Hepatitis C Reference Chart

Genotype 1: Daklinza™

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Treatment naive and treatment experienced* with and with OUT compensated cirrhosis (HCV/HIV co-infection)	Daklinza 60mg QD + Sovaldi 400mg QD	12 weeks	Cirrhotic: 91% Non-cirrhotic:98%	ALLY-2
Treatment naive and treatment experienced* with and with OUT compensated cirrhosis	Daklinza 60mg QD + Sovaldi 400mg QD	12 weeks	Child-Pugh A:91% GT1a:76% GT1b:100%	ALLY-1
Treatment naive and treatment experienced*, including decompensated cirrhosis and post-liver transplant recurrence(withorwith OUTHIVinfection)	Daklinza 60mg QD + Sovaldi 400mg QD + RIBAVIRIN 600mg/day, increased to 1000mg/day as tolerated	12 weeks	Child-Pugh B:92% Child-Pugh C:50% GT1a(**post-tx**):97% GT1b(**post-tx**):90%	ALLY-1

* *Patient has experienced failure with a previous treatment regimen that included peginterferon + RIBAVIRIN.*
- *Prior to initiation: Consider screening patients with genotype 1a for NS5A resistance-associated polymorphisms at amino acid positions M28, Q30, L31, and Y93.*
- *Dose modification: Reduce dosage to 30 mg once daily with strong CYP3A inhibitors and increase dosage to 90 mg once daily with moderate CYP3A inducers.*

Genotype 1: Epclusa®

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Patients without cirrhosis and patients with compensated cirrhosis (Child-Pugh A)	Epclusa (Sofosbuvir 400mg, Velpatasvir 100mg) QD with or without food	12 weeks	GT1a: 98% GT1b: 99%	ASTRAL-1
Patients with decompensated cirrhosis (Child-Pugh B and C)	Epclusa (Sofosbuvir 400 mg, Velpatasvir 100 mg) QD with or without food [add weight-based RIBAVIRIN BID for decompensated cirrhosis] *	12 weeks	GT1a: 94% GT1b: 100%	ASTRAL-4

* *When administered with Epclusa, the recommended dosage of RBV is based on weight (administered with food): 1000 mg per day for patients less than 75 kg and 1200 mg per day for those weighing at least 75 kg, divided and administered twice daily. The starting dosage and on-treatment dosage of RBV can be decreased based on hemoglobin and creatinine clearance. For RBV dosage modifications, refer to the RBV prescribing information.*
- *A Dosage recommendation cannot be made for patients with severe renal impairment or end stage renal disease.*
- *TN = treatment-naïve subjects; TE = treatment-experienced subjects (including those who have failed a peginterferon alfa + RBV-based regimen with or without an HCV protease inhibitor).*

Genotype 1: Harvoni®

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Treatment-naive with OUT cirrhosis and a pre- treatment HCV RNA of < 6 million IU/mL	Harvoni fixed-dose (Ledipasvir 90mg/Sofosbuvir 400mg)	8 weeks	97%	ION-3
Treatment-naive with or with OUT cirrhosis and a pre-**treatment HCV RNA of ≥ 6 million IU/mL**	Harvoni fixed-dose (Ledipasvir 90mg/Sofosbuvir 400mg)	12 weeks	Cirrhosis: 94% Non-cirrhotic: 99%	ION-1
Treatment-naive with or with OUT compensated cirrhosis, co-infected with HIV	Harvoni fixed-dose (Ledipasvir 90mg/Sofosbuvir 400mg)	12 weeks	96%	ION-4
Treatment-experienced patients with OUT cirrhosis*	Harvoni fixed-dose (Ledipasvir 90mg/Sofosbuvir 400mg)	12 weeks	95%	ION-2
Treatment-experienced patients with cirrhosis*	Harvoni fixed-dose (Ledipasvir 90mg/Sofosbuvir 400mg)	24 weeks	100%	ION-2
Treatment-experienced patients with cirrhosis, eligible for RIBAVIRIN* ‡	Harvoni fixed-dose (Ledipasvir 90mg/Sofosbuvir 400mg)	12 weeks‡	96%‡	SIRIUS‡

* *Patient has experienced failure with a previous treatment regimen that included either peginterferon alfa + RIBAVIRIN OR an HCV protease inhibitor (e.g., Incivek, Olysio, Victrelis) + peginterferon + RIBAVIRIN.*
‡ *Harvoni + weight-based RIBAVIRIN for 12 weeks can be considered in treatment-experienced Genotype 1 patients with cirrhosis who are eligible for RIBAVIRIN.*

Genotype 1 and 4: Harvoni® co-infected with HIV

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Post liver transplant without cirrhosis OR with compensated cirrhosis (Child-Pugh A)	**Harvoni fixed-dose Ledipasvir 90mg/Sofosbuvir 400mg) +** RIBAVIRIN BID <75kg (600mg/daily dose, titrate to 1000mg/daily dose) **≥75kg (600mg/daily dose, titrate to 1200mg/daily dose)**	12 weeks	Post-transplant • Metavir score F0-F3= 95% • Child-Pugh-Turcotte A=98%"	SOLAR-1 and SOLAR-2
Decompensated cirrhosis, including those with liver transplant (Child-Pugh B or C)	**Harvoni fixed-dose Ledipasvir 90mg/Sofosbuvir 400mg) +** RIBAVIRIN BID <75kg (600mg/daily dose, titrate to 1000mg/daily dose) **≥75kg (600mg/daily dose, titrate to 1200mg/daily dose)**	12 weeks	Pre-transplant • Child-Pugh-Turcotte B= 87% • Child-Pugh-Turcotte C= 88% Post-transplant • Child-Pugh-Turcotte B= 89% • Child-Pugh-Turcotte C= 57%	SOLAR-1 and SOLAR-2
Post liver transplant without cirrhosis OR with compensated cirrhosis (Child-Pugh A) *	**Harvoni fixed-dose Ledipasvir 90mg/Sofosbuvir 400mg) +** RIBAVIRIN BID <75kg (600mg/daily dose, titrate to 1000mg/daily dose) **≥75kg (600mg/daily dose, titrate to 1200mg/daily dose)**	12 weeks	Post-transplant • Metavir score F0-F3= 95% • Child-Pugh-Turcotte A=98%"	SOLAR-1 and SOLAR-2

* *Per the Harvoni PI, for genotype 4 HCV post-transplant patients without cirrhosis or with compensated cirrhosis treated with Harvoni + RIBAVIRIN for 12 weeks (N=12), the Sustained Virological Response 12 Rate was similar to rates with genotype 1.*

Genotype 1: Mavyret™

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Treatment naïve	Mavyret (Glecaprevir 100mg, Pibrentasvir 400mg) 3 tablets QD with food	8 weeks: No Cirrhosis 12 weeks: Compensated cirrhosis (Child-pugh A)	GT1: 99% GT1: 99%	ENDURANCE-1 EXPEDITION-1
Treatment experienced (NS5A) inhibitor[1] without prior treatment with an NS3/4A protease inhibitor	Mavyret (Glecaprevir 100mg, Pibrentasvir 400mg) 3 tablets QD with food	16 weeks: No cirrhosis 16 weeks: Compensated cirrhosis (Child-pugh A)	GT1: 94% GT1: 94%	MAGELLAN-1 MAGELLAN-1
Treatment experienced (NS3/4A) PI[2] without prior treatment with an NS5A inhibitor	Mavyret (Glecaprevir 100mg, Pibrentasvir 400mg) 3 tablets QD with food	12 weeks: No cirrhosis 12 weeks: Compensated cirrhosis (Child-pugh A)	GT1: 95% GT1: 95%	MAGELLAN-1 MAGELLAN-1
Treatment experienced PRS (interferon, peginterferon, ribavirin, and/or sofosbuvir, but no prior treatment experience with an HCV NS3/4A PI or NS5A inhibitor)	Mavyret (Glecaprevir 100mg, Pibrentasvir 400mg) 3 tablets QD with food	8 weeks: No cirrhosis 12 weeks: Compensated cirrhosis (Child-pugh A)	GT1: 99% GT1: 99%	ENDURANCE-1 EXPEDITION-1

- *Testing Prior to the Initiation of Therapy: Test all patients for HBV infection by measuring HBsAg and anti-HBc*
- *HCV/HIV-1 co-infection and patients with any degree of renal impairment: Follow the dosage recommendations in the tables above*
- *Hepatic Impairment: Mavyret is not recommended in patients with moderate hepatic impairment (Child-Pugh B); and is contraindicated in patients with severe hepatic impairment (Child-Pugh C).*

1- In clinical trials, subjects were treated with prior regimens containing ledipasvir and sofosbuvir or daclatasvir with pegylated interferon and ribavirin

2- In clinical trials, subjects were treated with prior regimens containing simeprevir and sofosbuvir, or simeprevir, boceprevir, or telaprevir with pegylated interferon and ribavirin

Genotype 1: Olysio®

Treatment History	Dose	Duration	Laboratory Discontinuation Reasons	Sustained Virologic Response Rate	Clinical Study
Treatment-naive and Prior Relapsers (including cirrhosis)	Olysio 150mg QD + pegIFN 180mcg SQ per week + RIBAVIRIN BID, weight-based	Olysio for 12 weeks with P/R then P/R for an additional 12 weeks (24 weeks totaltreatment)	**HCV RNA ≥ 25iu/**mL at either week 4, 12, or 24	Naïve: 80% Relapsers: 79%	QUEST 1 & 2 PROMISE
Prior Non-responder and Partial/null responders (including cirrhosis)	Olysio 150mg QD + pegIFN 180mcg SQ per week + RIBAVIRIN BID, weight-based	Olysio for 12 weeks with P/R then P/R for an additional 36 weeks (48 weeks totaltreatment)	**HCV RNA ≥ 25iu/**mL at either week 4, 12, or 24	Prior relapsers: 65% Prior partial: 65% Null: 53%	ASPIRE

Genotype 1: Olysio® + Sovaldi®

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Genotype 1, with OUT cirrhosis- treatment naive and experienced (pegIFN based therapy)	Olysio 150mg QD + Sovaldi 400mg QD	12 weeks	METAVIR F0-F4: 93%	COSMOS
Genotype 1, with cirrhosis- treatment naive and experienced (pegIFN based therapy)	Olysio 150mg QD + Sovaldi 400mg QD	24 weeks	METAVIR F0-F4: 97% Cirrhosis: 100%	COSMOS

Genotype 1: Viekira Pak™

Patient Population	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Genotype 1a, with OUT cirrhosis	Two ombitasvir, paritaprevir, ritonavir 12.5/75/50mg tablets once daily (in the morning) and one dasabuvir 250mg tablet twice daily (morning and evening) with a meal without regard to fat or calorie content + RIBAVIRIN BID (weight-based)	12 weeks	Naive = 97% Null = 95% Partial = 100% Relapser = 94%	PEARL-IV SAPPHIRE-II SAPPHIRE-I
Genotype 1a, with cirrhosis—naive and Prior pegIFN/RBV (24 weeks)	Two ombitasvir, paritaprevir, ritonavir 12.5/75/50mg tablets once daily (in the morning) and one dasabuvir 250mg tablet twice daily (morning and evening) with a meal without regard to fat or calorie content + RIBAVIRIN BID (weight-based)	24 weeks	Naive = 95% Null = 93% Partial = 100% Relapser = 100%	TURQUOISE-II
Genotype 1a, with cirrhosis—naive and Prior pegIFN/RBV (12 weeks)	Two ombitasvir, paritaprevir, ritonavir 12.5/75/50mg tablets once daily (in the morning) and one dasabuvir 250mg tablet twice daily (morning and evening) with a meal without regard to fat or calorie content + RIBAVIRIN BID (weight-based)	12 weeks**	Naive = 92% Null = 80% Partial = 100% Relapser = 93%	TURQUOISE-II
Genotype 1b, withOUT cirrhosis‡—treatment-experienced* AND treatment-naive	Two ombitasvir, paritaprevir, ritonavir 12.5/75/50mg tablets once daily (in the morning) and one dasabuvir 250mg tablet twice daily (morning and evening) with a meal without regard to fat or calorie content	12 weeks	Naive = 100% Null = 100% Partial = 100% Relapser = 100%	TURQUOISE-III
Genotype 1b, with cirrhosis‡—treatment--experienced* AND treatment-naive	Two ombitasvir, paritaprevir, ritonavir 12.5/75/50mg tablets once daily (in the morning) and one dasabuvir 250mg tablet twice daily (morning and evening) with a meal without regard to fat or calorie content	12 weeks	Naive = 100% Null = 100% Partial = 100% Relapser = 100%	TURQUOISE-III

** Patient has experienced failure with a previous treatment regimen that included either peginterferon alfa + RIBAVIRIN OR an HCV protease inhibitor (e.g., Incivek, Olysio, Victrelis) + peginterferon + RIBAVIRIN.*

*** Viekira Pak administered with RIBAVIRIN for 12 weeks MAY be considered for some patients based on prior treatment history [See Clinical Studies].*

‡ Cirrhotic patients with mild (Child-Pugh A) hepatic impairment; Viekira Pak is contraindicated in patients with moderate to severe hepatic impairment (Child-Pugh B and C)

- *HCV / HIV-1 co-infection: For patients with HCV / HIV-1 co-infection, follow the dosage recommendations in the table above.*
- *Liver Transplant Recipients: In liver transplant recipients with normal Hepatic function and mild fibrosis (Metavir fibrosis score </=2), the recommended duration of Viekira Pak with RIBAVIRIN is 24 weeks.*

Genotype 1: Viekira XR™

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Genotype 1a, without cirrhosis and Prior pegIFN/RBV*	Three extended-release tablets: 200mg dasabuvir, 8.33mg ombitasvir, 50mg paritaprevir, and 33.33mg ritonavir with a meal without regard to fat or calorie content + RIBAVIRIN (weight based)	12 weeks	Naive = 96% Null = 95% Partial = 100% Relapser = 94%	SAPPHIRE-II SAPPHIRE-I
Genotype 1a, with compensated cirrhosis and Prior pegIFN/RBV* ‡	Three extended-release tablets: 200mg dasabuvir, 8.33mg ombitasvir, 50mg paritaprevir, and 33.33mg ritonavir with a meal without regard to fat or calorie content + RIBAVIRIN (weight based)	24 weeks**	Naive = 95% Null = 93% Partial = 100% Relapser = 100%	TURQUOISE-II
Genotype 1b, with OR without compensated cirrhosis and Prior pegIFN/RBV* ‡	Three extended-release tablets: 200mg dasabuvir, 8.33mg ombitasvir, 50mg paritaprevir, and 33.33mg ritonavir with a meal without regard to fat or calorie content	12 weeks	Naive = 100% Null = 100% Partial = 100% Relapser = 100%	TURQUOISE-III
Genotype 1a or 1b with Hepatic Transplant++ (12 to 24 weeks) OR HIV	Three extended-release tablets: 200mg dasabuvir, 8.33mg ombitasvir, 50mg paritaprevir, and 33.33mg ritonavir with a meal without regard to fat or calorie content + RIBAVIRIN (weight based)	24 weeks*	**Transplant:** GT1a= 97% GT1b= 100% **HIV**: GT1a= 91% GT1b= 100%	CORAL-I, TURQUOISE-I

* Patient has experienced failure with a previous treatment regimen that included either pegintergferon alfa + RIBAVIRIN OR an HCV protease inhibitor (e.g., Incivek, Olysio, Victrelis) + peginterferon + RIBAVIRIN.
** VIEKIRA XR administered with RIBAVIRIN for 12 weeks MAY be considered for some patients based on prior treatment history [See Clinical Studies].
‡ Cirrhotic patients with mild (Child-Pugh A) hepatic impairment; Viekira XR is contraindicated in patients with moderate to severe hepatic impairment (Child-Pugh B and C).
+ HCV/HIV-1 co-infection: Viekira XR administered with RIBAVIRIN for 12 weeks as well as 24 weeks, refer to clinical trial for treatment duration.
++ Liver Transplant Recipients: In liver transplant recipients with normal Hepatic function and mild fibrosis (Metavir fibrosis score </=2), the recommended duration of VIEKIRA XR with weight-based RIBAVIRIN is 24 weeks.

Genotype 1a: Vosevi™

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Patients previously treated with an HCV regimen containing Sofosbuvir without an NS5A inhibitor* without cirrhosis or with compensated cirrhosis (Child-Pugh A)	Vosevi (Sofosbuvir 400mg, Velpatasvir 100mg, Voxilaprevir 100mg) once daily with food	12 weeks	GT1a: 96%	POLARIS-1

- Testing Prior to the Initiation of Therapy: Test all patients for HBV infection by measuring HBsAg and anti-HBc
- A dosage recommendation cannot be made for patients with severe renal impairment or end stage renal disease
- VOSEVI is not recommended in patients with moderate or severe hepatic impairment (Child-Pugh B or C)

* In clinical trials, prior treatment experience included sofosbuvir with or without any of the following: peginterferon alfa/ribavirin, ribavirin, HCV NS3/4A protease inhibitor (boceprevir, simeprevir or telaprevir).

Genotype 1b: Vosevi™

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Patients previously treated with an HCV regimen containing an NS5A inhibitor* without cirrhosis or with compensated cirrhosis (Child-Pugh A)	Vosevi (Sofosbuvir 400mg, Velpatasvir 100mg, Voxilaprevir 100mg) once daily with food	12 weeks	GT1b:100%	POLARIS-1

- Testing Prior to the Initiation of Therapy: Test all patients for HBV infection by measuring HBsAg and anti-HBc
- A dosage recommendation cannot be made for patients with severe renal impairment or end stage renal disease
- VOSEVI is not recommended in patients with moderate or severe hepatic impairment (Child-Pugh B or C)

* In clinical trials, prior NS5A inhibitor experience included daclatasvir, elbasvir, ledipasvir, ombitasvir, or velpatasvir.

Genotype 1: Zepatier™

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Genotype 1a: Treatment-naive(TN) and treatment-experienced(TE)*, withOUT baseline NS5A polymorphisms ‡	Zepatier (Elbasvir 50mg and Grazoprevir 100mg) once daily	12 weeks	TN=98%	C-EDGE TN, C-EDGE COINFECTION, C-EDGE TE
Genotype 1a: Treatment-naive and treatment-experienced*, **WITH** baseline NS5A polymorphisms ‡	Zepatier (Elbasvir 50mg and Grazoprevir 100mg) once daily with RIBAVIRIN BID (weight-based)	16 weeks	100%	C-EDGE TN, C-EDGE COINFECTION, C-EDGE TE
Genotype 1b: Treatment-naive and treatment-experienced*	Zepatier (Elbasvir 50mg and Grazoprevir 100mg) once daily	12 weeks	TN=98% TN=96%(co-infected) TE=100%	C-EDGE TN, C-EDGE COINFECTION, C-EDGE TE
Genotype 1a and 1b: Treatment-experienced**	Zepatier (Elbasvir 50mg and Grazoprevir 100mg) once daily with RIBAVIRIN BID (weight-based)	12 weeks	96%	C-SALVAGE

* Treatment-experienced with Peginterferon and RIBAVIRIN.
‡ Polymorphisms at amino acid positions 28, 30, 31, or 93 (n of 6).
** Treatment-experienced with Peginterferon, RIBAVIRIN, and an HCV NS3/4A protease inhibitor (Boceprevir, Simeprevir, or Telaprevir).
• HCV/HIV-1 co-infection; follow the dosage recommendations above.

Genotype 1 and 4: Sovaldi®

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
HCV mono-infected, and HCV/HIV co-infected (treatment-naive)	Sovaldi 400mg QD +pegIFN 180mcg SQ per week + RIBAVIRIN BID (weight-based)	12 weeks	GT1a: 92% GT1b: 82% GT4: 96%	NEUTRINO
Intolerant to pegIFN	Sovaldi 400mg QD + RIBAVIRIN BID (weight-based)	24 weeks		

- *Should be used in combination with* RIBAVIRIN *for treatment of CHC in patients with hepatocellular carcinoma awaiting liver transplantation for up to 48 weeks or until liver transplantation, whichever occurs first.*
- *Patients with hepatocellular carcinoma and HCV awaiting a liver transplant; Sovaldi in combination with RIBAVIRIN is recommended for up to 48 weeks or until the time of liver transplantation, whichever occurs first, to prevent post-transplant HCV reinfection.*

Genotype 2: Epclusa®

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Patients without cirrhosis and patients with compensated cirrhosis (Child-Pugh A)	Epclusa (Sofosbuvir 400mg, Velpatasvir 100mg) QD with or without food	12 weeks	99%	ASTRAL-2
Patients with decompensated cirrhosis (Child-Pugh B and C)	Epclusa (Sofosbuvir 400mg, Velpatasvir 100mg) QD with or without food [add weight-based RIBAVIRIN BID for decompensated cirrhosis]*	12 weeks	100%**	ASTRAL-4

* *When administered with Epclusa, the recommended dosage of RBV is based on weight (administered with food): 1000 mg per day for patients less than 75 kg and 1200 mg per day for those weighing at least 75 kg, divided and administered twice daily. The starting dosage and on-treatment dosage of RBV can be decreased based on hemoglobin and creatinine clearance. For RBV dosage modifications, refer to the RBV prescribing information.*

** *All subjects with genotype 2 (N=4) and genotype 4 (N=2) HCV infection treated with Epclusa and RIBAVIRIN achieved SVR12.*

- *A Dosage recommendation cannot be made for patients with severe renal impairment or end stage renal disease.*
- *TN = treatment-naïve subjects; TE = treatment-experienced subjects (including those who have failed a peginterferon alfa + RBV-based regimen with or without an HCV protease inhibitor).*

Genotype 2: Mavyret™

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Treatment naïve	Mavyret (Glecaprevir 100mg, Pibrentasvir 400mg) 3 tablets QD with food	8 weeks: No Cirrhosis 12 weeks: Compensated cirrhosis (Child-pugh A)	GT2: 98% GT2: 100%	SURVEYOR-2 EXPEDITION-1
Treatment experienced PRS (interferon, peginterferon, ribavirin, and/or sofosbuvir, but no prior treatment experience with an HCV NS3/4A PI or NS5A inhibitor)	Mavyret (Glecaprevir 100mg, Pibrentasvir 400mg) 3 tablets QD with food	8 weeks: No cirrhosis 12 weeks: Compensated cirrhosis (Child-pugh A)	GT2: 98% GT2: 100%	SURVEYOR-2 EXPEDITION-1

- *Testing Prior to the Initiation of Therapy: Test all patients for HBV infection by measuring HBsAg and anti-HBc*
- *HCV/HIV-1 co-infection and patients with any degree of renal impairment: Follow the dosage recommendations in the tables above*
- *Hepatic Impairment: Mavyret is not recommended in patients with moderate hepatic impairment (Child-Pugh B); and is contraindicated in patients with severe hepatic impairment (Child-Pugh C).*

Genotype 2: Sovaldi®

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Treatment-naive (including cirrhosis)	Sovaldi 400mg QD + RIBAVIRIN BID (weight-based)	12 weeks	Cirrhosis: 100% Non-cirrhotic: 97%	VALENCE
Prior Relapsers, Non-responders and Partial/ null responders (including cirrhosis)	Sovaldi 400mg QD + RIBAVIRIN BID (weight-based)	12 weeks	Cirrhosis: 88% Non-cirrhotic: 91%	VALENCE

Genotype 2: Vosevi™

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Patients previously treated with an HCV regimen containing an NS5A inhibitor* without cirrhosis or with compensated cirrhosis (Child-Pugh A)	Vosevi (Sofosbuvir 400mg, Velpatasvir 100mg, Voxilaprevir 100mg) once daily with food	12 weeks	GT2: 100%	POLARIS-1

- *Testing Prior to the Initiation of Therapy: Test all patients for HBV infection by measuring HBsAg and anti-HBc*
- *A dosage recommendation cannot be made for patients with severe renal impairment or end stage renal disease*
- *VOSEVI is not recommended in patients with moderate or severe hepatic impairment (Child-Pugh B or C)*

* *In clinical trials, prior NS5A inhibitor experience included daclatasvir, elbasvir, ledipasvir, ombitasvir, or velpatasvir.*

Genotype 3: Epclusa®

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Patients without cirrhosis and patients with compensated cirrhosis (Child-Pugh A)	Epclusa (Sofosbuvir 400mg, Velpatasvir 100mg) QD with or without food	12 weeks	**Without Cirrhosis:** TN: 98% TE: 94% **With Compensated Cirrhosis:** TN: 93% TE: 89%	ASTRAL-3
Patients with decompensated cirrhosis (Child-Pugh B and C)	Epclusa (Sofosbuvir 400mg, Velpatasvir 100mg) QD with or without food [add weight-based RIBAVIRIN BID for decompensated cirrhosis]*	12 weeks	85%	ASTRAL-4

* *When administered with Epclusa, the recommended dosage of RBV is based on weight (administered with food): 1000 mg per day for patients less than 75 kg and 1200 mg per day for those weighing at least 75 kg, divided and administered twice daily. The starting dosage and on-treatment dosage of RBV can be decreased based on hemoglobin and creatinine clearance. For RBV dosage modifications, refer to the RBV prescribing information.*

- *A Dosage recommendation cannot be made for patients with severe renal impairment or end stage renal disease.*
- *TN = treatment-naïve subjects; TE = treatment-experienced subjects (including those who have failed a peginterferon alfa + RBV-based regimen with or without an HCV protease inhibitor).*

Genotype 3: Sovaldi®

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Treatment-naive (including cirrhosis)	Sovaldi 400mg QD + RIBAVIRIN BID (weight-based)	24 weeks	Cirrhosis: 92% Non-cirrhotic: 93%	VALENCE
Prior Relapsers, Non-responders and Partial/ null responders (including cirrhosis)	Sovaldi 400mg QD + RIBAVIRIN BID (weight-based)	24 weeks	Cirrhosis: 60% Non-cirrhotic: 85%	VALENCE

Genotype 3: Daklinza™

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Treatment naive without cirrhosis	Daklinza 60mg QD + Sovaldi 400mg QD	12 weeks	Non-cirrhotic: 97%	ALLY-3
Treatment experienced* with and withOUT compensated cirrhosis	Without compensated cirrhosis: Daklinza 60mg QD + Sovaldi 400mg QD With compensated cirrhosis: Daklinza 60mg QD + Sovaldi 400mg QD + RIBAVIRIN BID (weight-based)	12 weeks	Cirrhosis: 69% Non-cirrhotic: 94%	ALLY-3
Treatment naive and treatment experienced* with and withOUT compensated cirrhosis (HCV/HIV co-infection)	Without compensated cirrhosis: Daklinza 60mg QD + Sovaldi 400mg QD With compensated cirrhosis: Daklinza 60mg QD + Sovaldi 400mg QD + RIBAVIRIN BID (weight-based)	12 weeks	100%	ALLY-2 (n=10 + one patient with cirrhosis)
Treatment naive and treatment experienced*, decompensated cirrhosis and post-liver transplant (with or withOUT HIV infection)	Daklinza 60mg QD + Sovaldi 400mg QD + RIBAVIRIN 600mg/day, increased to 1000mg/day as tolerated	12 weeks	Cirrhosis: 83% **Post-tx**: 91%	ALLY-1

* *Patient has experienced failure with a previous treatment regimen that included peginterferon + RIBAVIRIN.*

- *Dose modification: Reduce dosage to 30 mg once daily with strong CYP3A inhibitors and increase dosage to 90 mg once daily with moderate CYP3A inducers.*

Genotype 3: Mavyret™

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Treatment naïve	Mavyret (Glecaprevir 100mg, Pibrentasvir 400mg) 3 tablets QD with food	8 weeks: No Cirrhosis 12 weeks: Compensated cirrhosis (Child-pugh A)	GT3: 94.9% GT3: 98%	ENDURANCE-3 SURVEYOR-2
Treatment experienced PRS (interferon, peginterferon, ribavirin, and/or sofosbuvir, but no prior treatment experience with an HCV NS3/4A PI or NS5A inhibitor)	Mavyret (Glecaprevir 100mg, Pibrentasvir 400mg) 3 tablets QD with food	16 weeks: No cirrhosis 16 weeks: Compensated cirrhosis (Child-pugh A)	GT3: 95% GT3: 96%	SURVEYOR-2 SURVEYOR-2

- *Testing Prior to the Initiation of Therapy: Test all patients for HBV infection by measuring HBsAg and anti-HBc*
- *HCV/HIV-1 co-infection and patients with any degree of renal impairment: Follow the dosage recommendations in the tables above*
- *Hepatic Impairment: Mavyret is not recommended in patients with moderate hepatic impairment (Child-Pugh B); and is contraindicated in patients with severe hepatic impairment (Child-Pugh C).*

Genotype 3: Vosevi™

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Patients previously treated with an HCV regimen containing Sofosbuvir without an NS5A inhibitor* without cirrhosis or with compensated cirrhosis (Child-Pugh A)	Vosevi (Sofosbuvir 400mg, Velpatasvir 100mg, Voxilaprevir 100mg) once daily with food	12 weeks	GT3: 95%	POLARIS-1

- *Testing Prior to the Initiation of Therapy: Test all patients for HBV infection by measuring HBsAg and anti-HBc*
- *A dosage recommendation cannot be made for patients with severe renal impairment or end stage renal disease*
- *VOSEVI is not recommended in patients with moderate or severe hepatic impairment (Child-Pugh B or C)*

* *In clinical trials, prior treatment experience included sofosbuvir with or without any of the following: peginterferon alfa/ribavirin, ribavirin, HCV NS3/4A protease inhibitor (boceprevir, simeprevir or telaprevir).*

Genotype 4: Epclusa®

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Patients without cirrhosis and patients with compensated cirrhosis (Child-Pugh A)	Epclusa (Sofosbuvir 400mg, Velpatasvir 100mg) QD with or without food	12 weeks	100%	ASTRAL-1
Patients with decompensated cirrhosis (Child-Pugh B and C)	Epclusa (Sofosbuvir 400mg, Velpatasvir 100mg) QD with or without food [add weight-based RIBAVIRIN BID for decompensated cirrhosis]*	12 weeks	100%**	ASTRAL-4

* *When administered with Epclusa, the recommended dosage of RBV is based on weight (administered with food): 1000 mg per day for patients less than 75 kg and 1200 mg per day for those weighing at least 75 kg, divided and administered twice daily. The starting dosage and on-treatment dosage of RBV can be decreased based on hemoglobin and creatinine clearance. For RBV dosage modifications, refer to the RBV prescribing information.*

** *All subjects with genotype 2 (N=4) and genotype 4 (N=2) HCV infection treated with Epclusa and RIBAVIRIN achieved SVR12.*

- *A Dosage recommendation cannot be made for patients with severe renal impairment or end stage renal disease.*
- *TN = treatment-naïve subjects; TE = treatment-experienced subjects (including those who have failed a peginterferon alfa + RBV-based regimen with or without an HCV protease inhibitor).*

Genotype 4: Mavyret™

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Treatment naïve	Mavyret (Glecaprevir 100mg, Pibrentasvir 400mg) 3 tablets QD with food	8 weeks: No Cirrhosis 12 weeks: Compensated cirrhosis (Child-pugh A)	GT4: 93% GT4: 100%	SURVEYOR-2 EXPEDITION-1
Treatment experienced PRS (interferon, peginterferon, ribavirin, and/or sofosbuvir, but no prior treatment experience with an HCV NS3/4A PI or NS5A inhibitor)	Mavyret (Glecaprevir 100mg, Pibrentasvir 400mg) 3 tablets QD with food	8 weeks: No cirrhosis 12 weeks: Compensated cirrhosis (Child-pugh A)	GT4: 93% GT4: 100%	SURVEYOR-2 EXPEDITION-1

- *Testing Prior to the Initiation of Therapy: Test all patients for HBV infection by measuring HBsAg and anti-HBc*
- *HCV/HIV-1 co-infection and patients with any degree of renal impairment: Follow the dosage recommendations in the tables above*
- *Hepatic Impairment: Mavyret is not recommended in patients with moderate hepatic impairment (Child-Pugh B); and is contraindicated in patients with severe hepatic impairment (Child-Pugh C).*

Genotype 4: Technivie®

Patient Population	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Genotype 4 withOUT cirrhosis	Two Ombitasvir, paritaprevir, ritonavir 12.5/75/50mg tablets taken once in the morning with a meal + RIBAVIRIN BID (weight-based)	12 weeks	Naive: 100% Experienced: 100% Naive without RIBAVIRIN*: 91%	PEARL-1

* *Technivie administered without RIBAVIRIN for 12 weeks may be considered for treatment-naiive patients who cannot take or tolerate RIBAVIRIN.*

- *Technivie is not recommended for use in patients with moderate hepatic impairment (Child-Pugh B).*

Genotype 4: Vosevi™

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Patients previously treated with an HCV regimen containing an NS5A inhibitor* without cirrhosis or with compensated cirrhosis (Child-Pugh A)	Vosevi (Sofosbuvir 400mg, Velpatasvir 100mg, Voxilaprevir 100mg) once daily with food	12 weeks	GT4: 91%	POLARIS-1

- *Testing Prior to the Initiation of Therapy: Test all patients for HBV infection by measuring HBsAg and anti-HBc*
- *A dosage recommendation cannot be made for patients with severe renal impairment or end stage renal disease*
- *VOSEVI is not recommended in patients with moderate or severe hepatic impairment (Child-Pugh B or C)*

* *In clinical trials, prior NS5A inhibitor experience included daclatasvir, elbasvir, ledipasvir, ombitasvir, or velpatasvir.*

Genotype 4: Zepatier™

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Treatment-naive	Zepatier (Elbasvir 50mg and Grazoprevir 100mg) once daily	12 weeks	97%	C-EDGE TN, C-EDGE COINFECTION, C-SCAPE
Treatment-experienced*	Zepatier (Elbasvir 50mg and Grazoprevir 100mg) once daily with weight-based RIBAVIRIN BID	16 weeks	100%	C-EDGE TE

* *Treatment-experienced with Peginterferon and RIBAVIRIN.*

- *HCV/HIV-1 co-infection; follow the dosage recommendations above.*

Genotype 5: Epclusa®

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Patients without cirrhosis and patients with compensated cirrhosis (Child-Pugh A)	Epclusa (Sofosbuvir 400mg, Velpatasvir 100mg) QD with or without food	12 weeks	97%	ASTRAL-1
Patients with decompensated cirrhosis (Child-Pugh B and C)	Epclusa (Sofosbuvir 400mg, Velpatasvir 100mg) QD with or without food [add weight-based RIBAVIRIN BID for decompensated cirrhosis]*	12 weeks	No subjects with genotype 5 HCV were treated with Epclusa and RIBAVIRIN for 12 weeks	

* *When administered with Epclusa, the recommended dosage of RBV is based on weight (administered with food): 1000 mg per day for patients less than 75 kg and 1200 mg per day for those weighing at least 75 kg, divided and administered twice daily. The starting dosage and on-treatment dosage of RBV can be decreased based on hemoglobin and creatinine clearance. For RBV dosage modifications, refer to the RBV prescribing information.*

- *A Dosage recommendation cannot be made for patients with severe renal impairment or end stage renal disease.*
- *TN = treatment-naïve subjects; TE = treatment-experienced subjects (including those who have failed a peginterferon alfa + RBV-based regimen with or without an HCV protease inhibitor).*

Genotype 5: Mavyret™

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Treatment naïve	Mavyret (Glecaprevir 100mg, Pibrentasvir 400mg) 3 tablets QD with food	8 weeks: No Cirrhosis	GT5: 100%	SURVEYOR-1, SURVEYOR-2, ENDURANCE-4
		12 weeks: Compensated cirrhosis (Child-pugh A)	GT5: 100%	EXPEDITION-1
Treatment experienced PRS (interferon, peginterferon, ribavirin, and/or sofosbuvir, but no prior treatment experience with an HCV NS3/4A PI or NS5A inhibitor)	Mavyret (Glecaprevir 100mg, Pibrentasvir 400mg) 3 tablets QD with food	8 weeks: No Cirrhosis	GT5: 100%	SURVEYOR-1, SURVEYOR-2, ENDURANCE-4
		12 weeks: Compensated cirrhosis (Child-pugh A)	GT5: 100%	EXPEDITION-1

- *Testing Prior to the Initiation of Therapy: Test all patients for HBV infection by measuring HBsAg and anti-HBc*
- *HCV/HIV-1 co-infection and patients with any degree of renal impairment: Follow the dosage recommendations in the tables above*
- *Hepatic Impairment: Mavyret is not recommended in patients with moderate hepatic impairment (Child-Pugh B); and is contraindicated in patients with severe hepatic impairment (Child-Pugh C).*

Genotype 5: Vosevi™

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Patients previously treated with an HCV regimen containing an NS5A inhibitor* without cirrhosis or with compensated cirrhosis (Child-Pugh A)	Vosevi (Sofosbuvir 400mg, Velpatasvir 100mg, Voxilaprevir 100mg) once daily with food	12 weeks	GT5: 100%	POLARIS-1

- *Testing Prior to the Initiation of Therapy: Test all patients for HBV infection by measuring HBsAg and anti-HBc*
- *A dosage recommendation cannot be made for patients with severe renal impairment or end stage renal disease*
- *VOSEVI is not recommended in patients with moderate or severe hepatic impairment (Child-Pugh B or C)*

* *In clinical trials, prior NS5A inhibitor experience included daclatasvir, elbasvir, ledipasvir, ombitasvir, or velpatasvir.*

Genotype 4, 5 and 6: Harvoni®

Patient Population	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Treatment-naive and treatment- experienced*, with or withOUT cirrhosis	**Harvoni fixed-dose** (Ledipasvir 90mg/Sofosbuvir 400mg)	12 weeks	GT4: 93% GT5: 93% GT6: 96%	Study 1119 and Electron-2

* *Patient has experienced failure with a previous treatment regimen that included either peginterferon alfa + RIBAVIRIN OR an HCV protease inhibitor (e.g., Incivek, Olysio, Victrelis) + peginterferon + RIBAVIRIN.*

Genotype 6: Epclusa®

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Patients without cirrhosis and patients with compensated cirrhosis (Child-Pugh A)	Epclusa (Sofosbuvir 400mg, Velpatasvir 100mg) QD with or without food	12 weeks	100%	ASTRAL-1
Patients with decompensated cirrhosis (Child-Pugh B and C)	Epclusa (Sofosbuvir 400mg, Velpatasvir 100mg) QD with or without food [add weight-based RIBAVIRIN BID for decompensated cirrhosis]*	12 weeks	No subjects with genotype 6 HCV were treated with Epclusa and RIBAVIRIN for 12 weeks	

* *When administered with Epclusa, the recommended dosage of RBV is based on weight (administered with food): 1000 mg per day for patients less than 75 kg and 1200 mg per day for those weighing at least 75 kg, divided and administered twice daily. The starting dosage and on-treatment dosage of RBV can be decreased based on hemoglobin and creatinine clearance. For RBV dosage modifications, refer to the RBV prescribing information.*

- *A Dosage recommendation cannot be made for patients with severe renal impairment or end stage renal disease.*
- *TN = treatment-naïve subjects; TE = treatment-experienced subjects (including those who have failed a peginterferon alfa + RBV-based regimen with or without an HCV protease inhibitor).*

Genotype 6: Mavyret™

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Treatment naïve	Mavyret (Glecaprevir 100mg, Pibrentasvir 400mg) 3 tablets QD with food	8 weeks: No Cirrhosis	GT6: 100%	SURVEYOR-1, SURVEYOR-2, ENDURANCE-4
		12 weeks: Compensated cirrhosis (Child-pugh A)	GT6: 100%	EXPEDITION-1
Treatment experienced PRS (interferon, peginterferon, ribavirin, and/or sofosbuvir, but no prior treatment experience with an HCV NS3/4A PI or NS5A inhibitor)	Mavyret (Glecaprevir 100mg, Pibrentasvir 400mg) 3 tablets QD with food	8 weeks: No cirrhosis	GT6: 100%	SURVEYOR-1, SURVEYOR-2, ENDURANCE-4
		12 weeks: Compensated cirrhosis (Child-pugh A)	GT6: 100%	EXPEDITION-1

- *Testing Prior to the Initiation of Therapy: Test all patients for HBV infection by measuring HBsAg and anti-HBc*
- *HCV/HIV-1 co-infection and patients with any degree of renal impairment: Follow the dosage recommendations in the tables above*
- *Hepatic Impairment: Mavyret is not recommended in patients with moderate hepatic impairment (Child-Pugh B); and is contraindicated in patients with severe hepatic impairment (Child-Pugh C).*

Genotype 6: Vosevi™

Treatment History	Dose	Duration	Sustained Virologic Response Rate	Clinical Study
Patients previously treated with an HCV regimen containing an NS5A inhibitor* without cirrhosis or with compensated cirrhosis (Child-Pugh A)	Vosevi (Sofosbuvir 400mg, Velpatasvir 100mg, Voxilaprevir 100mg) once daily with food	12 weeks	GT6: 100%	POLARIS-1

- *Testing Prior to the Initiation of Therapy: Test all patients for HBV infection by measuring HBsAg and anti-HBc*
- *A dosage recommendation cannot be made for patients with severe renal impairment or end stage renal disease*
- *VOSEVI is not recommended in patients with moderate or severe hepatic impairment (Child-Pugh B or C)*

* *In clinical trials, prior NS5A inhibitor experience included daclatasvir, elbasvir, ledipasvir, ombitasvir, or velpatasvir.*

Copay Programs, Patient Assistance Programs:

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1-855-7-MYPATH (1-855-769-7284)
mysupportpath.com

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866-251-6013
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