

Hepatitis C: Update Bulletin [February 2016]

<https://marketpublishers.com/r/H996B210958EN.html>

Date: January 2016

Pages: 0

Price: US\$ 995.00 (Single User License)

ID: H996B210958EN

Abstracts

Gain new KOL insights on the latest events that have the potential to shape the hepatitis C virus (HCV) treatment landscape. Topics covered include KOL insights on how Merck & Co.'s Zepatier (elbasvir and grazoprevir) is likely to be used as a treatment for HCV, and if the additional testing requirements could slow down adoption; what KOLs think of AbbVie's Viekira Pak (ombitasvir, paritaprevir and ritonavir tablets co-packaged with a dasabuvir tablet) now being approved without the need for ribavirin; reaction to data from the ASTRAL trial for Gilead's sofosbuvir with velpatasvir, and if the data could provide Gilead with an edge in the GT3 HCV treatment space; thoughts on the potential impact of adding GS9857 to Gilead's sofosbuvir and velpatasvir, and if a short treatment regimen is attractive to KOLs.

Key Questions Answered in this Update Bulletin:

How do KOLs expect Merck & Co.'s Zepatier (elbasvir and grazoprevir) to be received in the marketplace, and does being indicated in renally impaired patients give it an edge?

Are KOLs at all concerned about the additional testing recommendations associated with using Zepatier in certain patient populations, and could Zepatier be used 'off-label' in GT3 patients in the US?

Do KOLs have any concerns about AbbVie's Viekira Pak (ombitasvir, paritaprevir and ritonavir tablets co-packaged with a dasabuvir tablet) now being approved for use without the need for ribavirin, and will this impact usage?

Are KOLs at all concerned about the safety signals observed in the TURQUOISE trial for Viekira Pak, and do KOLs anticipate this revised treatment regimen having a long-standing impact on the hepatitis C market?

How do KOLs perceive the data from Gilead's ASTRAL clinical trial programme, and do they have any reservations about using sofosbuvir with velpatasvir, particularly in GT3 HCV patients?

What impact do KOLs believe the addition of GS9857 to sofosbuvir and velpatasvir will have on its use in the HCV treatment paradigm, and will the appeal of a shorter treatment duration of eight weeks give the therapy combination a significant edge in the marketplace?

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