



HEPATITIS WEB STUDY  HEPATITIS C ONLINE

Boceprevir (*Victrelis*)

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Last Updated: March 6, 2014

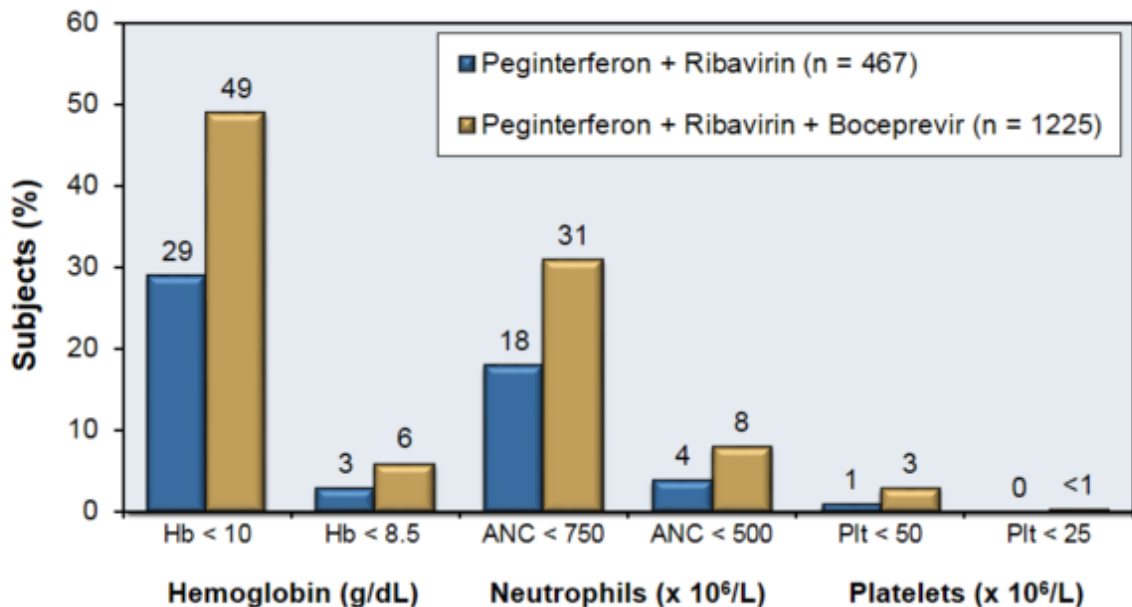
Boceprevir (*Victrelis*) Treatment Futility Rules for All Patients

Futility Rules for Treatment with Boceprevir plus Peginterferon plus Ribavirin					
HCV RNA Results*	Regimen and Duration				Total
Treatment Week	0	4	12	24	48
Week 12 HCV RNA \geq 100 IU/mL		Boceprevir	STOP		12 Weeks
		PEG + RBV			
Week 24 HCV RNA Detectable (Confirmed)		Boceprevir		STOP	24 Weeks
		PEG + RBV			

*In clinical trials, HCV-RNA in plasma was measured using a Roche COBAS® TaqMan® assay with a lower limit of quantification of 25 IU/mL and a limit of detection of 9.3 IU/mL.

BOCEPREVIR (*VICTRELIS*)
Adverse Effects

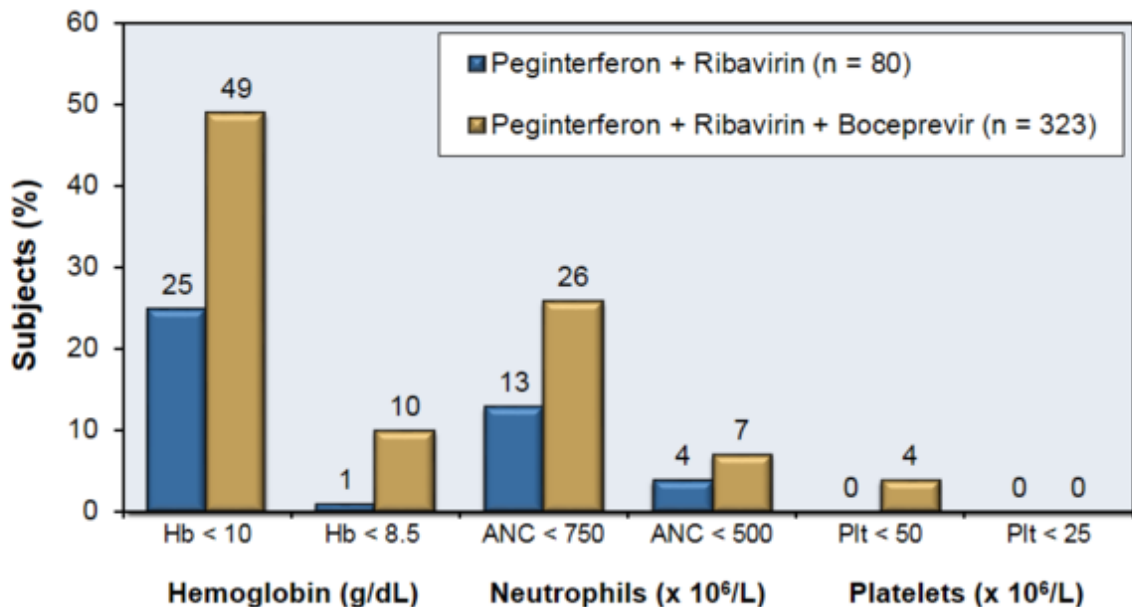
Boceprevir-Related Hematologic Adverse Effects Previously Untreated (SPRINT-1 & SPRINT-2)



ANC = absolute neutrophil count

Source: Boceprevir (*Victrelis*) Prescribing Information. Merck & Co.

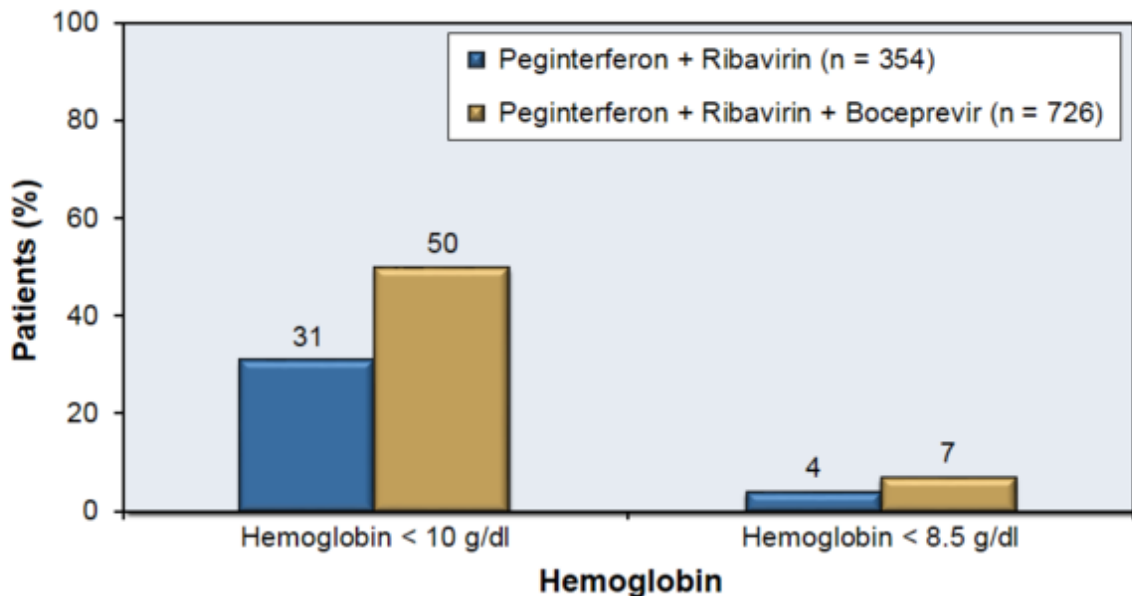
Boceprevir-Related Hematologic Adverse Effects Previously Treatment Failures (RESPOND-2)



ANC = absolute neutrophil count

Source: Boceprevir (*Victrelis*) Prescribing Information. Merck & Co.

Boceprevir-Related Hematologic Adverse Effects Previously Untreated (SPRINT-2)



ANC = absolute neutrophil count

Source: Sulkowski MS, et al. *Hepatology*. 2012;Oct 18 [Epub ahead of print].

Boceprevir

Adverse Effects in SPRINT Trial

- **Anemia**
 - Nadir Hgb 8.5-10 g/dL
 - 52-63% in Boceprevir arms
 - 34% in Peginterferon/Ribavirin Control
 - 40% of patients used Epoetin alfa
 - Use of erythropoietin associated with treatment completion
 - Average attributable decrease in Hgb of 1 g/dL

- **Dysgeusia**
 - 21-44% in all Boceprevir arms
 - 9% in Peginterferon/Ribavirin control arm

BOCEPREVIR (*VICTRELIS*)
Drug Interactions

Boceprevir Drug Interactions

- **Potential for Boceprevir to Affect Other Medications**
 - Boceprevir is strong inhibitor of CYP3A4/5 enzyme
 - Boceprevir is potential inhibitor of p-glycoprotein (P-gp)

- **Potential for Other Medications to Affect Boceprevir**
 - Boceprevir primarily metabolized by aldo-ketoreductase (AKR)
 - Boceprevir may be co-administered with aldo-ketoreductase inhibitors
 - Partially metabolized by CYP3A4/5
 - Potential for interactions with drugs that inhibit or reduce CYP3A4/5

Boceprevir

Dosage Adjustment in Special Populations

- **Hepatic Impairment**
 - No dosage adjustment of Boceprevir with hepatic impairment
- **Renal Impairment/Dialysis**
 - No dose adjustment of Boceprevir with any degree of renal impairment
- **Gender**
 - No dosage adjustment of Boceprevir based on gender
- **Race**
 - No dose adjustment of Boceprevir based on race
- **Age**
 - No dosage adjustments of Boceprevir in subjects aged 19-65

Boceprevir

Drug-Drug Interactions: Contraindicated Medications

Medications Contraindicated for use with Boceprevir		Last Revised 1/20/2014
Drug Class	Medication and Interaction	
Alpha-1 Adrenoreceptor Antagonist	Alfuzosin, doxazosin, silodosin, tamsulosin	
Anticonvulsants	Carbamazepine, phenobarbital, phenytoin	
Antimycobacterials	Rifampin	
Ergot Derivatives	Dihydroergotamine, ergonovine, ergotamine, methylergonovine	
Gastrointestinal Motility Agent	Cisapride	
Herbal Products	St John's wort (<i>Hypericum perforatum</i>)	
HMG CoA-Reductase Inhibitors	Lovastatin, simvastatin	
Neuroleptic	Pimozide	
Oral Contraceptives	Drospirenone	
PDE5 Inhibitor	Sildenafil or Tadalafil (dose levels for treatment of pulmonary hypertension)	
Sedatives/hypnotics	Triazolam; orally administered midazolam	

Source: Boceprevir (*Victrelis*) Prescribing Information. Merck & Co.

BOCEPREVIR (*VICTRELIS*)
Background and Dosing

Boceprevir (*Victrelis*)

Interactions with Antiretroviral Medications

Boceprevir and Interactions with HIV Antiretroviral Medications		
Medication	Effect	Recommendation
NNRTIs		
Efavirenz	↓ Boceprevir	Avoid combination
Etravirine	↓ Etravirine	The clinical significance of the reductions in etravirine pharmacokinetic parameters has not been directly assessed
Rilpivirine	↑ Rilpivirine	No dose adjustment of boceprevir or rilpivirine is recommended.
Integrase Inhibitors		
Raltegravir	↔ Raltegravir	No dose adjustment required for boceprevir or raltegravir.
Protease Inhibitors		
Atazanavir + Ritonavir	↓ Atazanavir ↓ Ritonavir	Coadministration of atazanavir/ritonavir and boceprevir is not recommended
Darunavir + Ritonavir	↓ Darunavir ↓ Ritonavir ↓ Boceprevir	Coadministration of darunavir/ritonavir and boceprevir is not recommended.
Lopinavir + Ritonavir	↓ Lopinavir ↓ Ritonavir ↓ Boceprevir	Coadministration of lopinavir/ritonavir and boceprevir is not recommended.

Source: Modified from Boceprevir (*Victrelis*) Prescribing Information. Merck & Co.

BOCEPREVIR (*VICTRELIS*)
Resistance

Treatment Emergent NS3 Protease Domain Mutations in Boceprevir-Treated Patients who Did Not Achieve SVR

Frequency of Resistance-Associated Variants (RAVs) Detected Based on HCV Genotype

	Subjects with HCV Genotype 1a	Subjects with HCV Genotype 1b
>10% of Boceprevir-Treated Subjects who did not Achieve SVR ^a	V36M, T54S, R155K	T54A, T54S, V55A, A156S, I/V170A
< 1-10% of Boceprevir-Treated Subjects who did not Achieve SVR ^a	V36A, T54A, V55A, V55I, V107I, R155T, A156S, A156T, V158I, D168N, I/V170T, I/V170F	V36A, V36M, T54C, T54G, V107I, R155K, A156T, A156V, V158I, I/V170T, M175L

^aData taken from SPRINT-2 and RESPOND-2 Trials

Boceprevir for Chronic HCV Infection

Resistance Among those who did not achieve SVR

- Treatment-emergent resistance-associated variants (RAVs) occurred in 53% (295) of 343 evaluable subjects from SPRINT-2 and RESPOND-2 trials who did not achieve SVR, occurring more often among black patients and poor interferon responders.

Frequency of Resistance-Associated Variants (RAVs) Detected Based on Interferon Response or Race Categories

	Subjects with samples sequenced, n	Subjects with detectable RAVs, n/N (%)
Poor Interferon Responders ^a	169	115/169 (68%)
Interferon Responders ^b	128	40/128 (31%)
Black Patients	47	30/47 (64%)
Non-Black Patients	154	81/154 (53%)

^aSubjects with $< 1\text{-log}_{10}$ decrease in HCV-RNA at treatment week 4 from baseline

^bSubjects with $\geq 1\text{-log}_{10}$ decrease in HCV-RNA at treatment week 4 from baseline

Boceprevir and Telaprevir Genotypic Resistance

Mutation	Telaprevir	Boceprevir
V36A/M	+	+
T54S/A	+	+
V55A	In vitro	+
Q80R/K	-	-
R155K/T/Q	+	+
A156S	+	+
A156T/V	+	In vitro
D168A/V/T/H	-	-
V170A/T	In vitro	+

BOCEPREVIR (*VICTRELIS*)
Treatment Data

Boceprevir: Summary of Key Studies

- Treatment-Naïve Genotype-1
 - SPRINT-1: Phase 2
 - SPRINT-2: Phase 3
- Previously Treated Genotype-1
 - RESPOND-2: Phase 3
 - PROVIDE: Phase 3

Treatment Naïve

Boceprevir with PEG + RBV in Genotype 1 SPRINT-1

Kwo PY, et al. Lancet. 2010;376:705-16.

Boceprevir for Treatment-Naïve HCV Genotype 1

SPRINT-1 Trial: Part 1

SPRINT-1: Features

- N = 520 HCV-monoinfected patients
- Randomized, open label, phase 2 trial, with Part 1 and Part 2
- All with chronic HCV genotype 1 and treatment naïve
- Eligible if 18 to 60 years of age
- Setting: 67 sites (US, Canada, and Europe)
- 90% with HCV RNA \geq 600,000 IU/ml
- Part 1 (n = 520): Randomized to one of five arms
- Part 2 (n = 75): Randomized to one of two arms based on ribavirin dose

Drug Dosing

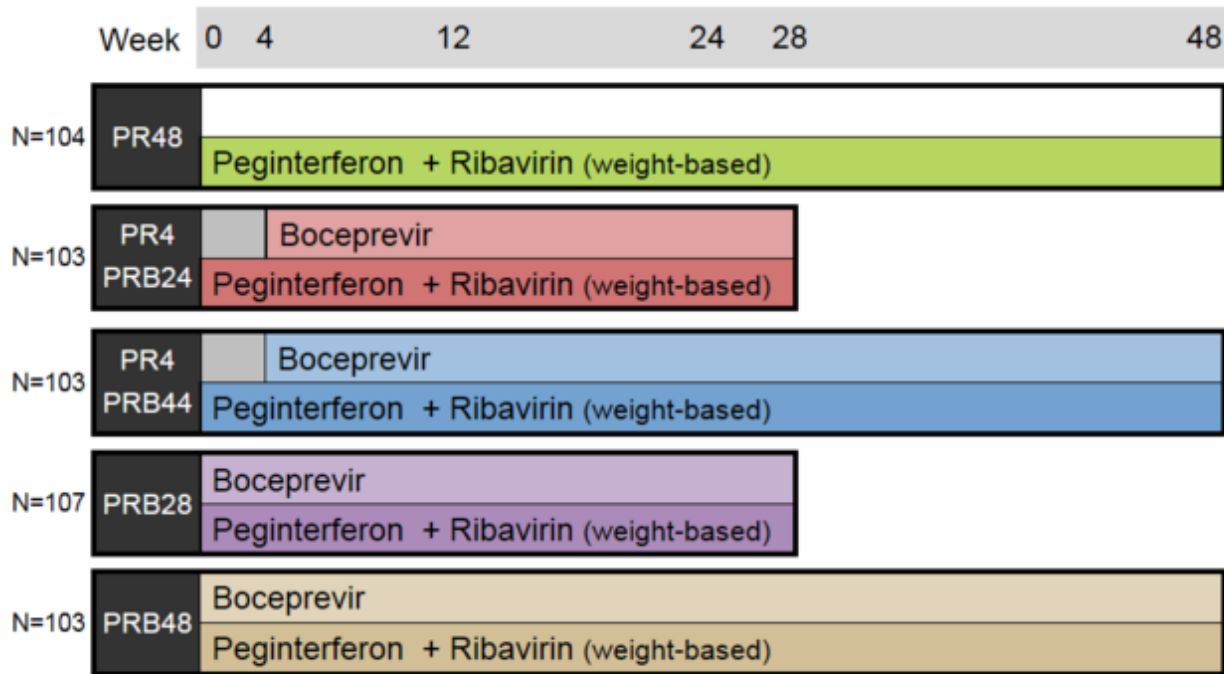
Boceprevir = 800 mg three times daily

Peginterferon alfa-2b = 1.5 μ g/kg once weekly

Ribavirin = 800-1400 mg/day (based on weight)

Ribavirin = 400-1000 mg/day (low dose)

Boceprevir for Treatment-Naïve HCV Genotype 1 SPRINT-1 Trial, Part 1: Design

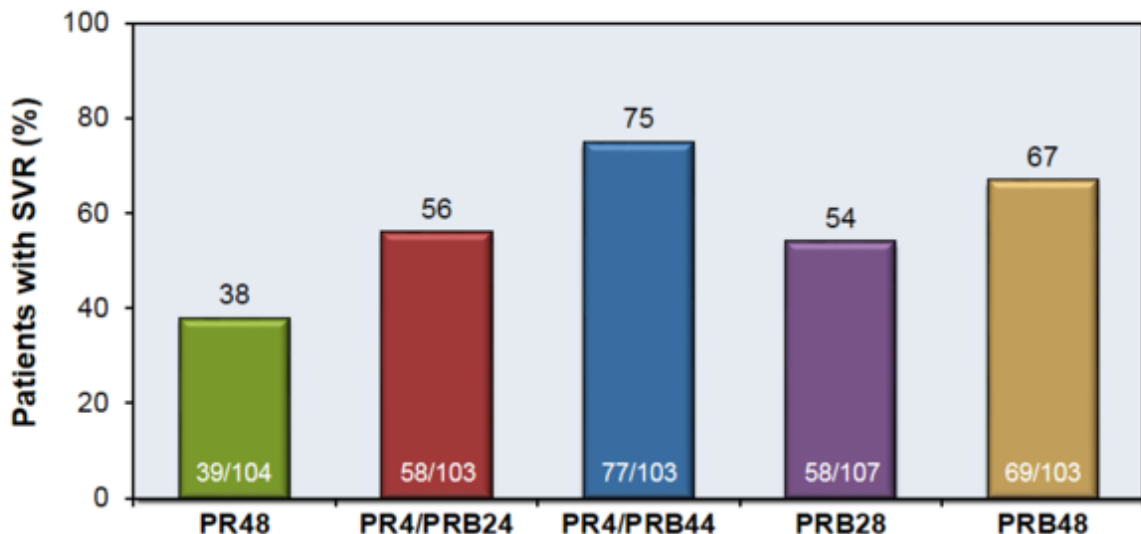


Boceprevir (*Victrelis*) Summary

- **Approval:** FDA Approved May 13, 2011
- **Indications**
 - Genotype 1 chronic HCV in combination with peginterferon-alfa and ribavirin
 - Adults (\geq 18 years of age) with compensated liver disease, including cirrhosis
 - Treatment-naïve or failed prior interferon and ribavirin therapy
- **Dosing**
 - Available in 200 mg capsules
 - 800 mg three times daily (every 7 to 9 hours) with food (meal or light snack)
 - Boceprevir given for 24-44 weeks
 - Treat with PR for 28-48 weeks based on HCV RNA results (week 8 & 24)
- **Adverse Effects**
 - Anemia, nausea, and dysgeusia

Boceprevir for Treatment-Naïve HCV Genotype 1 SPRINT-1 Trial, Part 1: Results

SPRINT-1, Part 1: SVR 24 by Regimen

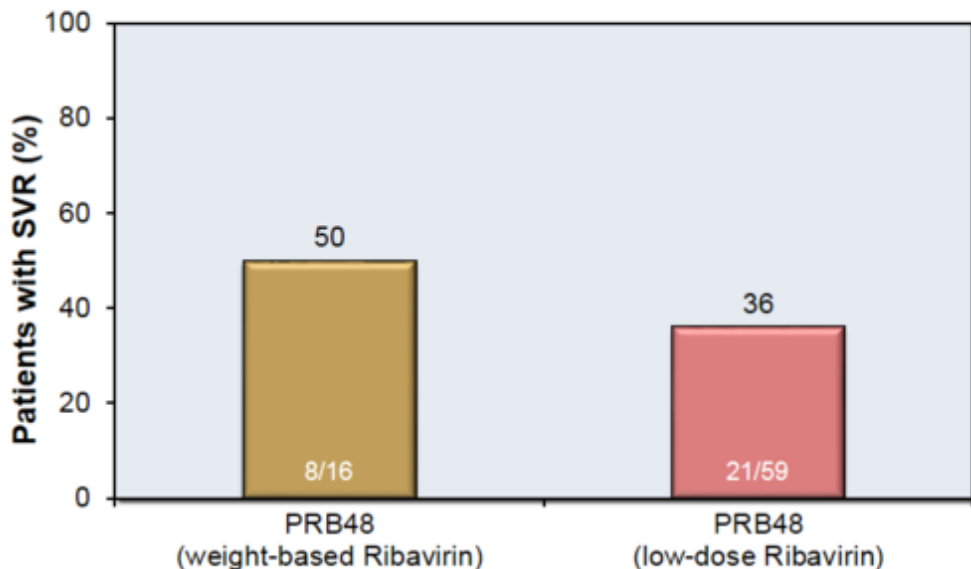


B = Boceprevir; PR = Peginterferon + Ribavirin

Source: Kwo PY, et al. *Lancet*. 2010;376:705-16.

Boceprevir and Peginterferon plus Ribavirin for Chronic HCV SPRINT-1 Trial, Part 2,: Results

SPRINT-1: SVR 24 by Ribavirin Dosing



P = Peginterferon; R = Ribavirin; B = Boceprevir

Source: Kwo PY, et al. *Lancet*. 2010;376:705-16.

Boceprevir and Peginterferon plus Ribavirin for Chronic HCV SPRINT-1 Trial: Conclusions

Interpretation: “In patients with untreated genotype 1 chronic hepatitis C infection, the addition of the direct-acting antiviral agent boceprevir to standard treatment with peginterferon and ribavirin after a 4-week lead-in seems to have the potential to double the sustained response rate compared with that recorded with standard treatment alone.”

Boceprevir in Treatment Naive SPRINT-2

Poordad F, et al. N Engl J Med. 2011;364:1195-206.

Boceprevir for Treatment-Naïve HCV Genotype 1

SPRINT-2 Trial: Study Design

SPRINT-2: Study Features

- N = 1097 HCV-monoinfected patients (159 black)
- Randomized, double-blind, placebo-controlled, phase 3 study
- All with chronic HCV and genotype 1 and treatment naïve
- Setting: multiple sites in United States and Europe
- HCV RNA \geq 10,000 IU/ml
- Mean age 50; 14.5% black
- Randomized to 3 arms (1:1:1)

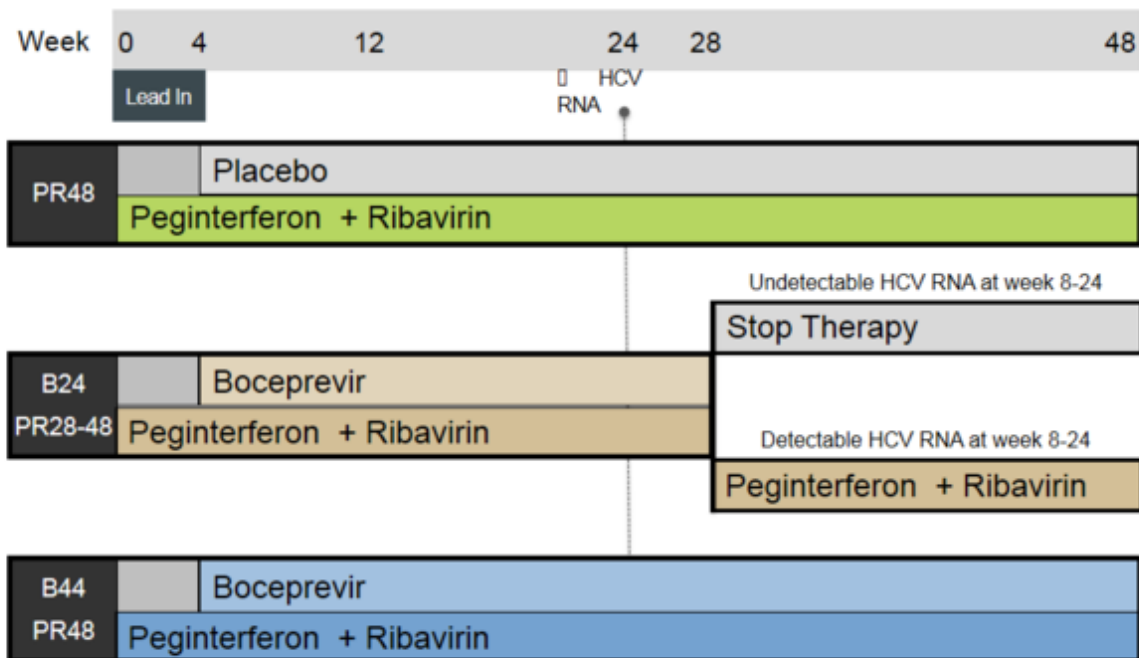
Drug Dosing

Boceprevir = 800 mg three times daily

Peginterferon alfa-2b = 1.5 μ g/kg once weekly

Ribavirin = 600-1400 mg/day (based on weight)

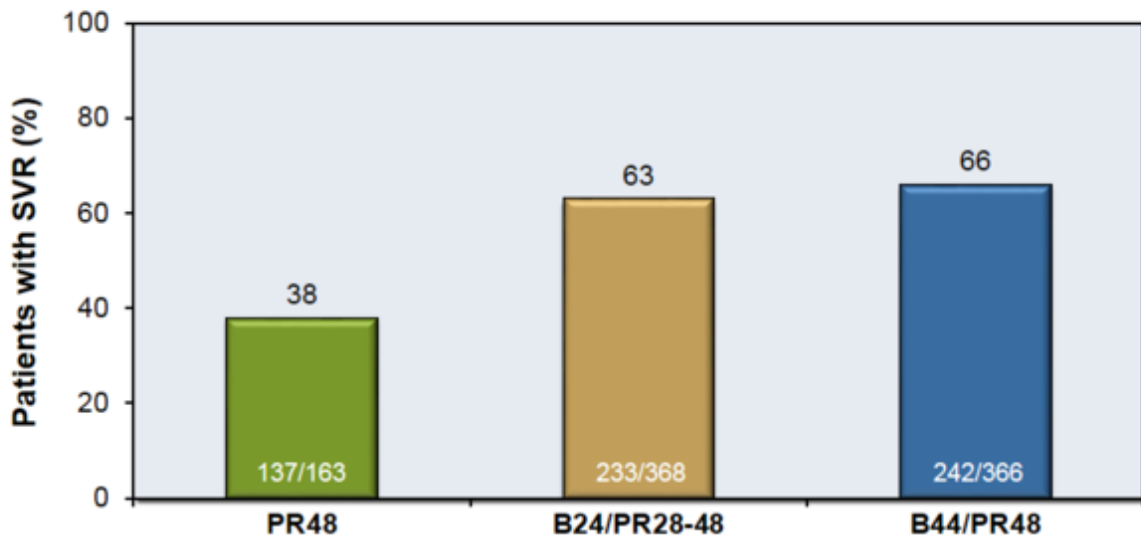
Boceprevir for Treatment-Naïve HCV Genotype 1 SPRINT-2 Trial: Treatment Regimens



Boceprevir for Treatment-Naïve HCV Genotype 1

SPRINT-2 Trial: Treatment Regimens

SPRINT-2: SVR 24 by Regimen

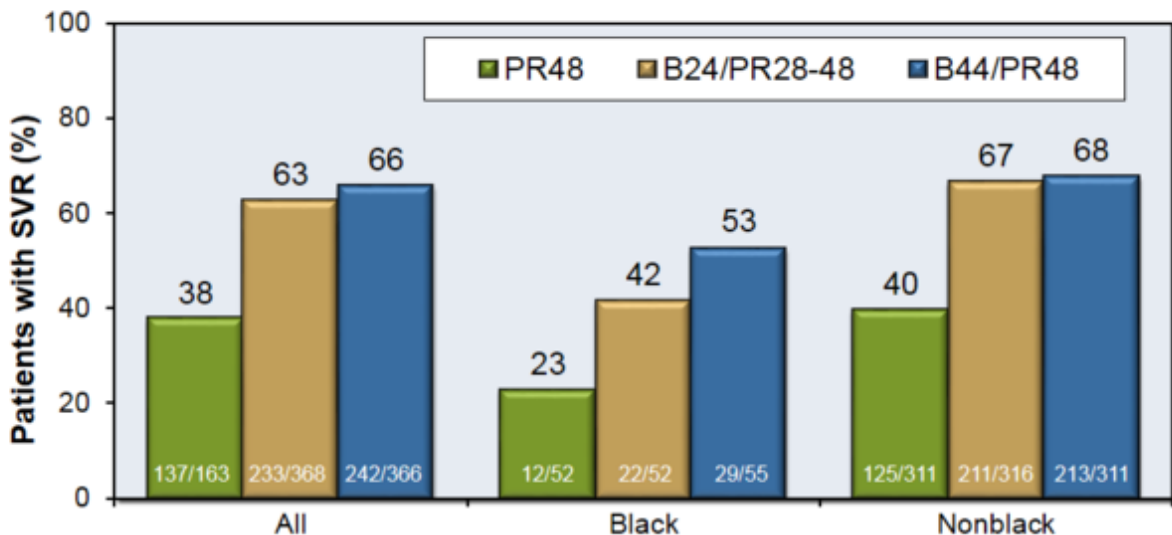


B = Boceprevir; PR = Peginterferon + Ribavirin

Boceprevir for Treatment-Naïve HCV Genotype 1

SPRINT-2 Trial: Results

SPRINT-2: SVR 24 by Regimen

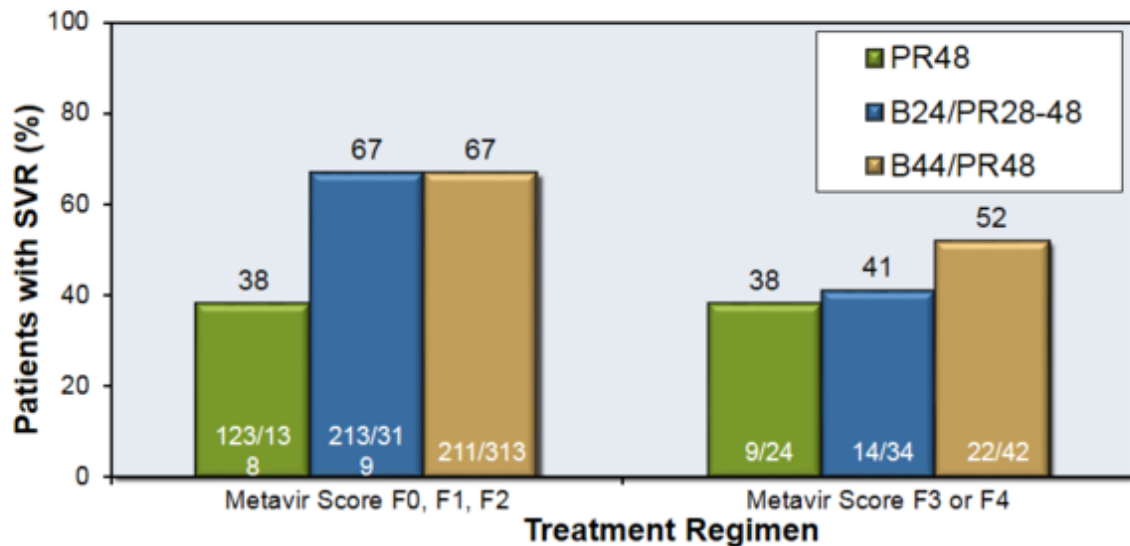


SVR = Sustained Virologic Response; B = Boceprevir; PR = Peginterferon + Ribavirin

Source: Poordad F, et al. *N Engl J Med.* 2011;364:1195-206.

Boceprevir for Treatment-Naïve HCV Genotype 1 SPRINT-2 Trial: SVR by Liver Histology

SPRINT-2: SVR 24 by Degree of Fibrosis



PR48 = Peginteron/Ribavirin x 48 weeks

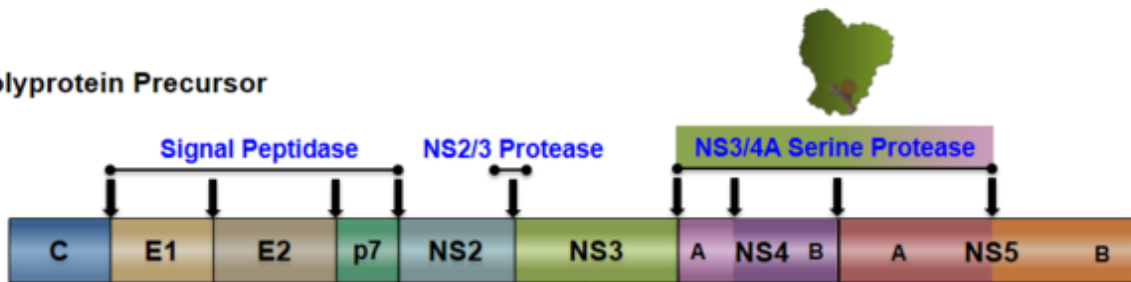
SVR = Sustained Virologic Response; B = Boceprevir; PR = Peginterferon + Ribavirin

Source: Poordad F, et al. *N Engl J Med.* 2011;364:1195-206.

HCV Protein Processing

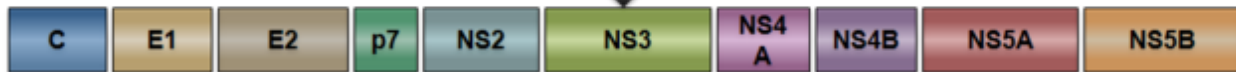
Role of Role of NS3/4A Serine Protease

Polyprotein Precursor



Protein Processing

Proteins



Boceprevir for Treatment-Naïve HCV Genotype 1 SPRINT-2 Trial: Conclusions

Conclusions: “The addition of boceprevir to standard therapy with peginterferon–ribavirin, as compared with standard therapy alone, significantly increased the rates of sustained virologic response in previously untreated adults with chronic HCV genotype 1 infection. The rates were similar with 24 weeks and 44 weeks of boceprevir.”

Boceprevir in Treatment Experienced RESPOND-2

Bacon BR, et al. N Engl J Med. 2011;364:1207-17.

Boceprevir for Retreatment of HCV Genotype 1 Infection

RESPOND-2 Trial: Study Design

RESPOND-2: Study Features

- N = 403 HCV-monoinfected, treatment-experienced patients
- Randomized, double-blind, placebo-controlled, phase 3 study
- All with chronic HCV and genotype 1
- Previously responded to treatment but did not obtain SVR
- Previous null responders excluded
- Mean Age = 53
- 88% with HCV RNA > 800,000 IU/mL
- Randomized to 3 arms (1:2:2)

Drug Dosing

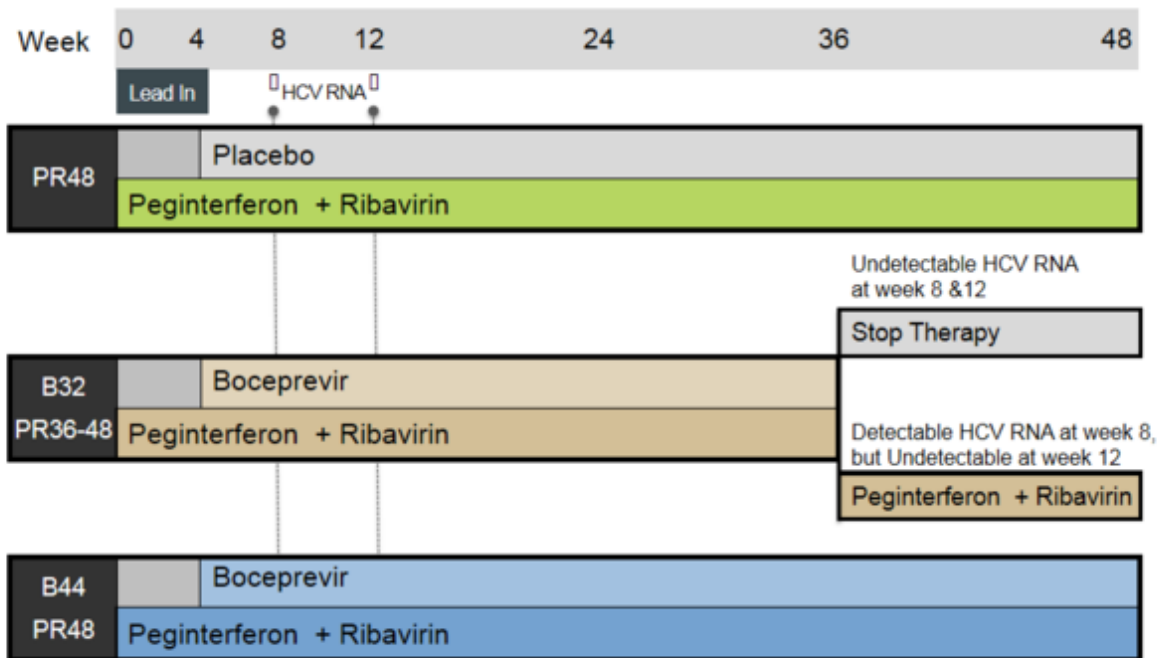
Boceprevir = 800 mg three times daily

Peginterferon alfa-2b = 1.5 µg/kg once weekly

Ribavirin = 600-1400 mg/day (based on weight)

Boceprevir for Retreatment of HCV Genotype 1 Infection

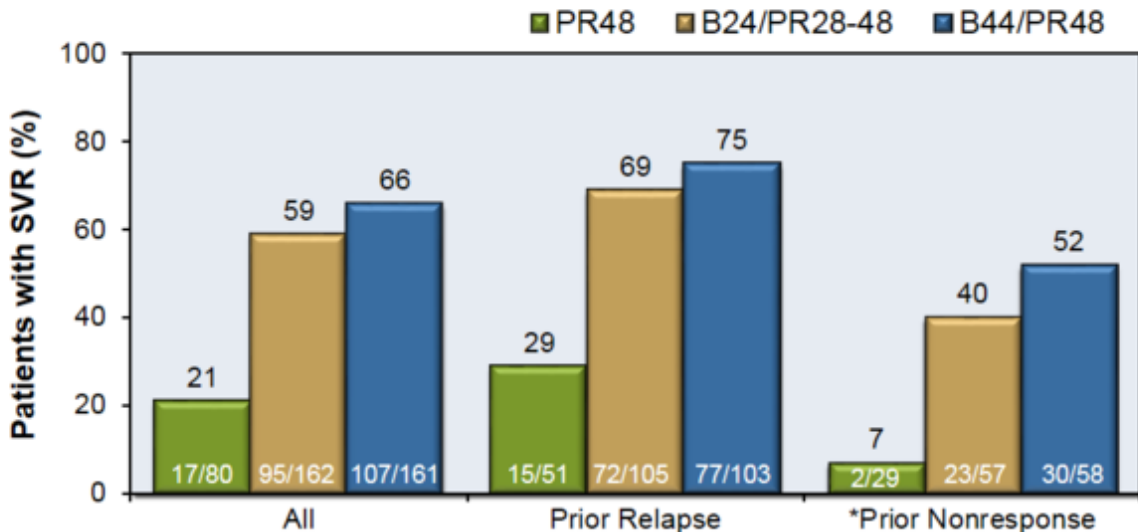
RESPOND-2 Trial: Treatment Regimens



Boceprevir for Retreatment of HCV Genotype 1 Infection

RESPOND-2 Trial: Results

RESPOND-2: SVR 24 by Prior Response and Regimen

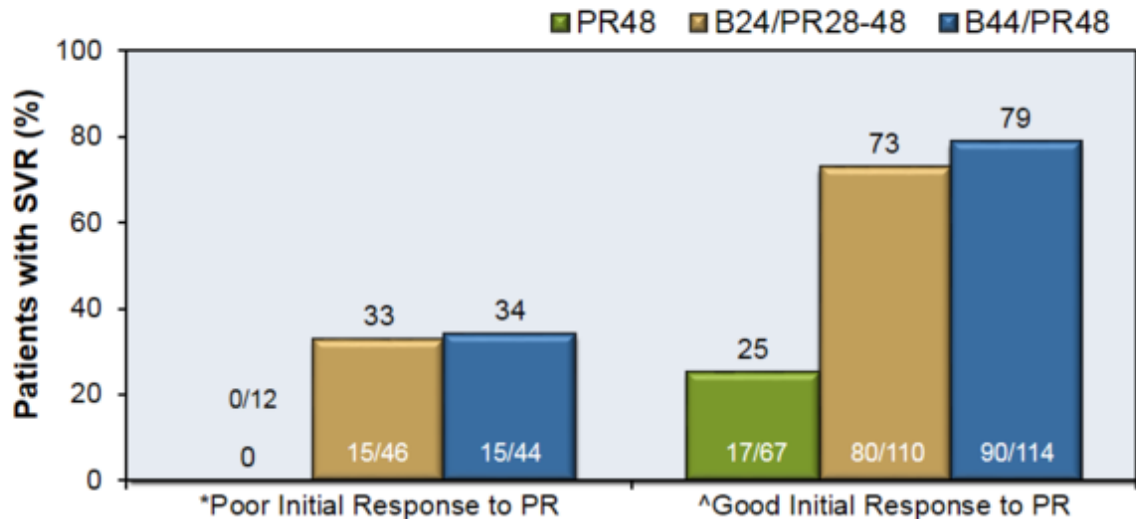


*Prior Nonresponse = decrease in HCV RNA of at least 2 logs by week 12, but detectable HCV RNA level during therapy period

SVR = Sustained Virologic Response; B = Boceprevir; PR = Peginterferon + Ribavirin

Boceprevir for Retreatment of HCV Genotype 1 Infection RESPOND-2 Trial: Results Based on Initial Week 4 Response

RESPOND-2: SVR 24, by Initial Response and Regimen



*Poor Initial Response to PR = decrease in HCV RNA level < 1 log₁₀ IU/ml after 4 week lead in

^Good Initial Response to PR = decrease in HCV RNA level ≥ 1 log₁₀ IU/ml after 4 week lead in

SVR = Sustained Virologic Response; B = Boceprevir; PR = Peginterferon + Ribavirin

Boceprevir for Retreatment of HCV Genotype 1 Infection RESPOND-2 Trial: Conclusions

Conclusions: “The addition of boceprevir to peginterferon–ribavirin resulted in significantly higher rates of sustained virologic response in previously treated patients with chronic HCV genotype 1 infection, as compared with peginterferon–ribavirin alone.”

Boceprevir for Patients with Prior Failure to PEG + RIB PROVIDE

Vierling JM, et al. J Hepatol. 2013;Dec 19 [Epub ahead of print].

Boceprevir for Patients with Prior Failure to PEG + RIB

PROVIDE Study: Features

PROVIDE: Study Features

- N = 168 HCV-monoinfected, treatment-experienced patients
- Prior treatment failure to peginterferon + ribavirin
- Single arm, phase 3, multicenter, rollover study at 80 sites
- All with chronic HCV and genotype 1
- Mean Age = 53
- Genotype: GT1a = 68%; GT1b = 38%
- Race: 84% white; 13% black
- Fibrosis: 16% with Metavir F3 or F4
- Prior Response: Null (31%), Partial (51%), Relapse (17%)
- All retreated with Boceprevir + Peginterferon alfa-2b + Ribavirin

Drug Dosing

Boceprevir = 800 mg three times daily

Peginterferon alfa-2b = 1.5 µg/kg once weekly

Ribavirin = 600-1400 mg/day (based on weight)

Boceprevir for Patients with Prior Failure to PEG + RIB

PROVIDE Study: Treatment Regimens

Week 0 4 8 12 24 36 44 48

Patients who enrolled within 2 weeks after ending/completing previous treatment with PR

B44 Boceprevir

PR44 Peginterferon + Ribavirin

Patients who enrolled ≥ 2 weeks after ending/completing their previous treatment with PR

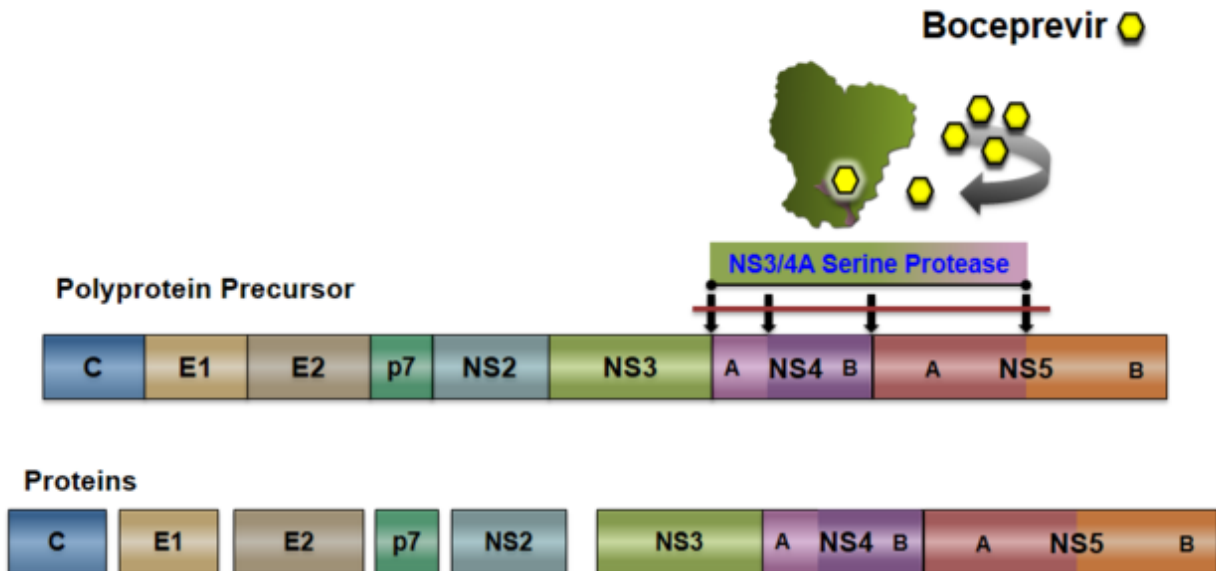
B44 Boceprevir

PR48 Peginterferon + Ribavirin

Lead In

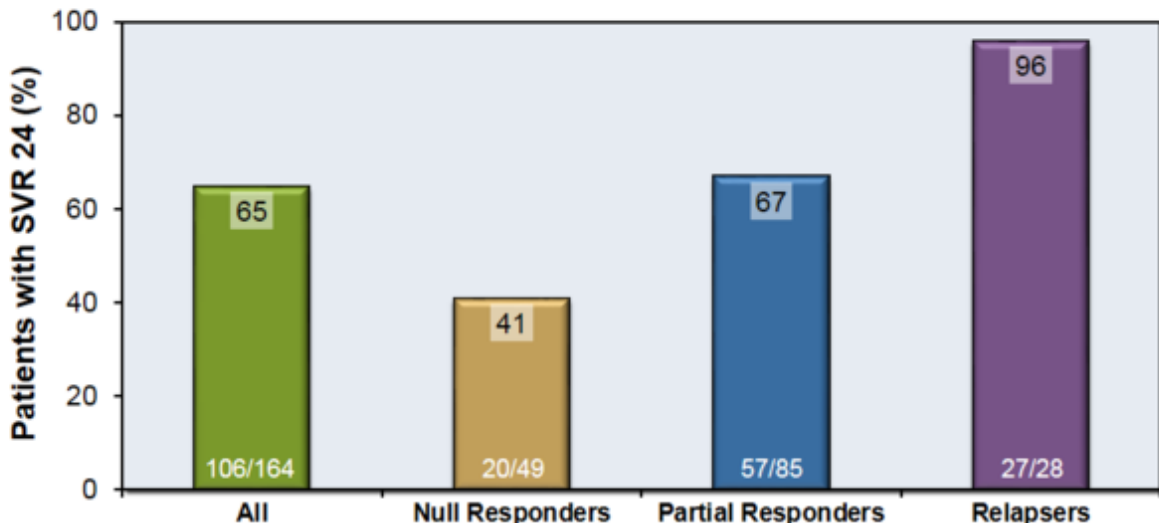
HCV Protein Processing

NS3/4A Serine Protease Inhibition



Boceprevir for Patients with Prior Failure to PEG + RIB PROVIDE Study: Results

PROVIDE: SVR 24 by Prior Response (mITT)



SVR = Sustained Virologic Response; mITT = modified intent to treat analysis

Boceprevir for Patients with Prior Failure to PEG + RIB PROVIDE Study: Conclusions

Conclusions: “Re-treatment with boceprevir with peginterferon/ribavirin (BOC/PR) improved SVR rates in all patient subgroups, including those with prior null response.”

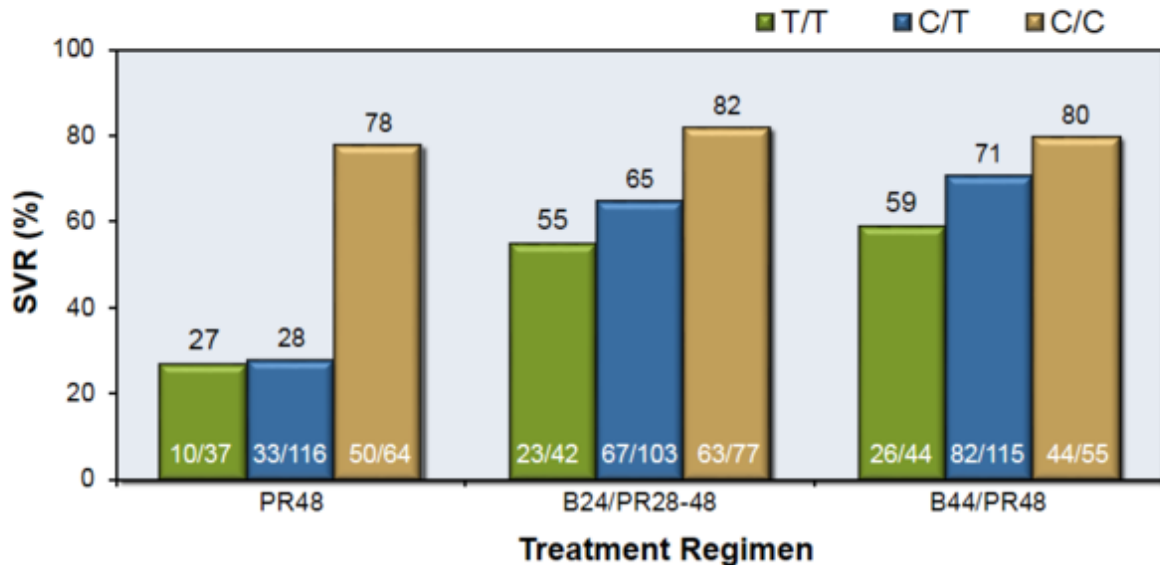
Treatment Naïve and Treatment Experienced

Factors Predicting Response to Boceprevir in GT-1 SPRINT-2 and RESPOND-2 Trials

Poordad F, et al. Gastroenterology. 2012;143:608-18.

Boceprevir for Treatment-Naïve HCV Genotype 1 SPRINT-2: SVR Rates by *IL28B* rs12979860 Genotype

SPRINT-2: SVR 24 by rs12979860 Genotype

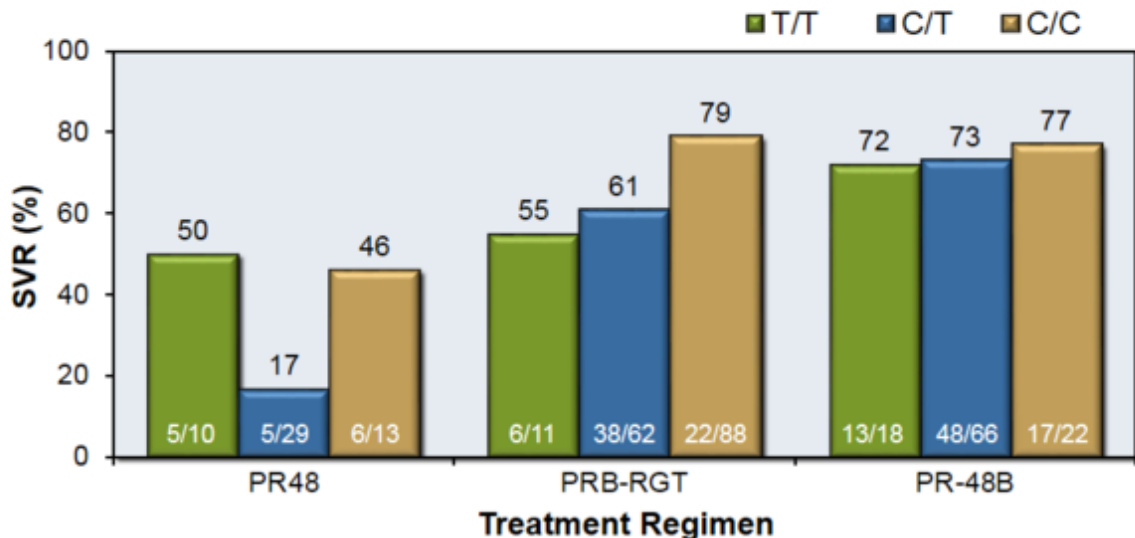


SVR = Sustained Virologic Response; RGT = Response Guided Therapy
PR = Peginterferon + Ribavirin; PRB = Peginterferon + Ribavirin + Boceprevir;

Boceprevir for Retreatment of HCV Genotype 1 Infection

RESPOND-2: SVR Rates by *IL28B* rs12979860 Genotype

RESPOND-2: SVR12 by *rs12979860* Genotype



SVR = Sustained Virologic Response; RGT = Response Guided Therapy
PR = Peginterferon + Ribavirin; PRB = Peginterferon + Ribavirin + Boceprevir;

Boceprevir for Treatment-Naïve HCV Genotype 1 SPRINT-2 Trial: Conclusions

Conclusions: “The CC polymorphism at *IL-28B* rs12979860 is associated with response to triple therapy and can identify candidates for shorter treatment durations. A $\geq 1 \log_{10}$ decrease in HCV RNA at week 4 of therapy is the strongest predictor of a SVR, regardless of polymorphisms in *IL-28B*.”

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/>

Funded by a grant from the Centers for Disease Control and Prevention.

Boceprevir

Treatment-Related HCV RNA Monitoring

- **Scheduled HCV RNA Monitoring**
 - Pretreatment
 - Weeks 4, 8, 12, 24, at end of treatment, & during treatment follow-up
- **Recommended HCV RNA Assay***
 - Use sensitive real-time reverse transcriptase PCR assay
 - Lower limit of HCV **quantification**: ≤ 25 IU/ml
 - Lower limit of HCV **detection**: approximately 9.3-15 IU/ml

*For the purposes of assessing Response Guided Therapy milestones, a confirmed "detectable but below limit of quantification" HCV-RNA result should not be considered equivalent to an "undetectable" HCV-RNA result.

Boceprevir for Genotype 1 HCV

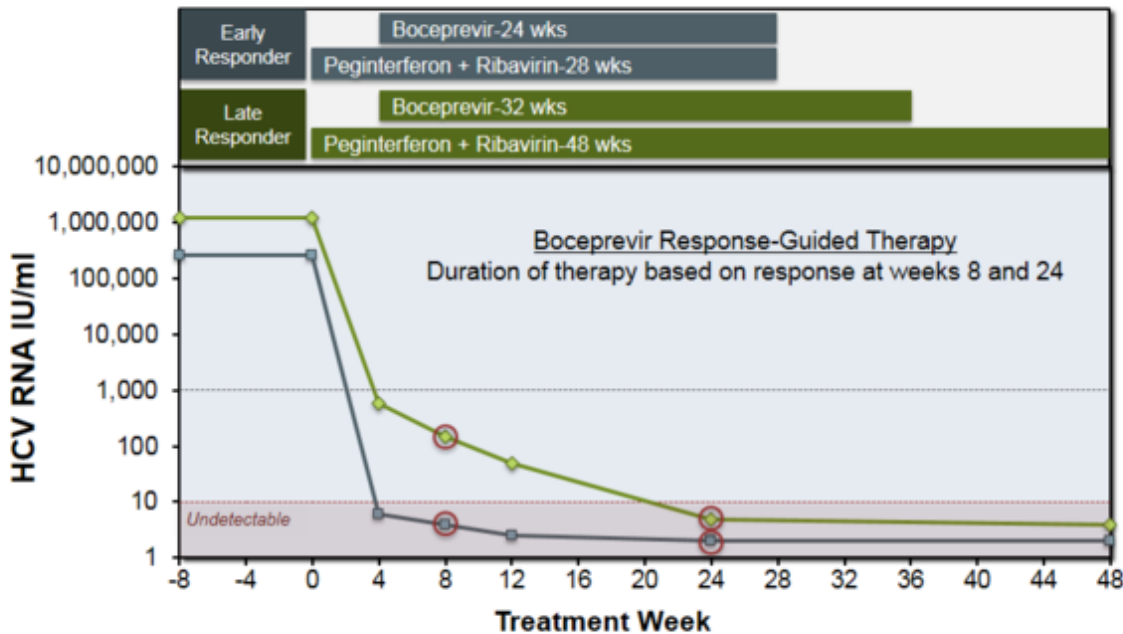
Duration of Therapy

	HCV-RNA Results		Regimen and Duration				
	At Treatment Week 8	At Treatment Week 24	At Treatment Week				
			0	4	28	36	48
Previously Untreated	Early Responder		Boceprevir-24				
	Not detected	Not detected	PEG + Ribavirin-28				
	Late Responder		Boceprevir-32				
	Detected	Not detected	PEG + Ribavirin-48				
Previous Partial Responders or Relapsers	Early Responder		Boceprevir-32				
	Not detected	Not detected	PEG + Ribavirin-36				
	Late Responder		Boceprevir-32				
	Detected	Not detected	PEG + Ribavirin-48				
*Previous Null Responder	Detected or Not detected	Not detected	Boceprevir-44				
			PEG + Ribavirin-48				

*Patients with compensated cirrhosis have same treatment schedule as Previous Null Responder

Boceprevir Response-Guided Therapy Previously Untreated Patients

Boceprevir: Response Guided Therapy (RGT) for Previously Untreated Patients



Boceprevir Response-Guided Therapy Previous Partial Responders or Relapsers

Boceprevir: Response Guided Therapy (RGT) for Previous Partial Responders or Relapsers

