



Hepatitis C Treatment Options

Mavyret® is the preferred Hepatitis C product. Documentation of reason or contraindication must be provided when requesting other products.

Table 1. Epclusa® Treatment Recommendations and Approval Length

Treatment Naive					
Genotype	No Cirrhosis	Compensated Cirrhosis (Child-Pugh A)	Decompensated Cirrhosis (Child-Pugh B or C)	Post Liver Transplant (No cirrhosis or compensated cirrhosis)	Post Liver Transplant (Decompensated)
1a	EPC x 12 weeks	EPC x 12 weeks	RBV ineligible: EPC x 24 weeks	EPC x 12 weeks	EPC/RBV x 12 weeks
			RBV eligible: EPC/RBV x 12 weeks		
1b	EPC x 12 weeks	EPC x 12 weeks	RBV ineligible: EPC x 24 weeks	EPC x 12 weeks	EPC/RBV x 12 weeks
			RBV eligible: EPC/RBV x 12 weeks		
2	EPC x 12 weeks	EPC x 12 weeks	RBV ineligible: EPC x 24 weeks	EPC x 12 weeks	EPC/RBV x 12 weeks
			RBV eligible: EPC/RBV x 12 weeks		
3	EPC x 12 weeks	(-) NS5RA RAS Y93H for VEL: EPC x 12 weeks	RBV ineligible: EPC x 24 weeks	EPC x 12 weeks	EPC/RBV x 12 weeks
		(+) NS5RA RAS Y93H for VEL: EPC/RBV x 12 weeks	RBV eligible: EPC/RBV x 12 weeks		
4	EPC x 12 weeks	EPC x 12 weeks	RBV ineligible: EPC x 24 weeks	EPC x 12 weeks	EPC/RBV x 12 weeks
			RBV eligible: EPC/RBV x 12 weeks		
5	EPC x 12 weeks	EPC x 12 weeks	RBV ineligible: EPC x 24 weeks	EPC x 12 weeks	EPC/RBV x 12 weeks
			RBV eligible: EPC/RBV x 12 weeks		



Hepatitis C Treatment Options

6	EPC x 12 weeks	EPC x 12 weeks	RBV ineligible: EPC x 24 weeks	EPC x 12 weeks	EPC/RBV x 12 weeks
			RBV eligible: EPC/RBV x 12 weeks		
Treatment Experienced					
Genotype	No Cirrhosis	Compensated Cirrhosis (Child-Pugh A)	Decompensated Cirrhosis (Child-Pugh B or C)	Post Liver Transplant (No cirrhosis or compensated cirrhosis)	Post Liver Transplant (Decompensated)
1a	EPC x 12 weeks ^a	EPC x 12 weeks ^a	EPC/RBV x 12 weeks ^a EPC/RBV x 24 weeks ^b	EPC x 12 weeks	EPC/RBV x 24 weeks
1b	EPC x 12 weeks ^a	EPC x 12 weeks ^a	EPC/RBV x 12 weeks ^a EPC/RBV x 24 weeks ^b	EPC x 12 weeks	EPC/RBV x 24 weeks
2	EPC x 12 weeks ^a	EPC x 12 weeks ^a	EPC/RBV x 12 weeks ^a EPC/RBV x 24 weeks ^b	EPC x 12 weeks	EPC/RBV x 24 weeks
3	EPC x 12 weeks ^a	EPC x 12 weeks ^a	EPC/RBV x 12 weeks ^a EPC/RBV x 24 weeks ^b	EPC x 12 weeks	EPC/RBV x 24 weeks
4	EPC x 12 weeks ^a	EPC x 12 weeks ^a	EPC/RBV x 12 weeks ^a EPC/RBV x 24 weeks ^b	EPC x 12 weeks	EPC/RBV x 24 weeks
5	EPC x 12 weeks ^a	EPC x 12 weeks ^a	EPC/RBV x 12 weeks ^a EPC/RBV x 24 weeks ^b	EPC x 12 weeks	EPC/RBV x 24 weeks
6	EPC x 12 weeks ^a	EPC x 12 weeks ^a	EPC/RBV x 12 weeks ^a EPC/RBV x 24 weeks ^b	EPC x 12 weeks	EPC/RBV x 24 weeks

^aPrior treatment with peginterferon alfa/ribavirin with or without an HCV NS3/4A protease inhibitor (boceprevir, simeprevir, or telaprevir).

^b Prior sofosbuvir- or NS5A inhibitor-based treatment failure.

Abbreviations: (-), negative baseline; (+), positive baseline; EPC, Eplclusa®; NS5RA RAS Y93H for VEL, Non-structural protein 5A inhibitor resistance-associated substitution Y93H for velpatasvir; RBV; ribavirin.



Hepatitis C Treatment Options

Table 2. Harvoni® Treatment Recommendations and Approval Length

Treatment Naive					
Genotype	No Cirrhosis	Compensated Cirrhosis (Child-Pugh A)	Decompensated Cirrhosis (Child-Pugh B or C)	Post Liver Transplant (No cirrhosis or compensated cirrhosis)	Post Liver Transplant (Decompensated)
1a	HIV (-) & HCV-RNA level < 6 million IU/mL: HAR x 8 weeks	HAR x 12 weeks	RBV ineligible: HAR x 24 weeks	HAR x 12 weeks ^e OR HAR/RBV x 12 weeks ^f	HAR/RBV x 12 weeks
	All others: HAR x 12 weeks		RBV eligible: HAR/RBV x 12 weeks		
1b	HIV (-) & HCV -RNA level < 6 million IU/mL: HAR x 8 weeks	HAR x 12 weeks	RBV ineligible: HAR x 24 weeks	HAR x 12 weeks ^e OR HAR/RBV x 12 weeks ^f	HAR/RBV x 12 weeks
	All others: HAR x 12 weeks		RBV eligible: HAR/RBV x 12 weeks		
4	HCV -RNA level < 6 million IU/mL without G4r: HAR x 8 weeks	HAR x 12 weeks	RBV ineligible: HAR x 24 weeks	HAR x 12 weeks ^e OR HAR/RBV x 12 weeks ^f	HAR/RBV x 12 weeks
	All others: HAR x 12 weeks		RBV eligible: HAR/RBV x 12 weeks		
5	HAR x 12 weeks ^c	HAR x 12 weeks	RBV ineligible: HAR x 24 weeks	HAR x 12 weeks	HAR/RBV x 12 weeks
			RBV eligible: HAR/RBV x 12 weeks		
6	HAR x 12 weeks ^c	HAR x 12 weeks ^c	RBV ineligible: HAR x 24 weeks	HAR x 12 weeks	HAR/RBV x 12 weeks
			RBV eligible: HAR/RBV x 12 weeks		
Treatment Experienced					
Genotype	No Cirrhosis	Compensated Cirrhosis (Child-Pugh A)	Decompensated Cirrhosis (Child-Pugh B or C)	Post Liver Transplant (No cirrhosis or compensated cirrhosis)	Post Liver Transplant (Decompensated)
1a	HAR x 12 weeks	HAR x 24 weeks	RBV ineligible: HAR x 24 weeks	HAR x 12 weeks ^e OR HAR/RBV x 12 weeks ^f	HAR/RBV x 24 weeks ^e



Hepatitis C Treatment Options

			RBV eligible: HAR/RBV x 12 weeks HAR/RBV x 24 weeks ^d		
1b	HAR x 12 weeks	HAR x 24 weeks	RBV ineligible: HAR x 24 weeks	HAR x 12 weeks ^e OR HAR/RBV x 12 weeks ^f	HAR/RBV x 24 weeks ^e
			RBV eligible: HAR/RBV x 12 weeks HAR/RBV x 24 weeks ^d		
4	HAR x 12 weeks	HAR x 12 weeks	RBV ineligible: HAR x 24 weeks	HAR x 12 weeks ^e OR HAR/RBV x 12 weeks ^f	HAR/RBV x 24 weeks ^e
			RBV eligible: HAR/RBV x 12 weeks HAR/RBV x 24 weeks ^d		
5	HAR x 12 weeks	HAR x 12 weeks	RBV ineligible: HAR x 24 weeks	HAR x 12 weeks ^e	HAR/RBV x 24 weeks ^e
			RBV eligible: HAR/RBV x 12 weeks HAR/RBV x 24 weeks ^d		
6	HAR x 12 weeks	HAR x 12 weeks	RBV ineligible: HAR x 24 weeks	HAR x 12 weeks ^e	HAR/RBV x 24 weeks ^e
			RBV eligible: HAR/RBV x 12 weeks HAR/RBV x 24 weeks ^d		

^cNot recommended for genotype 6e subtype.

^dPrior sofosbuvir- or NS5A inhibitor-based treatment failure.

^eRecommendation from the American Association for the Study of Liver Diseases – Infectious Diseases Society of America. Recommendations for testing, managing, and treating hepatitis C Guidance.

^fRecommendation from Harvoni® prescribing information.

Abbreviations: G4r, genotype 4r subtype; HAR, Harvoni®; HCV, hepatitis C virus; HIV (-), human immunodeficiency virus negative; RBV, ribavirin.



Hepatitis C Treatment Options

Table 3. Mavyret® Treatment Recommendations and Approval Length

Treatment Naive			
Genotype	No Cirrhosis	Compensated Cirrhosis (Child-Pugh A)	Post Liver Transplant (No cirrhosis or compensated cirrhosis)
1a	MAV x 8 weeks	MAV x 8 weeks	MAV x 12 weeks
1b	MAV x 8 weeks	MAV x 8 weeks	MAV x 12 weeks
2	MAV x 8 weeks	MAV x 8 weeks	MAV x 12 weeks
3	MAV x 8 weeks	MAV x 8 weeks	MAV x 12 weeks
4	MAV x 8 weeks	MAV x 8 weeks	MAV x 12 weeks
5	MAV x 8 weeks	MAV x 8 weeks	MAV x 12 weeks
6	MAV x 8 weeks ^g	MAV x 8 weeks ^g	MAV x 12 weeks
Treatment Experienced			
1a	MAV x 8 weeks ^h MAV x 12 weeks ⁱ MAV X 16 weeks ^j	MAV x 12 weeks ^{h,i} MAV X 16 weeks ^j	MAV x 12 weeks
1b	MAV x 8 weeks ^h MAV x 12 weeks ⁱ MAV X 16 weeks ^j	MAV x 12 weeks ^{h,i} MAV X 16 weeks ^j	MAV x 12 weeks
2	MAV x 8 weeks ^h	MAV x 12 weeks ^h	MAV x 12 weeks
3	MAV x 16 weeks ^h	MAV x 16 weeks ^h	MAV x 12 weeks
4	MAV x 8 weeks ^h	MAV x 12 weeks ^h	MAV x 12 weeks
5	MAV x 8 weeks ^h	MAV x 12 weeks ^h	MAV x 12 weeks
6	MAV x 8 weeks ^h	MAV x 12 weeks ^h	MAV x 12 weeks

^gNot recommended for genotype 6e subtype.

^hPrior treatment regimens containing peginterferon, ribavirin, and/or sofosbuvir, but no HCV NS3/4A protease inhibitor or NS5A inhibitor.

ⁱPrior NS3/4A protease inhibitor treatment without an NS5A inhibitor (i.e., simeprevir and sofosbuvir, or simeprevir, boceprevir, or telaprevir with peginterferon and ribavirin).

^jPrior NS5A inhibitor treatment without an NS3/4A protease inhibitor (i.e., ledipasvir and sofosbuvir or daclatasvir with peginterferon and ribavirin).

Abbreviations: MAV, Mavyret®.

Table 4. Sovaldi® Treatment Recommendations and Approval Length

Treatment Naive



Hepatitis C Treatment Options

Genotype	No Cirrhosis	Compensated Cirrhosis (Child-Pugh A)	Hepatocellular Carcinoma Awaiting Liver Transplant
1	INF ineligible: SOV/RBV x 24 weeks	INF ineligible: SOV/RBV x 24 weeks	SOV/RBV up to 48 weeks or the time of liver transplantation (whichever comes first)
	INF eligible: SOV/PEG INF alfa/RBV x 12 weeks	INF eligible: SOV/PEG INF alfa/RBV x 12 weeks	
2	SOV/RBV x 12 weeks	SOV/RBV x 12 weeks	SOV/RBV up to 48 weeks or the time of liver transplantation (whichever comes first)
3	SOV/RBV x 24 weeks	SOV/RBV x 24 weeks	SOV/RBV up to 48 weeks or the time of liver transplantation (whichever comes first)
4	SOV/PEG INF alfa/RBV x 12 weeks	SOV/PEG INF alfa/RBV x 12 weeks	SOV/RBV up to 48 weeks or the time of liver transplantation (whichever comes first)
Treatment Experienced			
Genotype	No Cirrhosis	Compensated Cirrhosis (Child-Pugh A)	Hepatocellular Carcinoma Awaiting Liver Transplant
2	SOV/RBV x 12 weeks ^k	SOV/RBV x 12 weeks ^k	SOV/RBV up to 48 weeks or the time of liver transplantation (whichever comes first)
3	SOV/RBV x 24 weeks ^k	SOV/RBV x 24 weeks ^k	SOV/RBV up to 48 weeks or the time of liver transplantation (whichever comes first)

^kFailure of an interferon-based regimen with or without ribavirin.

Abbreviations: INF, interferon; PEG INF alfa, peginterferon alfa; RBV, ribavirin; SOV, Sovaldi®.

Table 5. Vosevi® Treatment Recommendations and Approval Length

Treatment Experienced		
Genotype	No Cirrhosis	Compensated Cirrhosis (Child-Pugh A)
1a	VOS x 12 weeks ^{l,m,o} VOS/RBV x 24 weeks ^p	VOS x 12 weeks ^{l,m,o} VOS/RBV x 24 weeks ^p
1b	VOS x 12 weeks ^{l,m,o} VOS/RBV x 24 weeks ^p	VOS x 12 weeks ^{l,m,o} VOS/RBV x 24 weeks ^p
2	VOS x 12 weeks ^{l,m,o} VOS/RBV x 24 weeks ^p	VOS x 12 weeks ^{l,m,o} VOS/RBV x 24 weeks ^p
3	VOS x 12 weeks ^{l,m,o} VOS/RBV x 24 weeks ^p	VOS x 12 weeks ^{l,m,o} VOS/RBV x 24 weeks ^p RBV ineligible: VOS x 24 weeks ⁿ RBV eligible: VOS/RBV x 12 weeks ⁿ
4	VOS x 12 weeks ^{l,m,o} VOS/RBV x 24 weeks ^p	VOS x 12 weeks ^{l,m,o} VOS/RBV x 24 weeks ^p



Hepatitis C Treatment Options

5	VOS x 12 weeks ^{l,m,o} VOS/RBV x 24 weeks ^p	VOS x 12 weeks ^{l,m,o} VOS/RBV x 24 weeks ^p
6	VOS x 12 weeks ^{l,m,o} VOS/RBV x 24 weeks ^p	VOS x 12 weeks ^{l,m,o} VOS/RBV x 24 weeks ^p

^lPrior treatment with NS5A inhibitor (e.g., daclatasvir, elbasvir, ledipasvir, ombitasvir, or velpatasvir).

^mPrior treatment sofosbuvir with or without peginterferon alfa/ribavirin, ribavirin, or HCV NS3/4A protease inhibitor (boceprevir, simeprevir, or telaprevir).

ⁿPrior treatment with sofosbuvir/velpatasvir and baseline NS5A RAS Y93H for velpatasvir.

^oPrior treatment with glecaprevir/pibrentasvir

^pPrior multiple direct acting antivirals treatment failure, including sofosbuvir plus glecaprevir/pibrentasvir

Abbreviations: RBV, ribavirin; VOS, Vosevi®.

Table 6. Zepatier® Treatment Recommendations and Approval Length

Genotype	No Cirrhosis	Compensated Cirrhosis (Child-Pugh A)
1a	ZEP x 12 weeks	ZEP x 12 weeks
1b	ZEP x 12 weeks	ZEP x 12 weeks
4	ZEP x 12 weeks	ZEP x 12 weeks
Genotype	No Cirrhosis	Compensated Cirrhosis (Child-Pugh A)
1a	ZEP x 12 weeks ^q ZEP/RBV x 12 weeks ^t ZEP/RBV x 16 weeks ^r	ZEP x 12 weeks ^q ZEP/RBV x 12 weeks ^t ZEP/RBV x 16 weeks ^r
1b	ZEP x 12 weeks ^s ZEP/RBV x 12 weeks ^t	ZEP x 12 weeks ^s ZEP/RBV x 12 weeks ^t
4	ZEP/RBV x 16 weeks ^s	ZEP/RBV x 16 weeks ^s

^qPrior peginterferon alfa/ribavirin treatment without baseline NS5A polymorphisms at 28, 30, 31 or 93.

^rPrior peginterferon alfa/ribavirin treatment with baseline NS5A polymorphisms at 28, 30, 31 or 93.

^sPrior Peginterferon alfa/ribavirin treatment.

^tPrior Peginterferon alfa/ribavirin/HCV NS3/4A protease inhibitor.

Abbreviations: RBV, ribavirin; ZEP, Zepatier®.

References:

1. American Association for the Study of Liver Diseases – Infectious Diseases Society of America. Recommendations for testing, managing, and treating hepatitis C. Accessed October 1, 2022. <http://www.hcvguidelines.org>
2. Epclusa. Prescribing information. Gilead Sciences, Inc.; 2022. Accessed October 1, 2022. https://www.gilead.com/~media/Files/pdfs/medicines/liver-disease/epclusa/epclusa_pi.pdf



Hepatitis C Treatment Options

3. Harvoni. Prescribing information. Gilead Sciences, Inc.; 2020. Accessed October 2, 2022. https://www.gilead.com/~media/Files/pdfs/medicines/liver-disease/harvoni/harvoni_pi.pdf
4. Mavyret. Prescribing information. AbbVie, Inc.; 2021. Accessed October 3, 2022. https://www.rxabbvie.com/pdf/mavyret_pi.pdf
5. Solvaldi. Prescribing information. Gilead Sciences, Inc.; 2020. Accessed October 4, 2022. https://www.gilead.com/~media/files/pdfs/medicines/liver-disease/sovaldi/sovaldi_pi.pdf
6. Vosevi. Prescribing information. Gilead Sciences, Inc.; 2019. Accessed October 4, 2022. https://www.gilead.com/~media/Files/pdfs/medicines/liver-disease/vosevi/vosevi_pi.pdf
7. Zepatier. Prescribing information. Merck & Co., Inc.; 2022. Accessed October 4, 2022. https://www.merck.com/product/usa/pi_circulars/z/zepatier/zepatier_pi.pdf