



Combo of Gastric Acid Drugs Plus Harvoni or Epclusa Tied to High Hep C Cure Rate

Past research has found that proton pump inhibitors and histamine H2 agonists are associated with lower levels of certain hep C drugs.

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People with cirrhosis who were treated for hepatitis C virus (HCV) with Harvoni (ledipasvir/sofosbuvir) or Epclusa (sofosbuvir/velpatasvir) and who received intravenous (IV) proton pump inhibitors (PPIs) or histamine H2 agonists were cured of the virus at a high rate in a recent small study, the National AIDS Treatment Advocacy Project (NATAP) reports. This occurred despite the fact that such gastric acid drugs are known to lower the concentrations of the ledipasvir and velpatasvir components of the respective combination direct-acting antiviral (DAA) tablets.

Presenting their findings at the 20th International Workshop on Clinical Pharmacology of HIV, Hepatitis & Other Antiviral Drugs in Noordwyk, the Netherlands, researchers at the University of Montreal conducted a study of 11 people with HCV from the MONTREAL-C study.

Between them, these participants, who had a median age of 58 years old, experienced 12 stays in the hospital during the study. Eight (73%) of them were men, and all had cirrhosis, including six (54.5%) who had decompensated cirrhosis (the more advanced form of the severe liver disease).

Nine of the participants took Harvoni with or without ribavirin, and two of them took Epclusa.

While in the hospital, six of the study members received IV treatment with the PPI Protonix (pantoprazole), and the remaining five received IV treatment with the H2 antagonist Pepcid (famotidine). Following IV treatment with either of these medications, six of the participants took oral PPIs over the long term, one took oral H2 antagonists and one person took both types of medications.

Ten (90.9%) of the participants achieved a sustained virologic response 12 weeks after completing therapy (SVR12, considered a cure). The one person who was not cured had genotype 3 of hep C and stopped Epclusa treatment after three weeks after it was suspected this person was not adhering to the regimen and the participant also needed to finish treating a case of esophagitis

(inflammation of the esophagus) with a high-dose of oral acid suppressants.

The study authors stress that further investigation of the combination of such DAA treatments and gastric acid medications is needed.

To read the NATAP report, [click here](#).

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