



Hepatitis C Treatment-Naive Recommendations

The goal of hepatitis C treatment is to cure the virus, which can be done with a combination of drugs. The specific meds used and the duration of treatment depend on a number of factors, including HCV genotype (genetic structure of the virus), past treatment experience, degree of liver damage, existence of kidney disease, ability to tolerate the prescribed treatment, and whether the person is waiting for a liver transplant or is a transplant recipient. In some cases, hep C treatment may be limited by your health insurance plan or drug formulary.

There are a number of approved therapies to treat hepatitis C. Some treatments use a combination of drugs formulated in to one daily pill. Some drugs may be prescribed together with or without ribavirin. In theory, peginterferon may also be prescribed in combination with some of the newer treatments, but this practice has largely been abandoned.

When hepatitis C treatment is working, the virus usually becomes undetectable within four to 12 weeks and remains that way throughout treatment. People are considered cured when they have achieved what is known as a sustained virologic response (SVR), or continuation of this undetectable status, 12 to 24 weeks after completing therapy.

Here are the recommendations for HCV treatment for all genotypes from the [American Association for the Study of Liver Diseases \(AASLD\)](#) and the [Infectious Diseases Society of America \(IDSA\)](#):

AASLD HCV Treatment Recommendations for Treatment-Naive People without Decompensated Cirrhosis (Child-Pugh B or C) or Certain Co-existing Medical Conditions, such as HCV Recurrence Post-Liver Transplant (Medications are listed first by evidence level according to the [HCVGuidelines.org](#), then listed alphabetically.):

	Recommended	Alternative
Genotype 1a no cirrhosis	<ul style="list-style-type: none">• Eplclusa* for 12 weeks• Harvoni* for 12 weeks; 8 weeks for non-Black, HIV-neg, viral load less than 6 million IU• Mavyret for 8 weeks• Zepatier for 12 weeks (without baseline NS5A RASs**)	<ul style="list-style-type: none">• Daklinza + Sovaldi for 12 weeks• Zepatier + ribavirin for 16 weeks (with baseline NS5A RASs**)

	Recommended	Alternative
Genotype 1a compensated cirrhosis	<ul style="list-style-type: none"> • Epclusa* for 12 weeks • Harvoni (or generic) for 12 weeks • Mavyret for 12 weeks • Zepatier for 12 weeks (without baseline NS5A RASs**) 	<ul style="list-style-type: none"> • Zepatier + ribavirin for 16 weeks (with baseline NS5A RASs**)
Genotype 1b no cirrhosis	<ul style="list-style-type: none"> • Epclusa* for 12 weeks • Harvoni* for 12 weeks; 8 weeks for non-Black, HIV-neg, viral load less than 6 million IU • Mavyret for 8 weeks • Zepatier for 12 weeks 	<ul style="list-style-type: none"> • Daklinza + Sovaldi for 12 weeks
Genotype 1b compensated cirrhosis	<ul style="list-style-type: none"> • Epclusa* for 12 weeks • Harvoni* for 12 weeks • Mavyret for 12 weeks • Zepatier for 12 weeks 	
Genotype 2 no cirrhosis	<ul style="list-style-type: none"> • Epclusa* for 12 weeks • Mavyret for 8 weeks 	<ul style="list-style-type: none"> • Daklinza + Sovaldi for 12 weeks
Genotype 2 compensated cirrhosis	<ul style="list-style-type: none"> • Epclusa* for 12 weeks • Mavyret for 12 weeks 	<ul style="list-style-type: none"> • Daklinza + Sovaldi for 16 to 24 weeks
Genotype 3 no cirrhosis	<ul style="list-style-type: none"> • Epclusa* for 12 weeks • Mavyret for 8 weeks 	<ul style="list-style-type: none"> • Daklinza + Sovaldi for 12 weeks
Genotype 3 compensated cirrhosis	<ul style="list-style-type: none"> • Epclusa* for 12 weeks • Mavyret for 12 weeks 	<ul style="list-style-type: none"> • Daklinza + Sovaldi with ribavirin for 24 weeks • Vosevi for 12 weeks (with Y93H RASs**)
Genotype 4 no cirrhosis	<ul style="list-style-type: none"> • Epclusa* for 12 weeks • Mavyret for 8 weeks • Harvoni* for 12 weeks • Zepatier for 12 weeks 	
Genotype 4 compensated cirrhosis	<ul style="list-style-type: none"> • Epclusa* for 12 weeks • Mavyret for 12 weeks • Harvoni* for 12 weeks • Zepatier for 12 weeks 	
Genotype 5 no cirrhosis	<ul style="list-style-type: none"> • Mavyret for 8 weeks • Epclusa* for 12 weeks • Harvoni* for 12 weeks 	
Genotype 5 compensated cirrhosis	<ul style="list-style-type: none"> • Mavyret for 12 weeks • Epclusa* for 12 weeks • Harvoni* for 12 weeks 	
Genotype 6 no cirrhosis	<ul style="list-style-type: none"> • Mavyret for 8 weeks • Epclusa* for 12 weeks • Harvoni* for 12 weeks 	
Genotype 6 compensated cirrhosis	<ul style="list-style-type: none"> • Mavyret for 12 weeks • Epclusa* for 12 weeks • Harvoni* for 12 weeks 	

Genotype 1a no cirrhosis

- Recommended
- Epclusa* for 12 weeks
 - Harvoni* for 12 weeks; 8 weeks for non-Black, HIV-neg, viral load less than 6 million IU
 - Mavyret for 8 weeks
 - Zepatier for 12 weeks (without baseline NS5A RASs**)
- Alternative
- Daklinza + Sovaldi for 12 weeks
 - Zepatier + ribavirin for 16 weeks (with baseline NS5A RASs**)

Genotype 1a compensated cirrhosis

- Recommended
- Epclusa* for 12 weeks
 - Harvoni (or generic) for 12 weeks
 - Mavyret for 12 weeks
 - Zepatier for 12 weeks (without baseline NS5A RASs**)
- Alternative
- Zepatier + ribavirin for 16 weeks (with baseline NS5A RASs**)

Genotype 1b no cirrhosis

- Recommended
- Epclusa* for 12 weeks
 - Harvoni* for 12 weeks; 8 weeks for non-Black, HIV-neg, viral load less than 6 million IU
 - Mavyret for 8 weeks
 - Zepatier for 12 weeks
- Alternative
- Daklinza + Sovaldi for 12 weeks

Genotype 1b compensated cirrhosis

- Recommended
- Epclusa* for 12 weeks
 - Harvoni* for 12 weeks
 - Mavyret for 12 weeks
 - Zepatier for 12 weeks
- Alternative

Genotype 2 no cirrhosis

- Recommended
- Epclusa* for 12 weeks
 - Mavyret for 8 weeks
- Alternative
- Daklinza + Sovaldi for 12 weeks

Genotype 2 compensated cirrhosis

- Recommended
- Epclusa* for 12 weeks
 - Mavyret for 12 weeks
- Alternative
- Daklinza + Sovaldi for 16 to 24 weeks

Genotype 3 no cirrhosis

Recommended

- Epclusa* for 12 weeks
- Mavyret for 8 weeks

Alternative

- Daklinza + Sovaldi for 12 weeks

Geontype 3 compensated cirrhosis

Recommended

- Epclusa* for 12 weeks
- Mavyret for 12 weeks

Alternative

- Daklinza + Sovaldi with ribavirin for 24 weeks
- Vosevi for 12 weeks (with Y93H RASs**)

Genotype 4 no cirrhosis

Recommended

- Epclusa* for 12 weeks
- Mavyret for 8 weeks
- Harvoni* for 12 weeks
- Zepatier for 12 weeks

Alternative

Geontype 4 compensated cirrhosis

Recommended

- Epclusa* for 12 weeks
- Mavyret for 12 weeks
- Harvoni* for 12 weeks
- Zepatier for 12 weeks

Alternative

Genotype 5 no cirrhosis

Recommended

- Mavyret for 8 weeks
- Epclusa* for 12 weeks
- Harvoni* for 12 weeks

Alternative

Genotype 5 compensated cirrhosis

Recommended

- Mavyret for 12 weeks
- Epclusa* for 12 weeks
- Harvoni* for 12 weeks

Alternative

Genotype 6 no cirrhosis

Recommended

- Mavyret for 8 weeks
- Epclusa* for 12 weeks
- Harvoni* for 12 weeks

Genotype 6 no cirrhosis

Alternative

Genotype 6 compensated cirrhosis

Recommended

- Mavyret for 12 weeks
- Epclusa* for 12 weeks
- Harvoni* for 12 weeks

Alternative

*Generic equivalent is available.

**RASs = resistance-associated substitutions (formerly RAVs or resistance-associated variants)

For those needing information about medication for advanced liver disease, visit [HCV treatment recommendations for those with decompensated cirrhosis](#). Click on [HCV Treatment Post-Transplantation](#) for information about HCV recurrence following liver transplantation.

For more information about the different classes of HCV treatment and a list of approved HCV treatment, [click here](#).

Does treatment work for African Americans?

Historically, HCV treatment was less effective for African Americans than for Caucasians. This is partly explained by genetics: Researchers identified a gene that is linked with response to pegylated interferon-based treatment, called IL-28B (see “How is it diagnosed, and what tests are used?” for more information on IL-28B). In general, clinical trials of new generation of HCV drugs did not find any difference in cure rates between Black and non-Black study participants. The one exception is that when using Harvoni, Blacks need the full 12 weeks of treatment, rather than the shortened 8 week option.

Does treatment work for Latinos?

Hepatitis C seems to progress more rapidly in Latinos than in people from other racial and ethnic groups. However, in the clinical trials of Sovaldi and other new HCV antivirals, there was no apparent difference in success rates with the drug among Latinos than among non-Latinos.

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<http://beta.docker.hepmag.com/basics/hepatitis-c-basics/hepatitis-c-treatment-naive-recommendations>