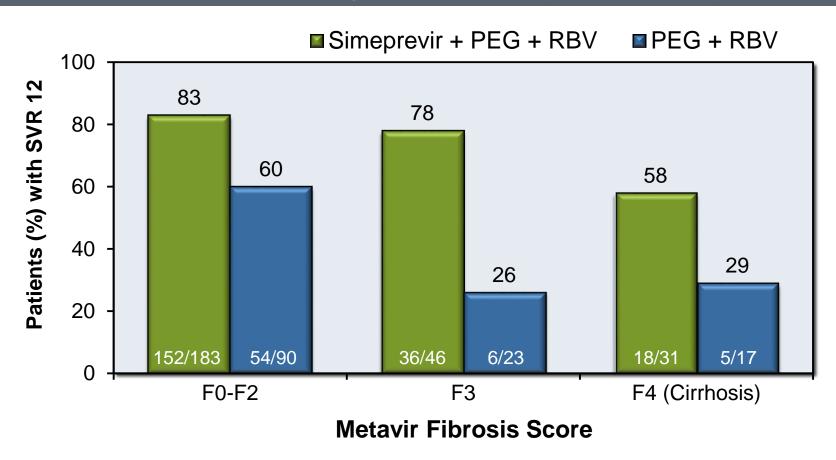
QUEST 1: SVR12 by Host IL28B Genotype



Abbreviations: PEG = Peginterferon; RBV = Ribavirin



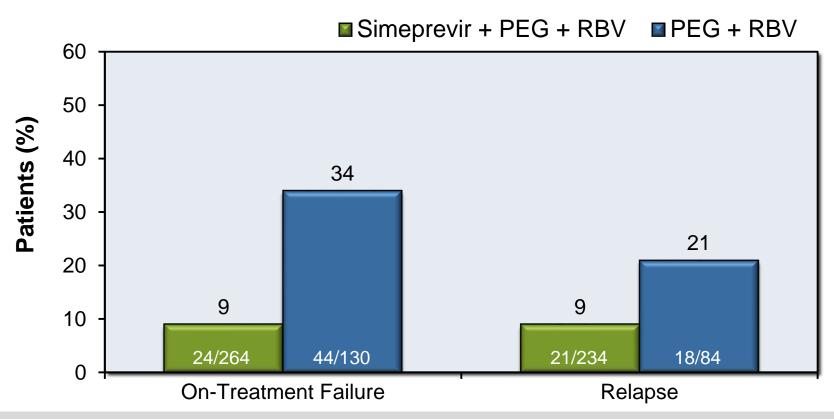
QUEST 1: SVR12 by Liver Fibrosis (Metavir Score)



Abbreviations: PEG = Peginterferon; RBV = Ribavirin

Hepatitis web study

On-Treatment Failure or Relapse



Stopping rules: (1) Stop simeprevir or placebo if HCV RNA>1000 at week 4; (2) Stop all therapy if HCV RNA < 2 log₁₀ IU/mL reduction at week 12; (3) Stop all therapy if HCV RNA ≥25 IU/mL at week 24 or 36.

On-treatment failure: Detectable HCV RNA at end of treatment.



Emergent Protease Resistance in Patients who Failed to Achieve SVR12

- Among simeprevir-treated patients who failed to achieve SVR12, emergent mutations in NS3 protease domain detected in 35 (92%) of 38
- Genotype 1A: Most common mutation = R155K alone or in combination with mutations at codons 80 and/or 168
- Genotype 1B: Most common mutation = D168V



Source: Jacobson IM, et al. Lancet. 2014;384:403-13.

QUEST 1: Event	Simeprevir + PEG + RBV (n=264)	Placebo + PEG + RBV (n=130)
Discontinuation (due to adverse event)	3%	2%
Grade 3 adverse event	25%	33%
Grade 4 adverse event	3%	5%
Fatigue	42%	41%
Headache	33%	39%
Pruritus	30%	20%
Rash (any type)	34%	32%
Anemia	20%	21%
Photosensitivity condition	3%	<1%
Neutropenia	24%	18%
Bilirubin increase	9%	5%

Source: Jacobson IM, et al. Lancet. 2014;384:403-13.



Interpretation: "Simeprevir once daily with peginterferon alfa 2a and ribavirin shortens therapy in treatment-naive patients with HCV genotype 1 infection without worsening the adverse event profiles associated with peginterferon alfa 2a plus ribavirin."



Treatment Naïve

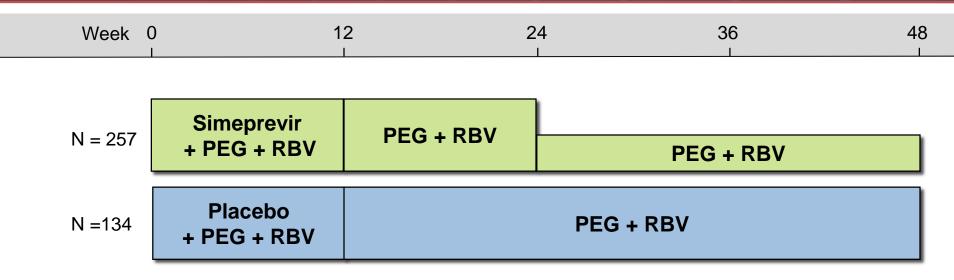
Simeprevir + PEG + RBV in Treatment-Naïve Genotype 1 QUEST-2 Trial



QUEST-2 Trial: Features

- Design: Randomized, double-blind, placebo-controlled, phase 3 trial of simeprevir + PEG + RBV versus PEG + RBV in HCV GT1
- Setting: Multicenter at 76 sites in 14 countries
- Entry Criteria
 - Treatment-naïve, chronic HCV monoinfection
 - HCV Genotypes 1a or 1b
- Patient Characteristics
 - -N = 391
 - HCV Subtype: 1a (41%); 1b (58%); other (<1%)
 - IL28B Genotype: 30% CC
 - Age and Sex: median age 46; 55% male
 - Race: 92% white
 - Liver disease: 14% with F3; 6% with F4
- Primary end-points: Efficacy (SVR12) and safety





Study Notes

- Randomized 2:1, stratified on IL28B and HCV subtype
- 63% in each arm randomized to receive PEG alfa-2a or PEG alfa-2b; remainder assigned PEG alfa-2a
- Response-guided therapy (RGT): In simeprevir study arm, patients with HCV RNA<25 IU/ml at week 4
 (undetectable or detectable) and <25 IU/ml at week 12 (undetectable) stopped treatment after 24 weeks

Drug Dosing

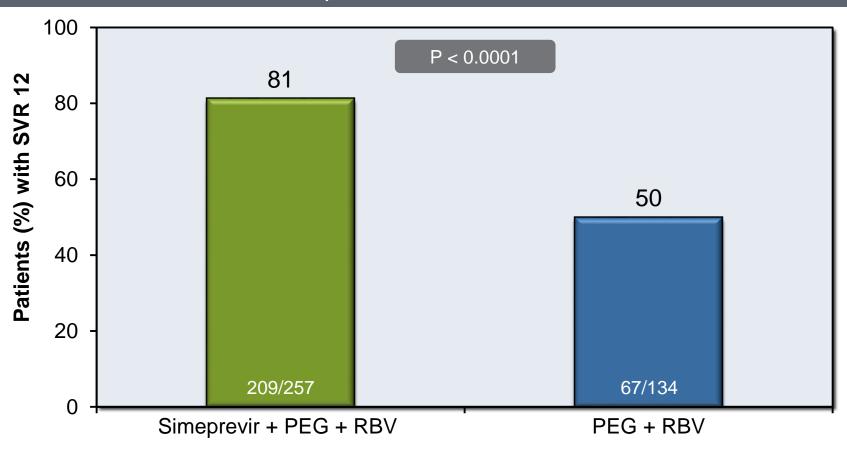
Simeprevir: 150 mg once daily

Peginterferon alfa-2a (PEG): 180 mcg/week OR Peginterferon alfa-2b: 1.5 mcg/kg/week

Ribavirin (RBV) weight-based (in 2 divided doses): 1000 mg/day if < 75 kg or 1200 mg/day if ≥ 75 kg

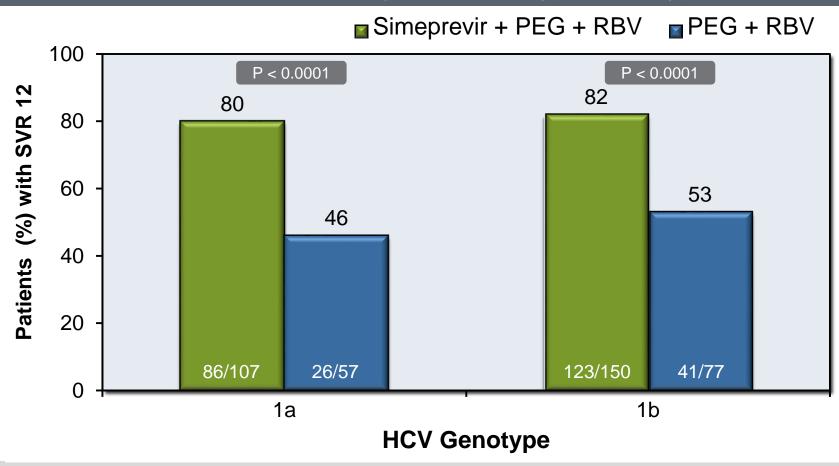


QUEST 2: Proportion of Patients with SVR12



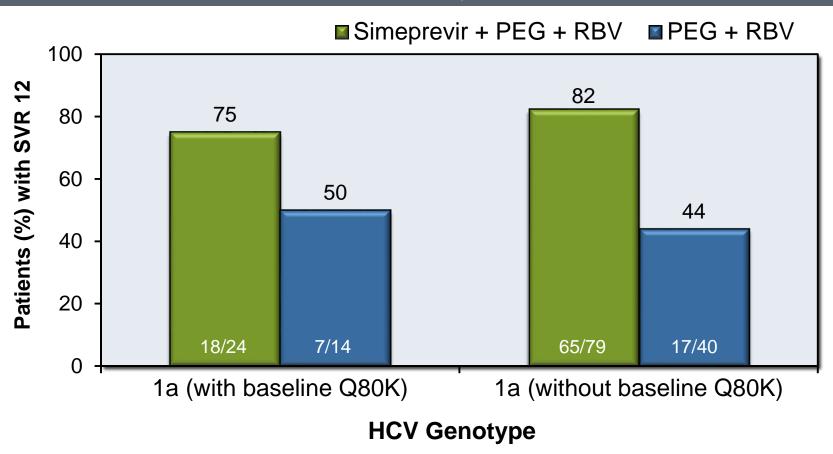


QUEST 2: SVR12 by HCV Genotype 1 Subtype



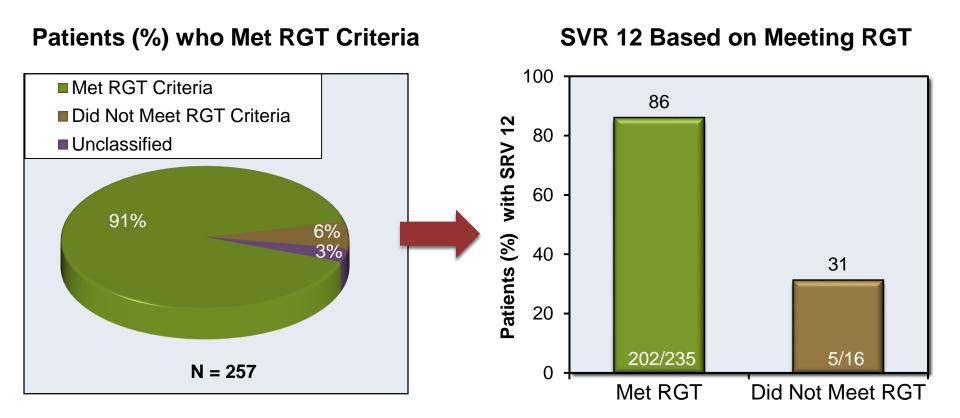


QUEST 2: SVR12 for HCV 1a by Baseline Q80K Status





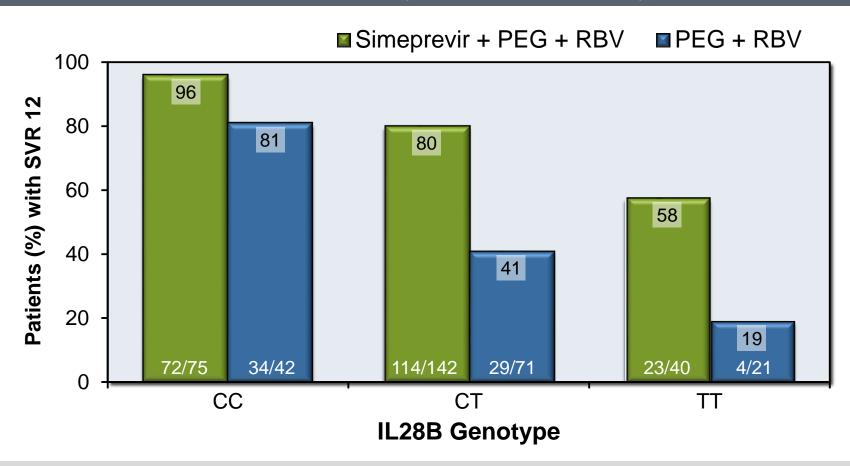
QUEST 2: SVR12 Response in Simeprevir Arm Based on RGT Criteria



RGT= response-guided therapy: in simeprevir study arm, patients with HCV RNA<25 IU/ml at week 4 (undetectable or detectable) and <25 IU/ml at week 12 (undetectable) stopped treatment after 24 weeks

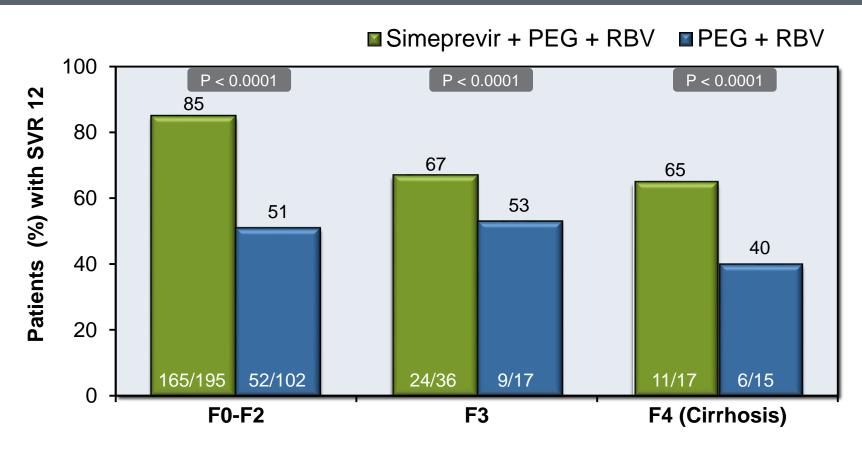


QUEST 2: SVR12 by Host IL28B Genotype



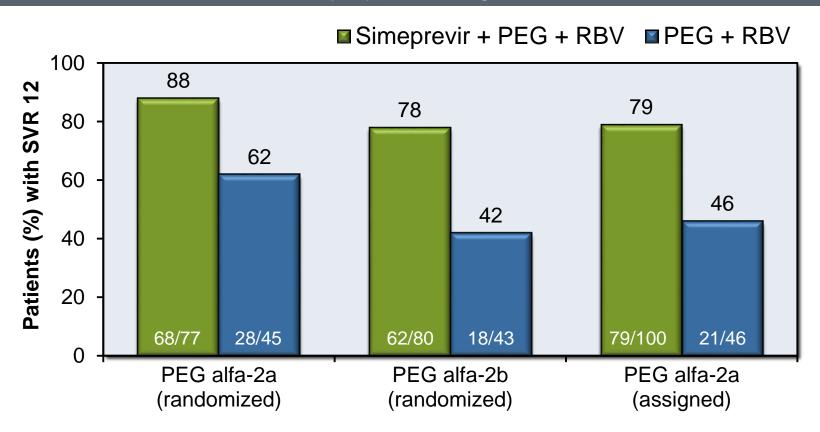


QUEST 2: SVR12 by Liver Fibrosis (Metavir Score)





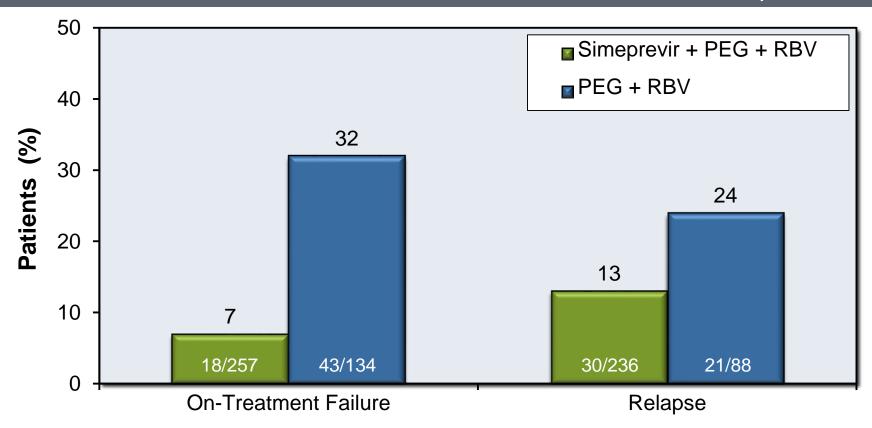
SVR12 by Type of Peginterferon



Type of PEG: 63% of patients randomized to receive PEG alfa-2a versus alfa-2b; remainder assigned PEG alfa-2a Abbreviations: SVR12 = sustained virologic response at 12 weeks; PEG = peginterferon; RBV = ribavirin



QUEST 2: Patients Who Had On-Treatment Failure or Relapse



Abbreviations: PEG = Peginterferon; RBV = Ribavirin

On-Treatment Failure: Detectable HCV RNA at end of treatment.



QUEST 2: Event	Simeprevir + PEG/RBV (n=257)	Placebo + PEG/RBV (n=134)
Discontinuation (due to adverse event)	<1%	<1%
Grade 3 adverse event	27%	31%
Grade 4 adverse event	6%	4%
Headache	39%	37%
Fatigue	37%	42%
Pyrexia	31%	40%
Influenza-like illness	26%	26%
Rash (any type)	27%	20%
Pruritus	26%	27%
Photosensitivity reactions	4%	<1%
Anemia	21%	28%
Neutropenia	21%	27%



QUEST 2: Emergent Resistance in Patients who Failed to Achieve SVR12

- Among simeprevir-treated patients who failed to achieve SVR12, emergent mutations in NS3 protease domain detected in 98%
- Genotype 1A: Most common mutation = R155K alone or in combination with mutations at codons 80 and/or 168
- Genotype 1B: Most common mutation = D168V and Q80R + D168E



Interpretation: "Addition of simeprevir to either peginterferon alfa 2a or peginterferon alfa 2b plus ribavirin improved

SVR in treatment-naive patients with HCV genotype 1 infection, without worsening the known adverse events associated with peginterferon alfa plus ribavirin."



Simeprevir in Treatment-Experienced Patients



Treatment Experienced

Simeprevir in Genotype 1 (Viral Relapsers) PROMISE Trial

Forns X, et al. Gastroenterology. 2014;146:1669-79.e3.



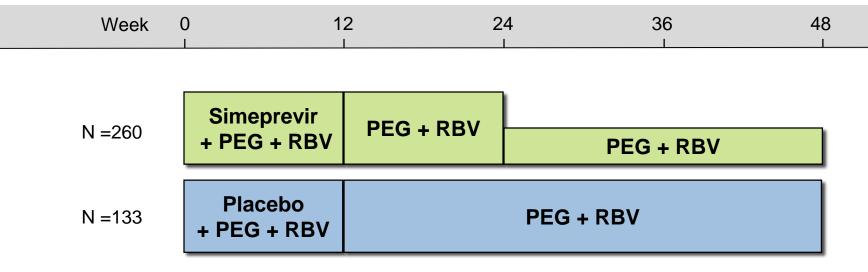
Simeprevir + PEG + Ribavirin for Chronic HCV PROMISE Trial

PROMISE Trial: Study Features

- Design: Randomized, double-blind, placebo-controlled phase 3 trial of triple therapy with simeprevir, peginterferon alfa-2a, and ribavirin in treatment-experienced patients with HCV GT1 infection
- Entry Criteria
 - Treatment-experienced, chronic HCV monoinfection
 - Viral relapse with prior (≥ 24 weeks) of peginterferon-based therapy
 - HCV Genotype 1
- Patient Characteristics
 - -N = 393
 - HCV Genotype: 1a (42%); 1b (58%)
 - IL28B Genotype: 76% non-CC
 - Age and Sex: median age 52; 66% male
 - Race: 94% white
 - Liver disease: 15% had METAVIR F3; 15% F4
- Primary end-points: Efficacy (SVR12)



Simeprevir and Peginterferon plus Ribavirin for Chronic HCV PROMISE Trial: Design



Study Notes

- Randomized 2:1, stratified on IL28B and HCV subtype
- Response-guided therapy (RGT): In simeprevir study arm, patients with HCV RNA<25 IU/ml at week 4 (undetectable or detectable) and <25 IU/ml at week 12 (undetectable) stopped treatment after 24 weeks

Drug Dosing

Simeprevir: 150 mg once daily

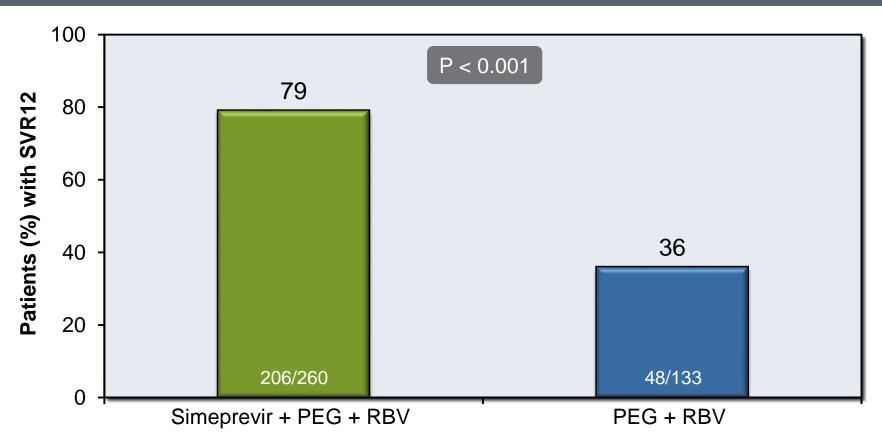
Peginterferon alfa-2a (PEG): 180 mcg/week

Ribavirin (RBV) weight-based (in 2 divided doses): 1000 mg if < 75kg or 1200 mg/day if ≥ 75kg



Simeprevir and Peginterferon plus Ribavirin for Chronic HCV PROMISE Trial: Results

PROMISE Trial: Proportion of Patients with SVR12

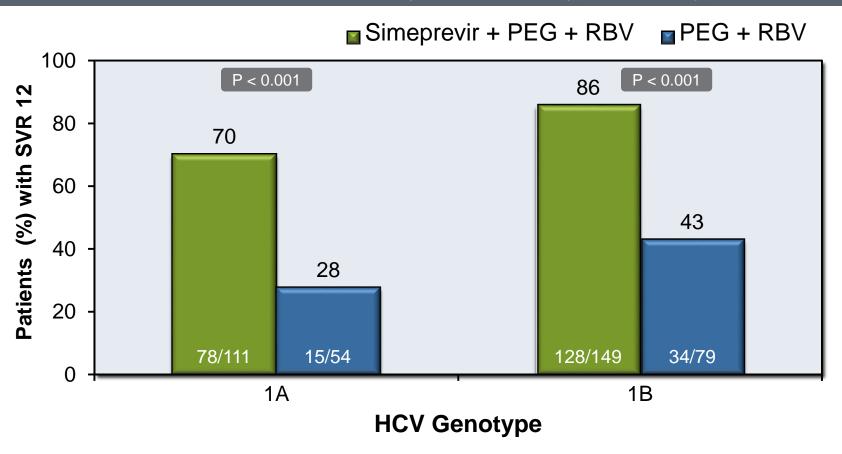


Abbreviations: SVR12 = sustained virologic response at 12 weeks; PEG = peginterferon; RBV = ribavirin



Simeprevir and Peginterferon plus Ribavirin for Chronic HCV PROMISE Results

PROMISE Trial: SVR12 by HCV Genotype 1 Subtype



Abbreviations: SVR12 = sustained virologic response at 12 weeks; PEG = peginterferon; RBV = ribavirin



Simeprevir and Peginterferon plus Ribavirin for Chronic HCV PROMISE Results

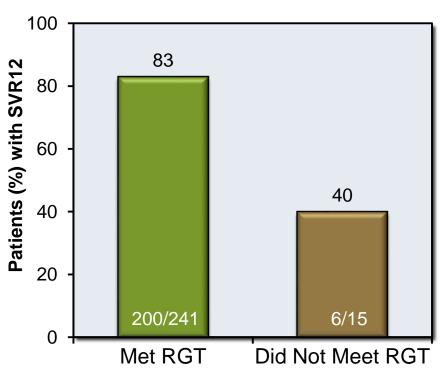
PROMISE Trial: SVR12 Response in Simeprevir Arm Based on RGT Criteria

Patients (%) who Met RGT Criteria

Met RGT Criteria Did Not Meet RGT Criteria 93% 7%

n = 260

Patient (%) with SVR 12 Response

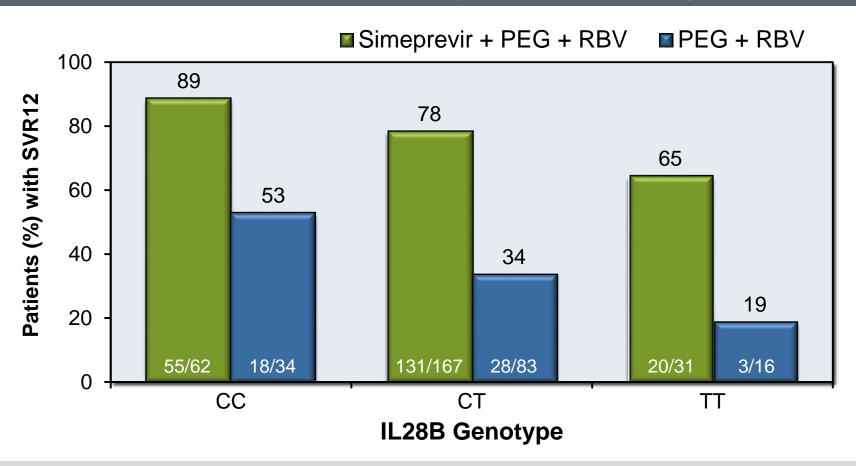


RGT= response-guided therapy: in simeprevir study arm, patients with HCV RNA<25 IU/ml at week 4 (undetectable or detectable) and <25 IU/ml at week 12 (undetectable) stopped treatment after 24 weeks



Simeprevir and Peginterferon plus Ribavirin for Chronic HCV PROMISE Trial: Results

PROMISE TRIAL: SVR12 by Host IL28B Genotype

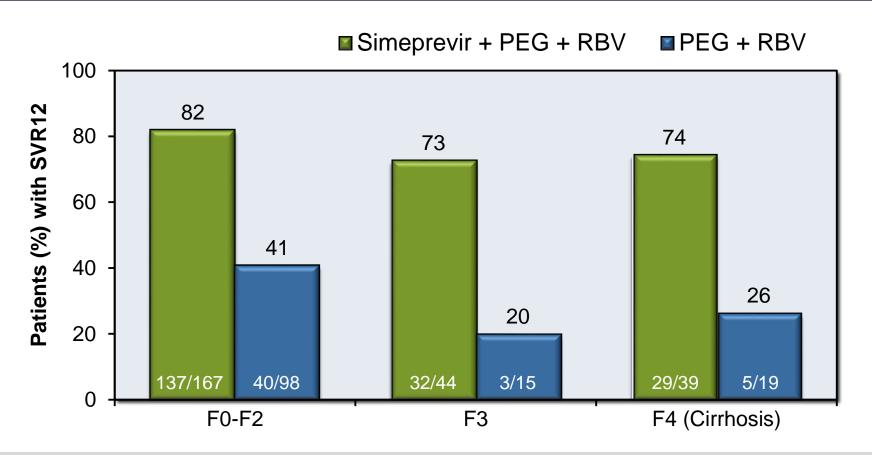


Abbreviations: SVR12 = sustained virologic response at 12 weeks; PEG = peginterferon; RBV = ribavirin



Simeprevir and Peginterferon plus Ribavirin for Chronic HCV PROMISE Trial: Results

PROMISE Trial: SVR12 by Liver Fibrosis (METAVIR Fibrosis Score)

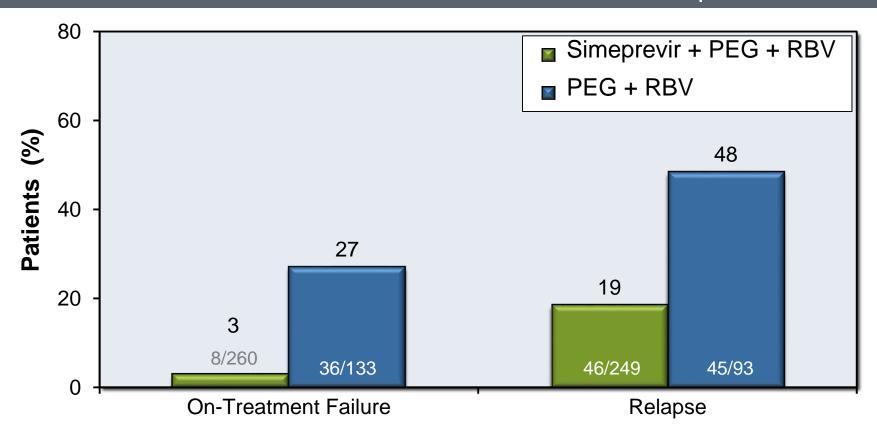


Abbreviations: SVR12 = sustained virologic response at 12 weeks; PEG = peginterferon; RBV = ribavirin



Simeprevir and Peginterferon plus Ribavirin for Chronic HCV PROMISE Results

Patients Who Had On-Treatment Failure or Relapse



Abbreviations: PEG = Peginterferon; RBV = Ribavirin

On-Treatment Failure: Detectable HCV RNA at end of treatment.



Simeprevir Adverse Effects in PROMISE Trial

PROMISE Trial: Event	Simeprevir + PR (n=260)	Placebo + PR (n=133)	Simeprevir + PR (n=260)	Placebo + PR (n=133)
	First 12 Weeks		Entire Treatment Phase	
AE leading to permanent discontinuation of ≥ 1 drug	1.2%	1.5	2.3	5.3
Grade 3 event	18.1%	18.0%	24.2%	25.6%
Grade 4 event	1.9%	3.0%	3.5	4.5
Fatigue	31.9%	42.1%	32.3%	43.6%
Headache	31.9%	36.1%	33.1%	36.1%
Influenza-like illness	29.6%	20.3%	30.0%	20.3%
Rash (any type)	18.5%	14.3%	23.1%	22.6%
Pruritus	23.5%	16.5%	27.7%	27.8%
Neutropenia	14.6%	16.5%	17.7%	21.8%
Photosensitivity	3.5%	0%	3.5%	0%
Anemia	10.8%	6.0%	16.9%	20.3%

Source: Forns X, et al. Gastroenterology. 2014;146:1669-79.e3.



Simeprevir and Peginterferon plus Ribavirin for Chronic HCV PROMISE Results

Emergent Protease Resistance in Patients who Failed to Achieve SVR12

- Most (90.4%) of simeprevir-treated patients who failed to achieve
 SVR12 developed emerging mutations in the NS3 protease domain
- Genotype 1A: Most common mutation = R155K or D168E, or combination of R155K and mutations at codons 80 and/or 168
- Genotype 1B: Most common mutations = D168V or D168A, E, T or E/V or the combinations Q80R + D168E/V, or Q80R + S122T + D168E



Simeprevir and Peginterferon plus Ribavirin for Chronic HCV PROMISE Conclusions

Conclusions: "In a Phase 3 trial of patients who had relapsed following interferon-based therapy, addition of simeprevir to PR was generally well tolerated, with an SVR12 rate of 79.2%. Most patients (92.7%) receiving simeprevir were able to shorten therapy to 24 weeks."



Treatment Experienced

Simeprevir versus Telaprevir with PR in GT1 ATTAIN Trial

Reddy KR, et al. Lancet Infect Dis. 2015;15:27-35.



Simeprevir vs Telaprevir with Peginterferon + Ribavirin in GT1 ATTAIN: Study Features

ATTAIN Trial: Features

- Design: Randomized, double-blind, phase 3, study evaluating simeprevir versus telaprevir with peginterferon alfa-2a plus ribavirin for treatmentexperienced patients with genotype 1 chronic HCV
- Setting: International at 169 sites in 24 countries
- Entry Criteria
 - Chronic HCV genotype 1
 - HCV RNA > 10,000 IU/mL
 - Adults ≥ 18
 - Prior null or partial responder with prior peginterferon + ribavirin
 - Compensated liver disease
- Exclusion Criteria
 - Non-HCV-related liver disease, including hepatocellular carcinoma
 - Prior HCV treatment with medication other than peginterferon + ribavirin
 - Coinfection with HAV, HBV, HIV, or non-genotype 1 HCV
- Primary End-Points: Efficacy (SVR12)



Simeprevir vs Telaprevir with Peginterferon + Ribavirin in GT1 ATTAIN: Study Design



Drug Dosing

Simeprevir: 150 mg once daily

Telaprevir: 750 mg three times daily

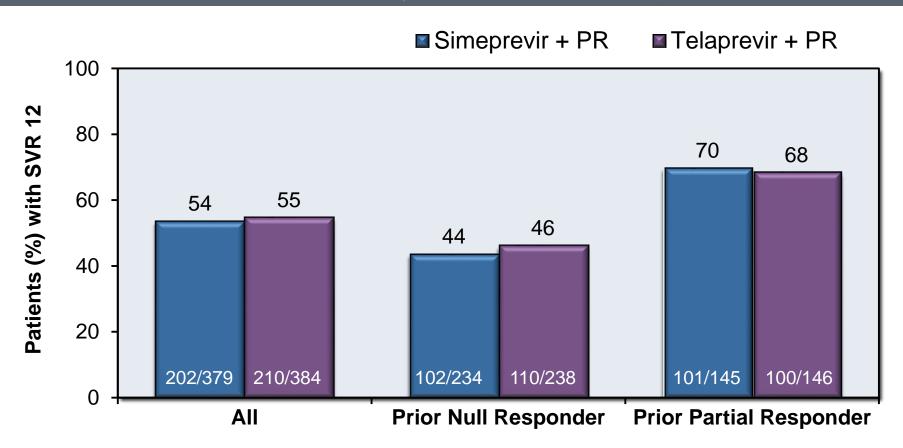
Peginterferon alfa-2a (PEG): 180 mcg/week

Ribavirin (RBV) weight-based (in 2 divided doses): 1000 mg if < 75kg or 1200 mg/day if ≥ 75kg



Simeprevir vs Telaprevir with Peginterferon + Ribavirin in GT1 ATTAIN: Results

ATTAIN: SVR12 by Prior Treatment Response



PR = peginterferon plus ribavirin



Simeprevir vs Telaprevir with Peginterferon + Ribavirin in GT1 ATTAIN: Conclusions

Interpretation: "Simeprevir once a day with peginterferon alfa-2a and ribavirin was well tolerated in HCV genotype 1-infected previous non-responders and was non-inferior to telaprevir, thus providing an alternative treatment in areas of the world where all-oral HCV regimens are not available or accessible."



Treatment Experienced

Simeprevir in Treatment –Experienced Genotype 1 ASPIRE Trial

Zeuzem S, et al. Gastroenterol. 2014;146:430-41.



ASPIRE Trial: Study Features

- Design: Randomized, double-blind, placebo-controlled, 7 arm, phase 2b trial of PEG and RBV with and without simeprevir in HCV GT1 for prior treatment failures with PEG and RBV
- Setting: Europe, North America, Australia, and New Zealand
- Entry Criteria
 - Treatment-experienced, chronic HCV GT-1 monoinfection
 - Prior failure with (≥ 12 weeks) of peginterferon-alfa plus ribavirin
 - HCV RNA > 10,000 IU/mL
- Patient Characteristics
 - -N = 462
 - HCV Genotype: 1a (41%); 1b (58%); other (1%)
 - IL28B Genotype: 82% non-CC
 - Demographics: median age 50; 67% male; 93% white
 - Metavir Fibrosis: F3 = 19%; F4 = 18%
- Primary end-points: Efficacy (SVR24)



Week	0 12	2	24	48
n = 66	Simeprevir 100 mg Peginterferon + Ribay	Placebo virin		
n = 66	Simeprevir 150 mg Peginterferon + Ribay	Placebo virin		
n = 65	Simeprevir 100 mg Peginterferon + Ribay	virin	Placebo	
n = 68	Simeprevir 150 mg Peginterferon + Ribay	virin	Placebo	
n = 66	Simeprevir 100 mg Peginterferon + Ribay	virin		
n = 65	Simeprevir 150 mg Peginterferon + Ribay	virin		
n = 66	Placebo Peginterferon + Ribay	virin		

Drug Dosing: Simeprevir: 100 or 150 mg once daily; Peginterferon alfa-2a (PEG): 180 mcg/week Ribavirin (RBV) weight-based (in 2 divided doses): 1000 mg if < 75kg or 1200 mg/day if ≥ 75kg



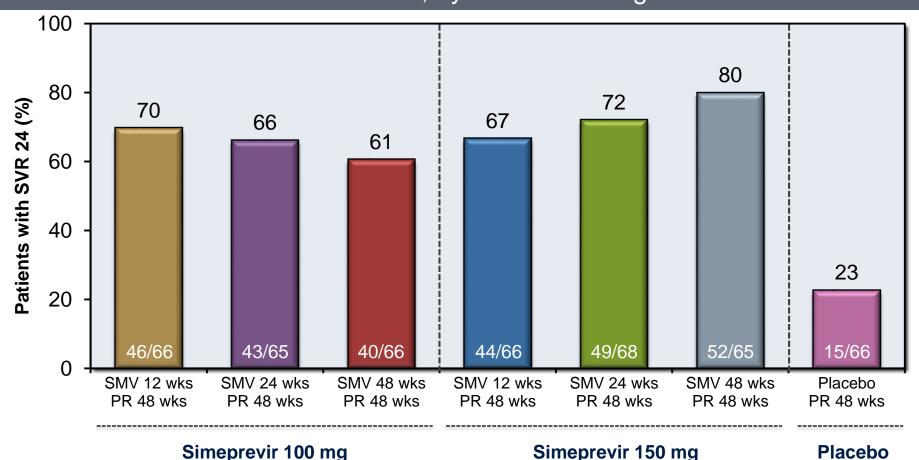
72

Week	0 12	24 4	8 72
n = 66	Simeprevir 100 mg Placebo Peginterferon + Ribavirin		SVR 24 = 70%
n = 66	Simeprevir 150 mg Placebo Peginterferon + Ribavirin		SVR 24 = 62%
n = 65	Simeprevir 100 mg Peginterferon + Ribavirin	Placebo	SVR 24 = 66%
n = 68	Simeprevir 150 mg Peginterferon + Ribavirin	Placebo	SVR 24 = 72%
n = 66	Simeprevir 100 mg Peginterferon + Ribavirin		SVR 24 = 61%
n = 65	Simeprevir 150 mg Peginterferon + Ribavirin		SVR 24 = 80%
n = 66	Placebo Peginterferon + Ribavirin		SVR 24 = 23%

Drug Dosing: Simeprevir: 100 or 150 mg once daily; Peginterferon alfa-2a (PEG): 180 mcg/week Ribavirin (RBV) weight-based (in 2 divided doses): 1000 mg if < 75kg or 1200 mg/day if ≥ 75kg

Hepatitis web study

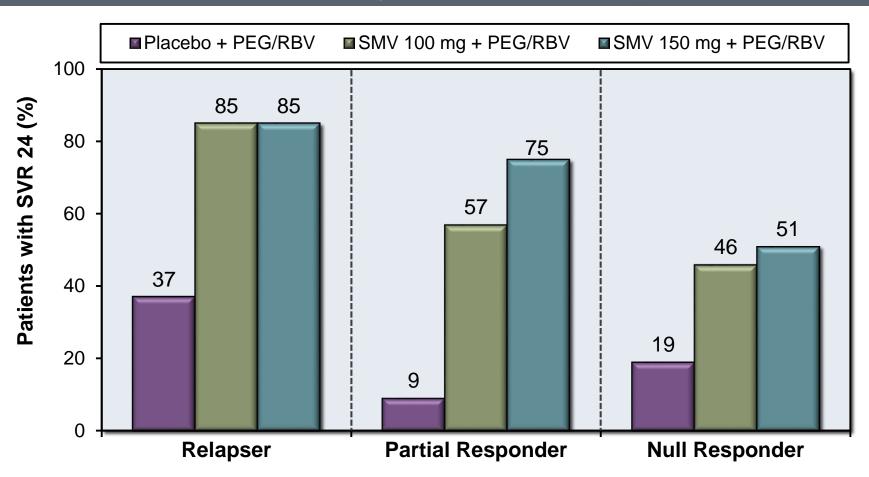
ASPIRE: SVR 24, by Treatment Regimen



Source: Zeuzem S, et al. Gastroenterol. 2014;146:430-41.



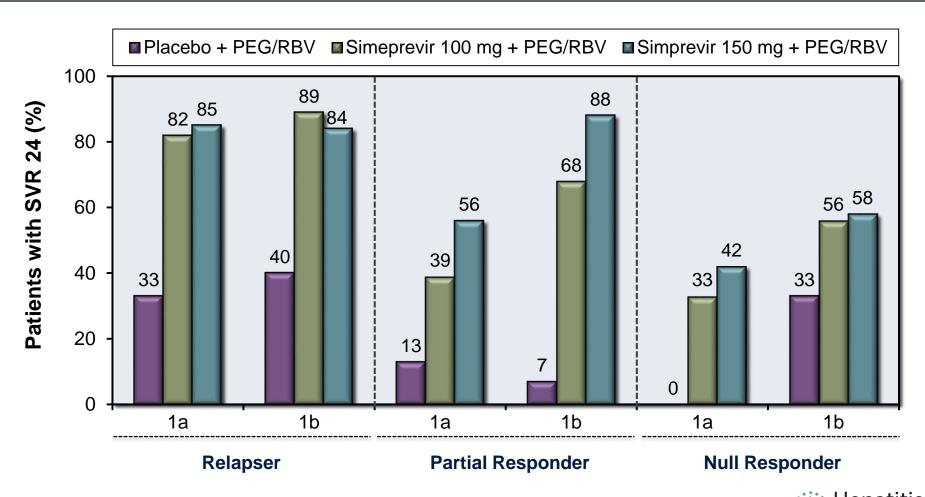
ASPIRE: SVR 24, by Prior Treatment Response





Source: Zeuzem S, et al. Gastroenterol. 2014;146:430-41.

ASPIRE: SVR 24, by Prior Treatment Response and GT 1 Subtype



Source: Zeuzem S, et al. Gastroenterol. 2014;146:430-41.



Conclusion: "In treatment-experienced patients, 12, 24, or 48 weeks simeprevir (100 mg or 150 mg once daily) in combination with 48 weeks peginterferon and ribavirin significantly increased rates of SVR at 24 weeks compared with patients given placebo, peginterferon, and ribavirin, and was generally well tolerated."





Treatment Naïve and Treatment Experienced

Simeprevir with Peginterferon and Ribavirin in GT-4 RESTORE

Moreno C, et al. J Hepatol. 2015;62:1047-55.



Simeprevir + Peginterferon + Ribavirin in Genotype 4 RESTORE: Study Features

RESTORE Trial: Features

- Design: Open-label, phase 3, study evaluating simeprevir plus peginterferon plus ribavirin for treatment naïve and experienced patients with genotype 4 chronic HCV
- Setting: Multicenter and International
- Entry Criteria
 - Chronic HCV genotype 4 (n = 107)
 - Treatment naïve (n = 35) or treatment experienced relapsers (n = 22)
 - Experienced (Nonresponder): partial (n = 10), null (n = 40)

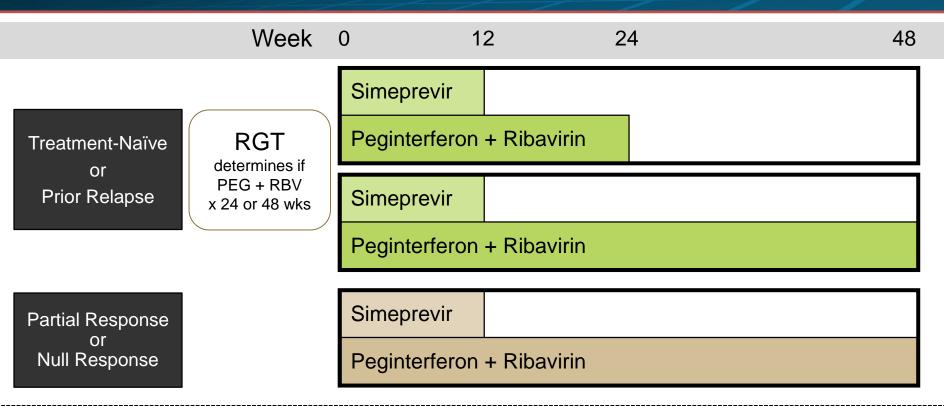
Patient Characteristics

- Sex: male 79%
- Race: white (72%); black (28%)
- Median age: 49
- IL genotype: 7.5% CC
- METAVIR Fibrosis Stage: F4 = 29%; F3 = 14%
- Primary End-Points: Efficacy (SVR12)



Source: Moreno C, et al. J Hepatol. 2015;62:1047-55.

Simeprevir + Peginterferon + Ribavirin in Genotype 4 RESTORE: Study Design



Response Guided Therapy (RGT) Criteria: Week 4 HCV RNA < 25 IU/mL (detectable or undetectable) and Week 12 HCV RNA < 25 IU/mL (undetectable)

Drug Dosing

Simeprevir: 150 mg once daily

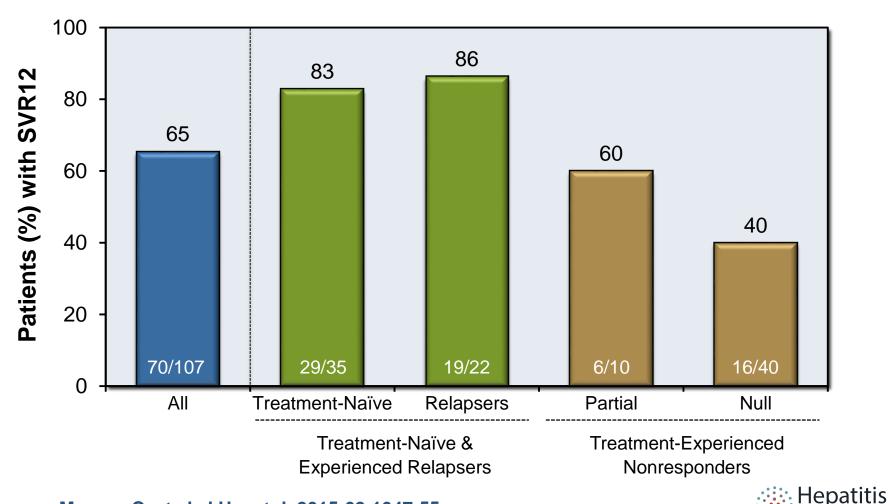
Peginterferon alfa-2a (PEG): 180 mcg/week

Ribavirin (RBV) weight-based (in 2 divided doses): 1000 mg if < 75kg or 1200 mg/day if ≥ 75kg

Hepatitis web study

Simeprevir + Peginterferon + Ribavirin in Genotype 4 RESTORE: Results

RESTORE: SVR12 by Prior Treatment Status



web study

Source: Moreno C, et al. J Hepatol. 2015;62:1047-55.

Simeprevir + Peginterferon + Ribavirin in Genotype 4 RESTORE: Conclusions

Conclusions: "Efficacy and safety of simeprevir 150 mg QD for 12 weeks with peginterferon and ribavirin in treatment-naïve or -experienced patients with chronic HCV GT4 infection were in line with previous reports for HCV GT1 infection."



Simeprevir + Sofosbuvir



Phase 2a, Treatment Naïve and Treatment Experienced

Treatment Naïve and Treatment Experienced

Simeprevir + Sofosbuvir +/- Ribavirin in Genotype 1 COSMOS Trial

Lawitz E, et al. Lancet. 2014;384;1756-65.



Simeprevir + Sofosbuvir +/- Ribavirin for HCV GT 1 COSMOS Trial: Study Features

COSMOS Trial: Features

- Design: Randomized, phase 2a, open-label, using sofosbuvir + simeprevir
 +/- ribavirin in treatment naive or experienced, chronic HCV GT 1
- Setting: 23 centers in United States
- Entry Criteria
 - Chronic HCV Genotype 1
 - Age ≥18
 - HCV RNA greater than 10,000 IU/mL
 - Cohort 1: prior nonresponders; Metavir F0-F2
 - Cohort 2: treatment naïve & prior nonresponders; Metavir F3-F4
- Patient Characteristics (range in different treatment arms)
 - N = 167 (n = 80 in Cohort 1 and n = 87 in Cohort 2)
 - Baseline GT1a with Q80K: Cohort 1 = 50%; Cohort 2 = 40%
 - Non-CC IL28b Genotype: Cohort 1 = 94%; Cohort 2 = 79%
- End-Points: Primary = SVR12



Source: Lawitz E, et al. Lancet. 2014;384;1756-65.

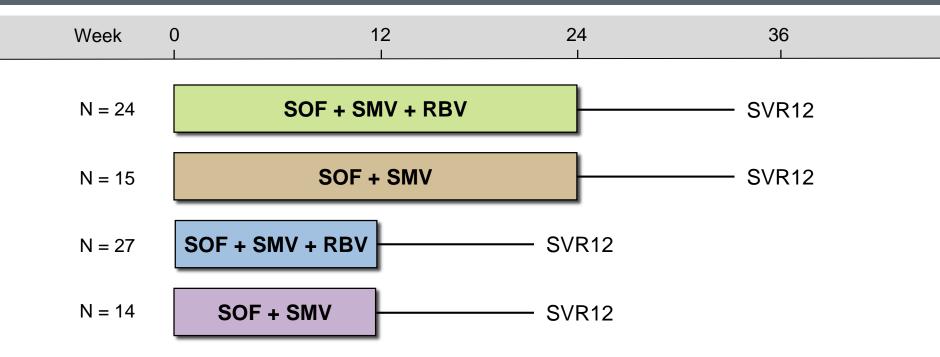
Simeprevir + Sofosbuvir +/- Ribavirin for HCV GT 1 COSMOS Trial: Baseline Characteristic

Baseline Characteristic (n = 167)	Cohorts 1 and 2	
Median Age, years (range)	57 (27-70)	
Male, %	64	
White, %	81	
Median Body Mass Index (BMI)	28	
HCV genotype	1a= 78%; 1b = 22%	
IL28B non-CC genotype, (%)	86%	
Mean baseline HCV RNA, log ₁₀ IU/ml	6.6	
Metavir Score	F01= 20%; F2=28%; F3 = 28%; F4=25%	
Previous HCV treatment No response (%) Treatment-naïve (%)	76% 24%	



Simeprevir + Sofosbuvir +/- Ribavirin for HCV GT 1 COSMOS Trial: Design for Cohort 1

Cohort 1: Prior Nonresponders; Metavir Scores F0-F2



Drug Dosing

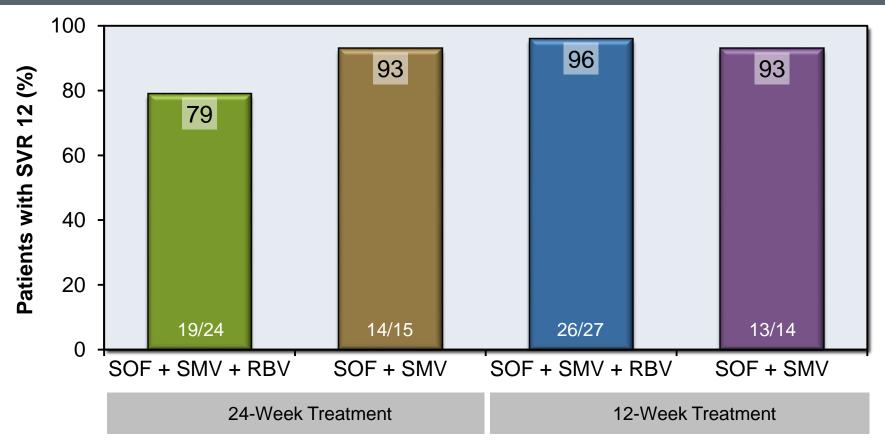
SOF= Sofosbuvir: 400 mg once daily SMP =Simeprevir: 150 mg once daily

RBV = Ribavirin (weight-based and divided bid): 1000 mg/day if < 75 kg or 1200 mg/day if ≥ 75 kg



Simeprevir + Sofosbuvir +/- Ribavirin for HCV GT 1 COSMOS Trial: Results for Cohort 1

COSMOS (Cohort 1): SVR 12 by Regimen



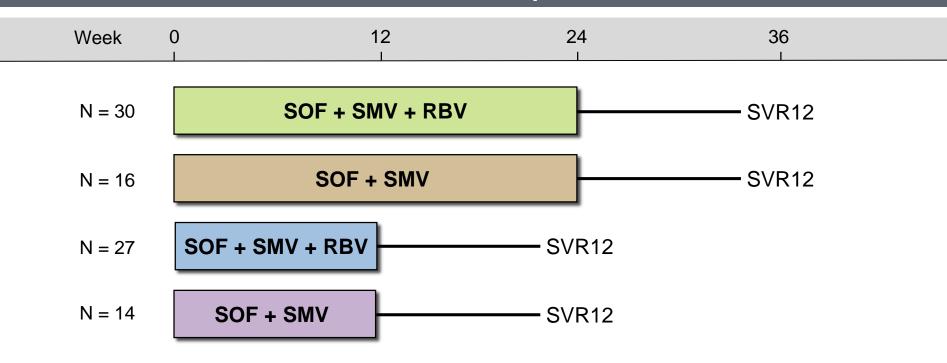
SOF = sofosbuvir; SMV = simeprevir; RBV = ribavirin

Source: Lawitz E, et al. Lancet. 2014;384;1756-65.



Simeprevir + Sofosbuvir +/- Ribavirin for HCV GT 1 COSMOS Trial: Design for Cohort 2

Cohort 2: Treatment Naïve & Prior Nonresponders; Metavir Scores F3-F4



Drug Dosing

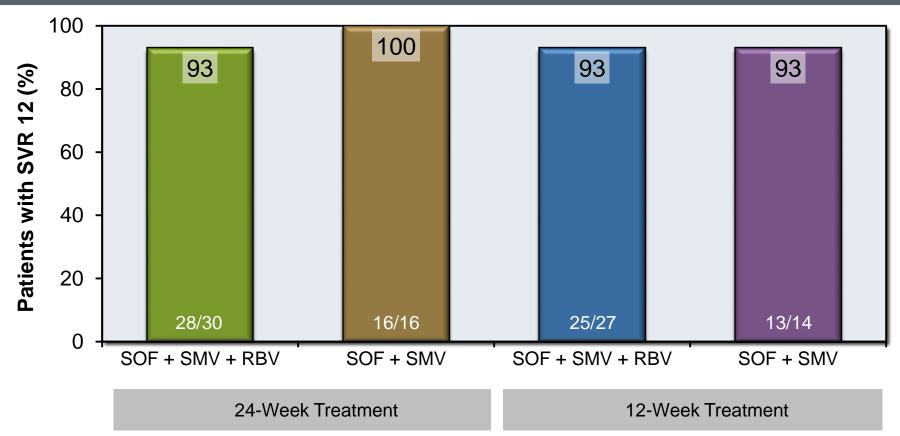
Sofosbuvir: 400 mg once daily Simeprevir: 150 mg once daily

Ribavirin (weight-based and divided bid): 1000 mg/day if < 75 kg or 1200 mg/day if ≥ 75 kg



Simeprevir + Sofosbuvir +/- Ribavirin for HCV GT 1 COSMOS Trial: Results

COSMOS (Cohort 2 with F3-F4 Fibrosis): SVR12 by Regimen



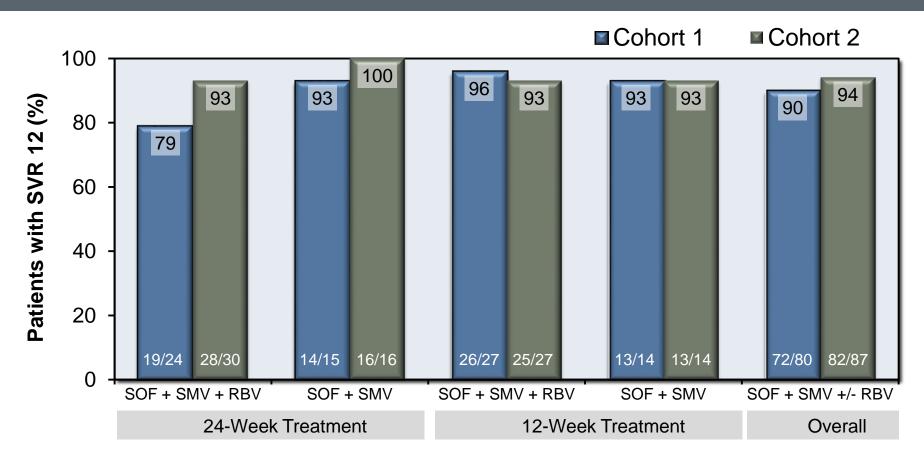
SOF = sofosbuvir; SMV = simeprevir; RBV = ribavirin

Source: Lawitz E, et al. Lancet. 2014;384;1756-65.



Simeprevir + Sofosbuvir +/- Ribavirin for HCV GT 1 COSMOS Trial: Results for Cohort 1 & 2

Cohort 1 & 2: SVR12

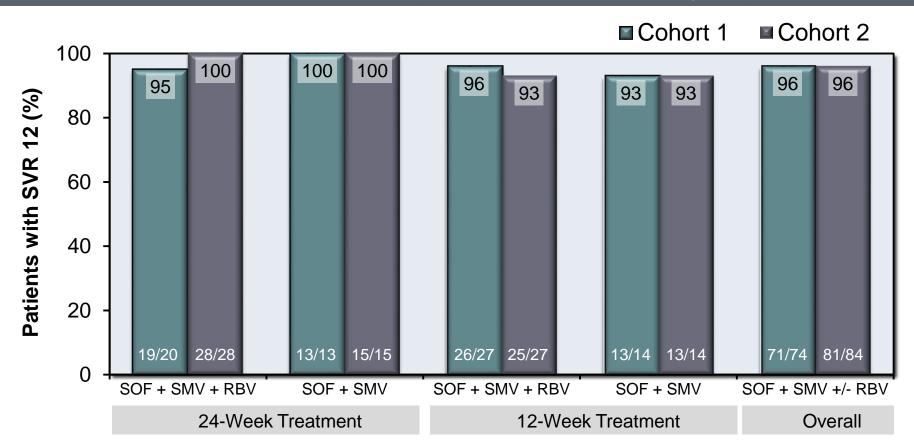




Source: Lawitz E, et al. Lancet. 2014;384;1756-65.

Simeprevir + Sofosbuvir +/- Ribavirin for HCV GT 1 COSMOS Trial: Results for Cohort 1 & 2

Cohort 1 & 2: SVR12 (Non-VR excluded analysis*)

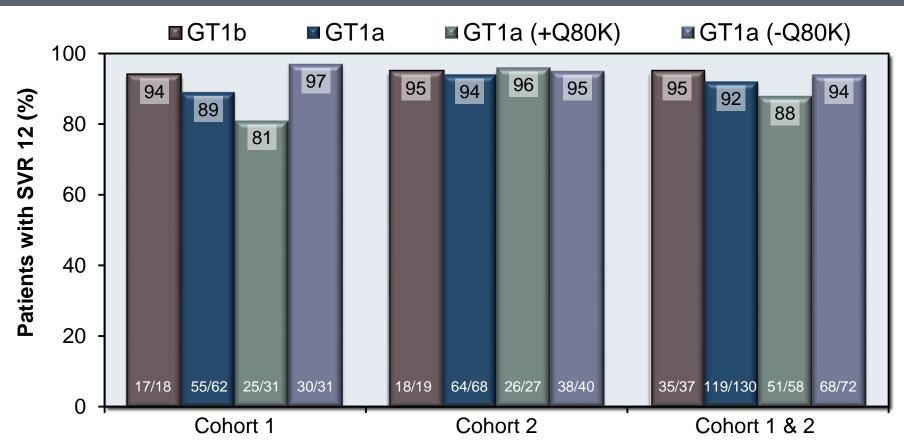


*Non-VR excluded analysis = SVR12 excludes early discontinuation due to non-virologic reasons or missing data at SVR12 time point



Simeprevir + Sofosbuvir +/- Ribavirin for HCV GT 1 COSMOS Trial: Results for Cohort 1 & 2

Impact of Q80K on SVR in Patients with GT1



*Q80K = Gln80Lys

Source: Lawitz E, et al. Lancet. 2014;384;1756-65.



Simeprevir + Sofosbuvir +/- Ribavirin for HCV GT 1 COSMOS Trial: Interpretation

Interpretation: "Combined simeprevir and sofosbuvir was efficacious and well tolerated."



Treatment Naïve and Treatment Experienced

Simeprevir + Sofosbuvir in GT1 without Cirrhosis OPTIMIST-1 Trial

Kwo P, et al. 50th EASL; 2015. Abstract LB14.



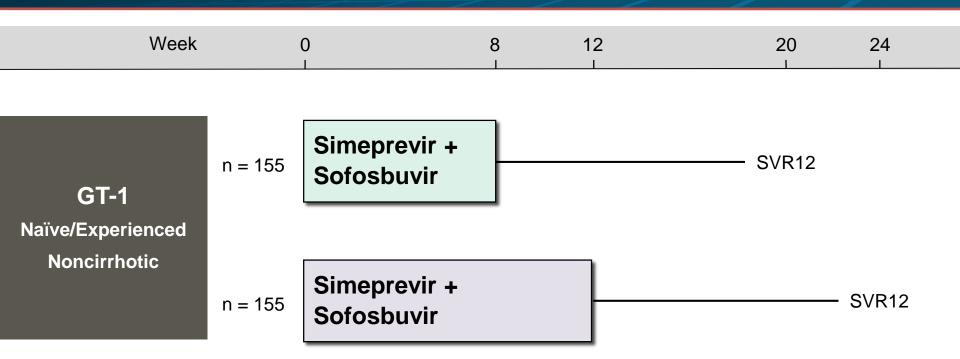
Simeprevir + Sofosbuvir for HCV GT 1 without Cirrhosis OPTIMIST-1 Trial: Study Features

OPTIMIST 1 Trial: Features

- Design: Randomized, phase 3, open-label, using sofosbuvir plus simeprevir for 8 or 12 weeks in treatment naive or experienced patients with chronic HCV genotype 1 infection without cirrhosis
- Setting: multicenter in United States and Canada
- Entry Criteria
 - Chronic HCV Genotype 1a or 1b
 - Documented lack of cirrhosis
 - Age 18-70
 - HCV RNA greater than 10,000 IU/mL
 - Treatment experienced required to have ≥1 INF-based regimen +/- RBV
- Exclusion
 - Cirrhosis, hepatic decompensation, or non-HCV-related liver disease
 - Coinfection with HBV or HIV
- End-Points: Primary = SVR12 by intent-to-treat analysis



Simeprevir + Sofosbuvir for HCV GT 1 without Cirrhosis OPTIMIST-1 Trial: Study Design



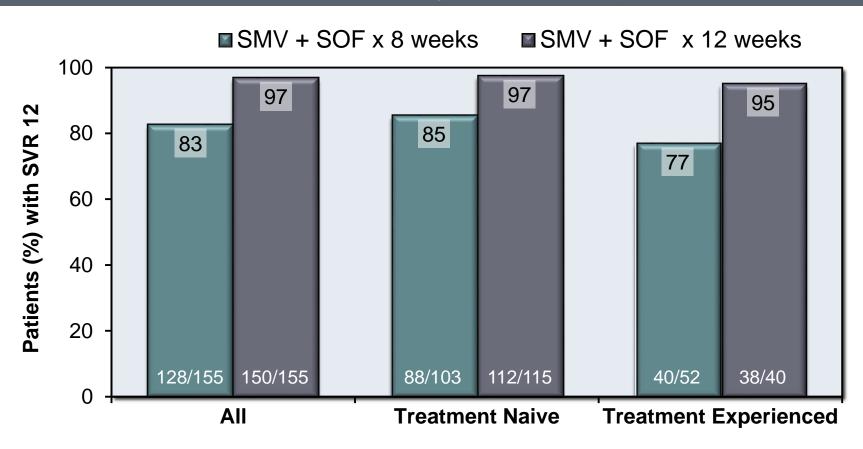
Drug Dosing

Simeprevir: 150 mg once daily Sofosbuvir: 400 mg once daily



Simeprevir + Sofosbuvir for HCV GT 1 without Cirrhosis OPTIMIST-1 Trial: Results

OPTIMIST 1: SVR12, by Treatment Experience

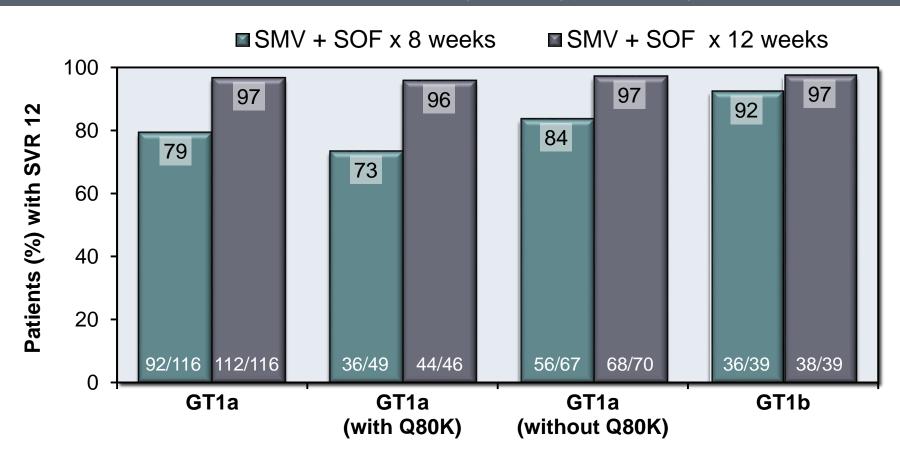


SVR12 = sustained virologic response at 12 weeks

Hepatitis web study

Simeprevir + Sofosbuvir for HCV GT 1 without Cirrhosis OPTIMIST-1 Trial: Results

OPTIMIST 1: SVR12, by Genotype 1 Subtype



SVR12 = sustained virologic response at 12 weeks



Treatment Naïve and Treatment Experienced

Simeprevir + Sofosbuvir in GT1 with Cirrhosis OPTIMIST-2 Trial

Lawitz E, et al. 50th EASL; 2015. Abstract LP04.



Simeprevir + Sofosbuvir for HCV GT 1 with Cirrhosis OPTIMIST-2 Trial: Study Features

OPTIMIST 2 Trial: Features

- Design: Randomized, phase 3, open-label, single-arm trial using sofosbuvir plus simeprevir for 12 weeks in treatment naive or experienced patients with chronic HCV genotype 1 infection and compensated cirrhosis
- Setting: multicenter in United States and Canada
- Entry Criteria
 - Chronic HCV Genotype 1 infection
 - Studies indicating cirrhosis with compensation
 - Age 18-70
 - HCV RNA greater than 10,000 IU/mL
 - Any treatment history allowed
- Exclusion
 - Hepatic decompensation, or non-HCV-related liver disease
 - Coinfection with HBV or HIV
- End-Points: Primary = SVR12 by intent-to-treat analysis



Source: Lawitz E, et al. 50th EASL; 2015. Abstract LP04.

Simeprevir + Sofosbuvir for HCV GT 1 with Cirrhosis OPTIMIST-2 Trial: Study Design



GT-1
Naïve/Experienced
Compensated Cirrhosis

n = 103 Simeprevir + Sofosbuvir —

Drug Dosing

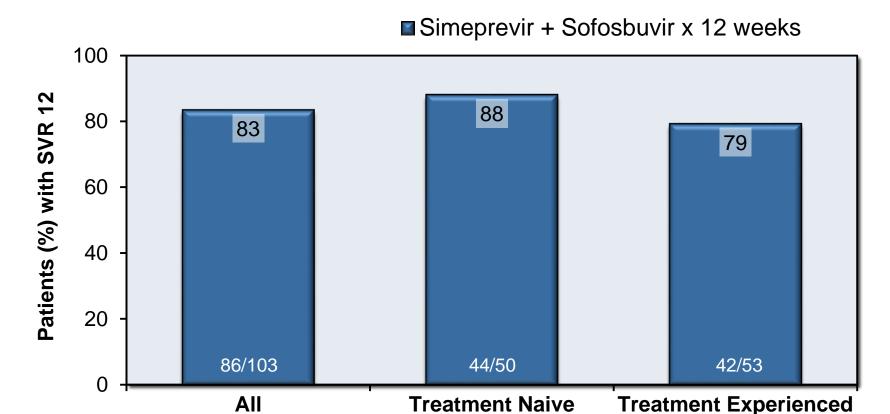
Simeprevir: 150 mg once daily Sofosbuvir: 400 mg once daily

Hepatitis web study

SVR12

Simeprevir + Sofosbuvir for HCV GT 1 with Cirrhosis OPTIMIST-2 Trial: Results

OPTIMIST 2: SVR12, by Treatment Experience



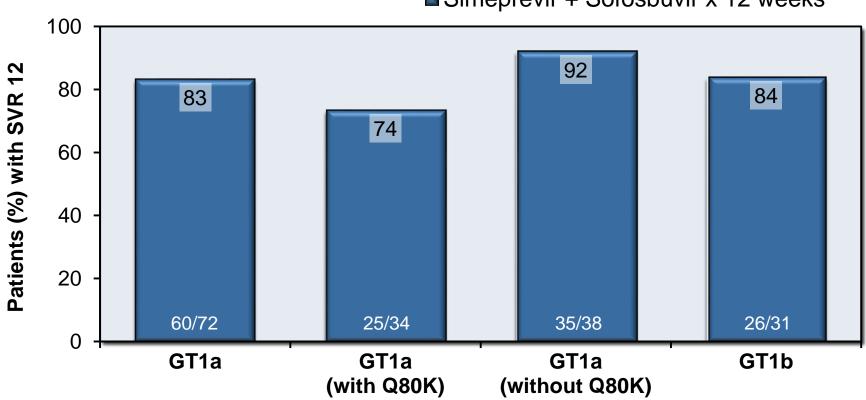
SVR12 = sustained virologic response at 12 weeks



Simeprevir + Sofosbuvir for HCV GT 1 with Cirrhosis OPTIMIST-2 Trial: Results

OPTIMIST 2: SVR12, by Genotype 1 Subtype





SVR12 = sustained virologic response at 12 weeks



Simeprevir in Patients with HCV-HIV Coinfection



Treatment Naïve and Treatment Experienced

HIV Coinfection

Simeprevir in HIV Coinfection, GT-1 C212 Trial

Dieterich D, et al. Clin Infect Dis. 2014;59:1579-87.



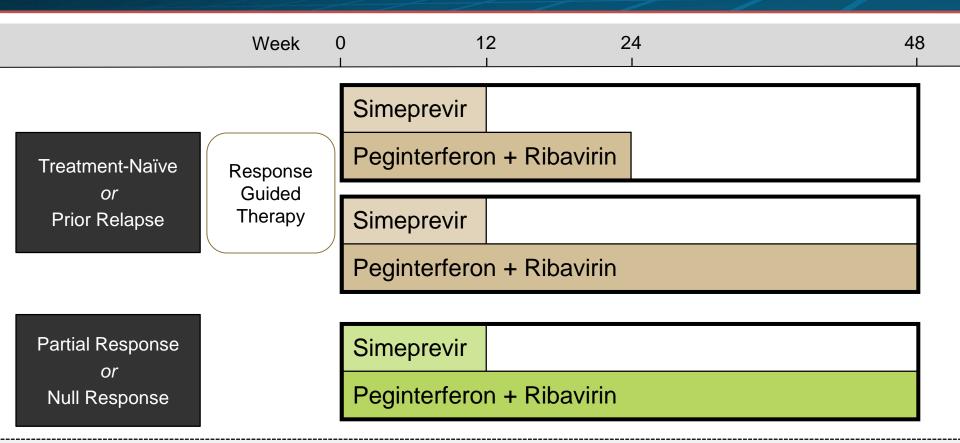
Simeprevir + PEG + Ribavirin for HCV-HIV Coinfection Study C212: Study Features

C212 Trial: Features

- Design: Open-label, phase 3, trial evaluating simeprevir + PEG + RBV in HCV-HIV and GT 1 (treatment naïve and experienced)
- Setting: 39 sites in 7 countries
- Entry Criteria
 - HIV coinfection; HCV genotype 1
 - Treatment naïve or treatment experienced
 - Group 1: HCV treatment-naïve or prior relapse
 - Group 2: Prior partial or null response or cirrhosis
 - CD4 ≥ 200 if on stable ARV therapy; CD4 ≥ 500 if no ARV therapy
 - Stable antiretroviral therapy = HIV RNA < 50 copies/ml > 8 weeks
- Patient Characteristics
 - N = 106 HCV-HIV coinfected patients
 - Race: white (82%); black (14%)
 - Baseline Median CD4 (cells/mm³): 629 cells/mm³
- Primary End-Points: Efficacy (SVR12), safety, and impact on HIV



Source: Dieterich D, et al. Clin Infect Dis. 2014;59:1579-87.



Drug Dosing

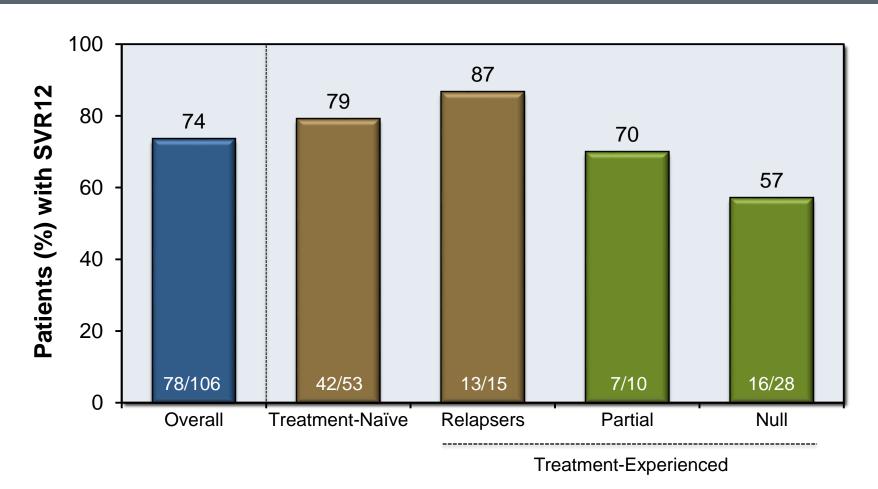
Simeprevir: 150 mg once daily

Peginterferon alfa-2a (PEG): 180 mcg/week

Ribavirin (RBV) weight-based (in 2 divided doses): 1000 mg if < 75kg or 1200 mg/day if ≥ 75kg



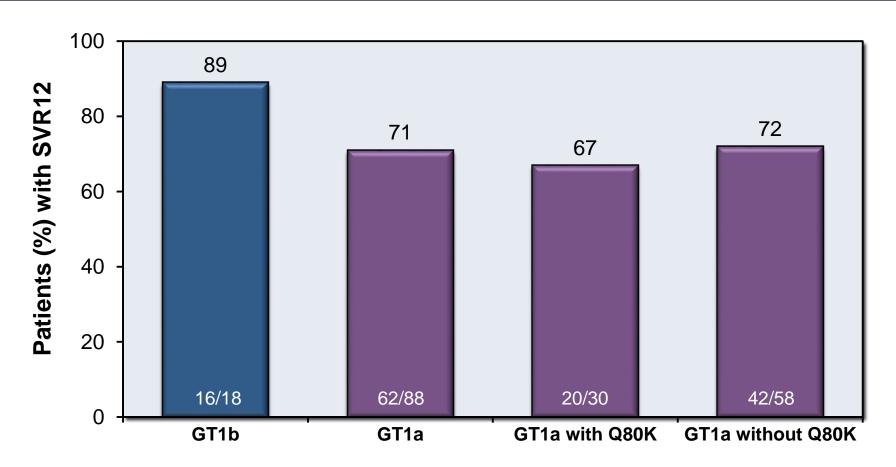
C212: SVR12 by Prior Treatment Status





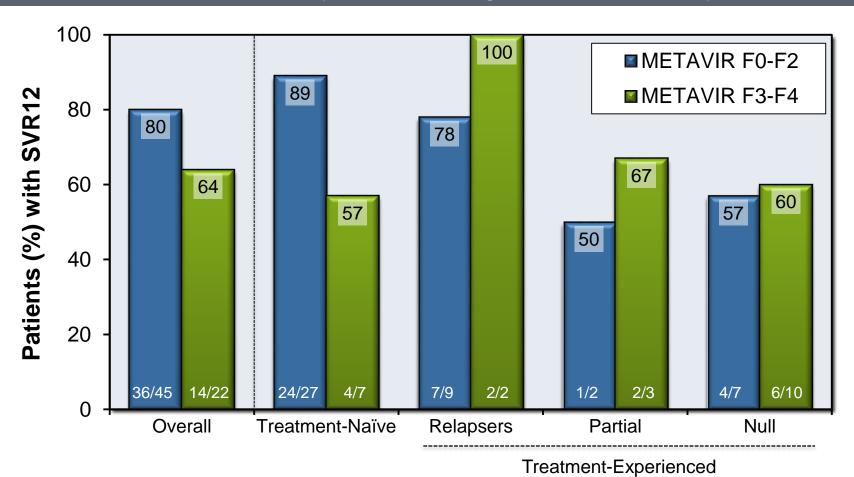
Source: Dieterich D, et al. Clin Infect Dis. 2014;59:1579-87.

C212: SVR12 by GT1 Subtype and Baseline NS3 Q80K Polymorphism



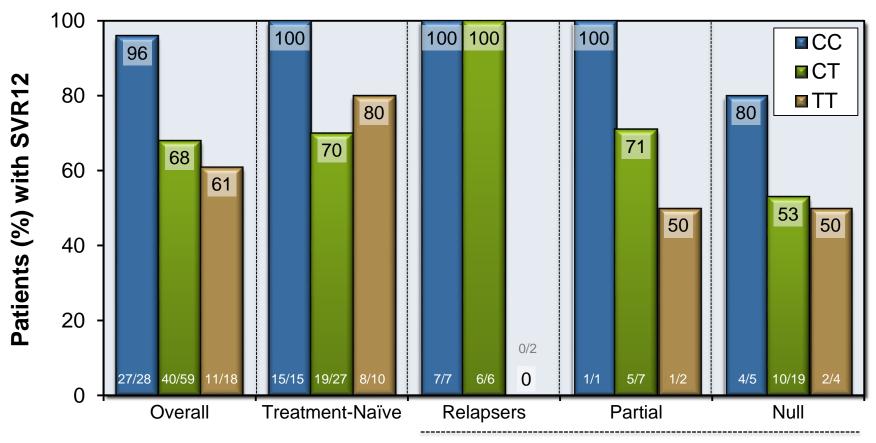


C212: SVR12 by Fibrosis Stage and Prior History



Hepatitis
web study

C212: SVR12 by IL28B Genotype



Treatment-Experienced



Source: Dieterich D, et al. Clin Infect Dis. 2014;59:1579-87.

Conclusions: "Simeprevir was generally well tolerated with safety similar to that observed in HCV-monoinfected patients and high SVR12 rates in HCV treatment-naive patients, prior relapsers, prior partial responders, and prior null responders with HIV-1 coinfection."



This slide deck is from the University of Washington's Hepatitis C Online and Hepatitis Web Study projects.

Hepatitis C Online www.hepatitisc.uw.edu

Hepatitis Web Study
http://depts.washington.edu/hepstudy/

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