Triple Therapy – The New Standard of Care for Treatment of Chronic Hepatitis C

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What is Triple Therapy?

Two new drugs to treat hepatitis C, boceprevir and telaprevir, have recently been approved by FDA and promise to improve the chance for a patient with HCV genotype 1 infection to be cured. **Neither boceprevir nor telaprevir can ever be taken as monotherapy, these drugs must be administered with peginterferon and ribavirin.** Triple therapy (taken for 24 to 48 weeks depending upon response of HCV RNA to the treatment regimen) is the combination of:

- Peginterferon, plus
- Ribavirin, plus
- Either Boceprevir (Victrelis) or Telaprevir (Incivek)

Will I respond to this treatment?

Triple therapy is currently only recommended for patients infected with HCV genotype 1. The best candidates for treatment are:

1. Patients who have not had any prior treatment for HCV (Naïve)
2. Patients who were HCV RNA negative on a prior course of peginterferon/ribavirin but then relapsed after peginterferon/ribavirin was discontinued (Relapse)
3. Patients who had at least 100-fold decrease in HCV RNA after 12 weeks of a prior course of peginterferon/ribavirin (Partial Responder)

Patients who are less likely to respond to triple therapy:

1. Patients who did not have at least a 10-fold decrease after 4 weeks or 100-fold decrease after 12 weeks of a prior course of peginterferon/ribavirin (Null Responder)
2. Patients with Cirrhosis
3. African Americans (compared to other racial groups)
What are my chances for cure of my hepatitis C if I take triple therapy?

1. Naïve 75%
2. Relapser 80 to 90%
3. Partial Responder 50 to 60%
4. Null Responder 30%

Rates of cure are lower in patients with cirrhosis or African American race.

What are the Side Effects of Triple Therapy?

Peginterferon side effects include flu-like symptoms, mood disorder, depression, and risk for infection. Ribavirin side effects include anemia, rash, and worsening of peginterferon side effects. Other rare reactions can include pulmonary, renal, cardiac, neurologic illnesses and exacerbation of underlying conditions such as autoimmune disease, thyroid disease, arthritic conditions and dermatologic conditions. Boceprevir is associated with anemia and foul taste in mouth. Telaprevir is associated with rash and anemia. Patients who were intolerant of a prior course of peginterferon and ribavirin may not be able to tolerate the side effects of triple therapy.

How much is the cost of Triple Therapy?

This remains to be determined – in France out of pocket expense for a person self-paying for either boceprevir or telaprevir was reported at approximately $30,000. Each person who considers this treatment will need to discuss treatment costs and co-pays with administrators within their insurance plan.

Are there any other options or emerging treatments?

Research related to new treatments for HCV is dramatically expanding. Multi-drug regimens of new direct-acting antivirals, new interferons, and interferon-free treatments are all currently under investigation in clinical trials. Patients interested in clinical trials may contact study coordinators via the University of Colorado Hospital website. However, criteria for entry into clinical trials are rigid and only patients meeting study criteria can be treated via these trials. We encourage interested patients to discuss treatment options with their primary physician – records related to testing and treatment of HCV will be required for entry into trials.

Contact Us:

Hepatitis C Hotline: 720-848-3219
To make an appointment: 720-848-2280
For Research Studies: 303-724-1861