

Partnership HealthPlan of California Hepatitis C Treatment Regimens for Adults - Naïve to prior treatment and IFN experienced, Effective 3/1/19

Genotype	Stage 0-4, unconfirmed cirrhosis		Cirrhosis -definitive (bx, US, FibroSure/Test ≥ 0.75, findings of portal HTN, ascites, varices, encephalopathy)			
			CTP A (Score 5-6)		CTP B (7-9) / C (10-15)	
	Naïve	IFN/RBV experienced	Naïve	IFN/RBV experienced	Naïve	IFN/RBV experienced
GT 1a, mixed a/b or indeterminate GT 1	Zepatier (no baseline NS5A RAVs) x 12 weeks				Sofosbuvir/Velpatasvir (Epclusa) + RBV WB X 12 weeks	Sofosbuvir/Velpatasvir (Epclusa) + RBV WB X 12 weeks
	Sofosbuvir/Velpatasvir (Epclusa) x 12 wks				Ledipasvir/Sofosbuvir (Harvoni) + RBV LD x 12 wks	
	Ledipasvir/Sofosbuvir (Harvoni) x 8 wks (HCV VL <6 million, non-black, HIV-uninfected)	Mavyret x 8 wks	Ledipasvir/Sofosbuvir (Harvoni) x 12 weeks	Mavyret x 12 wks	Sofosbuvir/Velpatasvir (Epclusa) x 24 wks* if RBV intolerant	Sofosbuvir/Velpatasvir (Epclusa) x 24 wks* if RBV intolerant
	Mavyret x 8 wks	Ledipasvir/Sofosbuvir (Harvoni) x 12 wks	Mavyret x 12 wks		Ledipasvir/Sofosbuvir (Harvoni) x 24 wks if RBV intolerant	
GT 1b	Zepatier x 12 weeks				Sofosbuvir/Velpatasvir (Epclusa) + RBV WB x 12 weeks	Sofosbuvir/Velpatasvir (Epclusa) + RBV WB X 12 weeks
	Sofosbuvir/Velpatasvir (Epclusa) x 12 wks				Ledipasvir/Sofosbuvir (Harvoni) + RBV LD x 12 wks	
	Ledipasvir/Sofosbuvir (Harvoni) x 8 wks (HCV VL <6 million, non-black, HIV-uninfected)	Mavyret x 8 weeks	Ledipasvir/Sofosbuvir (Harvoni) x 12 wks	Mavyret x 12 wks	Sofosbuvir/Velpatasvir (Epclusa) x 24 wks* if RBV intolerant	Sofosbuvir/Velpatasvir (Epclusa) x 24 wks* if RBV intolerant
	Mavyret x 8 wks	Ledipasvir/Sofosbuvir (Harvoni) x 12 wks	Mavyret x 12 wks		Ledipasvir/Sofosbuvir (Harvoni) x 24 wks if RBV intolerant	
GT 2	Sofosbuvir/Velpatasvir (Epclusa) x 12 weeks		Sofosbuvir/Velpatasvir (Epclusa) x 12 weeks		Sofosbuvir/Velpatasvir (Epclusa) + RBV WB x 12 weeks	Sofosbuvir/Velpatasvir (Epclusa) + RBV WB X 12 weeks
	Mavyret x 8 wks		Mavyret x 12 wks		Sofosbuvir/Velpatasvir (Epclusa) x 24 wks* if RBV intolerant Dac / Sof / RBV LD x 12 wks	Sofosbuvir/Velpatasvir (Epclusa) x 24 wks* if RBV intolerant
GT 3	Sofosbuvir/Velpatasvir (Epclusa) x 12 weeks	Sofosbuvir/Velpatasvir (Epclusa) x 12 weeks (RAS testing for Y93H required)	Sofosbuvir/Velpatasvir (Epclusa) x 12 weeks (RAS testing for Y93H required)	Vosevi x 12 weeks	Sofosbuvir/Velpatasvir (Epclusa) + RBV WB x 12 weeks	Sofosbuvir/Velpatasvir (Epclusa) + RBV WB X 12 weeks
	Mavyret x 8 wks	Sofosbuvir/Velpatasvir (Epclusa) + RBV WB x 12 wks (when Y93H present)	Mavyret x 12 wks	Zepatier / Sovaldi x 12 wks*	Sofosbuvir/Velpatasvir (Epclusa) x 24 wks* if RBV intolerant	
			Mavyret x 16 wks	Sofosbuvir/Velpatasvir (Epclusa) + RBV WB x 12 wks (when Y93H present)	Sofosbuvir/Velpatasvir (Epclusa) + RBV x 12 wks Mavyret x 16 wks	Dac / Sof / RBV LD x 12 wks
GT 4	Zepatier x 12 weeks	Zepatier x 12 weeks* (virologic relapse after prior peginterferon/ribavirin)	Zepatier x 12 weeks	Zepatier x 12 weeks* (virologic relapse after prior peginterferon/ribavirin)	Sofosbuvir/Velpatasvir (Epclusa) + RBV WB X 12 weeks	Sofosbuvir/Velpatasvir (Epclusa) + RBV WB X 12 weeks
	Sofosbuvir/Velpatasvir (Epclusa) x 12 wks		Sofosbuvir/Velpatasvir (Epclusa) x 12 wks	Sofosbuvir/Velpatasvir (Epclusa) x 12 wks	Ledipasvir/Sofosbuvir (Harvoni) + RBV LD x 12 wks	
	Mavyret x 8 wks		Ledipasvir/Sofosbuvir (Harvoni) x 12 wks	Mavyret x 12 wks	Sofosbuvir/Velpatasvir (Epclusa) x 24 wks* if RBV intolerant	Sofosbuvir/Velpatasvir (Epclusa) x 24 wks* if RBV intolerant
	Ledipasvir/Sofosbuvir (Harvoni) x 12 wks		Mavyret x 12 wks		Ledipasvir/Sofosbuvir (Harvoni) x 24 wks* if RBV intolerant	
GT 5 & 6	Sofosbuvir/Velpatasvir (Epclusa) x 12 weeks				Sofosbuvir/Velpatasvir (Epclusa) + RBV WB X 12 weeks	Sofosbuvir/Velpatasvir (Epclusa) + RBV WB X 12 weeks
					Ledipasvir/Sofosbuvir (Harvoni) + RBV LD x 12 wks	
	Mavyret x 8 wks		Ledipasvir/Sofosbuvir (Harvoni) x 12 wks		Sofosbuvir/Velpatasvir (Epclusa) x 24 wks* if RBV intolerant	Sofosbuvir/Velpatasvir (Epclusa) x 24 wks* if RBV intolerant
Ledipasvir/Sofosbuvir (Harvoni) x 12 wks		Mavyret x 12 wks		Ledipasvir/Sofosbuvir (Harvoni) x 24 wks* if RBV intolerant		
Pre/Post Liver Transplant	Case by Case Review, Transplant Specialist Referral Required					