

Is triple therapy safe for everyone with HCV?

The safety and effectiveness of boceprevir and telaprevir have not been tested in or are not recommended for patients who:

- Are also infected with HIV
- Have had a liver transplant
- Are younger than 18
- Have advanced liver failure



Ouestions To Discuss With Your Provider

- What strain of HCV (genotype) do I have?
- What is my stage of liver disease?
- Is treatment for HCV right for me? If so, which treatment is best for me?
- What is my chance of being cured?
- What are the risks and the side effects?
- What will treatment involve—pills, shots?
- How often will I need to come into the clinic?
- How often will I need to have lab tests done?
- Will I need to change other medicines that I take?
- Once I start treatment, who can I call with questions or concerns?

For more Hepatits C information, look online at: http://www.hepatitis.va.gov

Department of Veterans Affairs

Veterans Health Administration Office of Public Health Clinical Public Health (10P3B) 810 Vermont Avenue NW Washington DC 20420

Treatment is a joint decision between you and your healthcare provider. A thorough evaluation is necessary to determine what treatment is best for you.



New Therapies For Hepatitis C

FDA Approved...











is called **triple therapy**.

Drug Treatments

They are:

Two new drugs were approved by the U.S. FDA in May 2011 for treatment of

Boceprevir (brand name = Victrelis™)

HCV protease inhibitors. Each must be used

with other standard medications used to treat

(often called PEG/riba). These new drugs can't

be used alone. Whether these new drugs are a

good choice for you depends on several issues.

This brochure will help you discuss options

These new drugs directly attack HCV to keep it from growing. They can't get rid of the virus

increase the chances of curing HCV. Using

by themselves, but together with PEG/riba they

PEG/riba plus one (not both) of the new drugs

How Do These New Drugs Work?

with your healthcare provider.

HCV — pegylated interferon and ribavirin

Telaprevir (brand name = Incivek™)

Both are in a new drug group called

chronic Hepatitis C virus infection (HCV).











Frequently Asked Questions

Will Triple Therapy Work For Anyone With Hepatitis C?

Triple therapy is used only in patients with a strain of HCV called genotype 1, the most common strain in the U.S. It gives the best chance of cure to patients who:

- Have never been treated; or
- Have been treated with PEG/riba and responded at first but then relapsed (HCV came back) after treatment; or
- Have been treated but didn't respond completely

Triple therapy does not work as well in patients who were treated before and did not respond at all.

Does triple therapy work with HCV that isn't genotype 1?

Triple therapy hasn't been studied in patients with other genotypes and should only be used in patients with genotype 1. Patients



with genotypes 2, 3, or 4 can still be treated with PEG/riba, which gives high cure rates in patients with genotype 2 or 3 HCV.

How do I take these new drugs?

Triple therapy requires a weekly injection of pegylated interferon under the skin, plus ribavirin pills twice a day, plus pills for one of the protease inhibitors every 8 hours. The new drugs must be taken with food.

Boceprevir must be taken with a light snack. Telaprevir must be taken with a high-fat food like ice cream, whole milk, or peanut butter.

How long does treatment with these new drugs last?

Treatment for genotype 1 with PEG/riba alone takes 48 weeks or more. Triple therapy can shorten that for some patients. How long treatment lasts depends on:

- How you responded to any previous treatment
- Whether you have cirrhosis
- How you respond to triple therapy

Your healthcare provider will follow you closely with examinations and blood tests to determine how long you will continue treatment.

Will taking triple therapy affect my other medications?

Both boceprevir and telaprevir may react



with other medications, which can cause serious problems. Tell your provider about all the medications you take—whether they're prescribed for you, over-the-counter drugs, or herbs or supplements. Your provider will let you know if you have to change how you take any of your other medications while you are on triple therapy.

What are the most common side effects of triple therapy?

PEG: flu-like symptoms, anemia, low white blood cell or platelet counts, depression, irritability, anxiety, fatigue

Ribavirin: anemia, can cause birth defects, headache, rash, hair thinning, GI upset or nausea

Boceprevir: anemia, taste changes, headache, fatigue

Telaprevir: rash (can be severe), anemia, taste changes, anal itching or hemorrhoids

Tell your provider about any side effects you have. They may be able to treat them by giving other medicines, lowering the ribavirin or peg dose, or stopping the protease inhibitor drug.



Drug Resistance

Take all triple therapy medicines as prescribed, especially protease inhibitors. Taking these new drugs without PEG/riba, missing doses or not taking the right amount of a drug may make HCV resistant to triple therapy. This could keep you from getting cured. It also could make HCV resistant to other new drugs that are being developed so that they won't work for you either. Before you stop taking these medications, contact your provider.

Birth Defects

Ribavirin can cause birth defects and must **NOT** be taken by pregnant women or male partners of pregnant women. Extreme care must be taken to avoid pregnancy during therapy and for 6 months after completion of therapy in both female patients and in female partners of male patients who are taking ribavirin.

The new HCV drugs (boceprevir and telaprevir) stop hormonal birth control from working, including:

- Birth control pills
- Vaginal rings
- Uterine implants
- Depo-Provera injections

Patients need to use two different non-hormonal birth control methods: a barrier method (condoms or diaphragms) plus spermicidal jelly. While on triple therapy and during the 6 month post treatment follow-up period.