

Partnership HealthPlan of California Hepatitis C Treatment Regimens for Adults - Naïve to prior treatment and IFN experienced, Effective 7/1/18

| 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 | Mavyret x 8 weeks | | Mavyret x 12 weeks | | Epclusa / RBV WB X 12 weeks | | Epclusa / RBV WB x 24 wks* OR Harvoni / RBV LD x 12 wks |
| | Zepatier (no baseline NS5A RAVs) x 12 wks | | | | Harvoni / RBV LD x 12 wks | | |
| | Harvoni x 8 wks (HCV VL <6 million, non-black, HIV-uninfected) | Epclusa x 12 wks* | Epclusa x 12 wks | Epclusa x 12 wks* | Epclusa x 24 wks* if RBV intolerant | | |
| | Epclusa x 12 wks | Harvoni x 12 wks | Harvoni x 12 wks | | Harvoni x 24 wks* if RBV intolerant | | |
| GT 1b | Mavyret x 8 weeks | | Mavyret x 12 weeks | | Epclusa / RBV WB x 12 weeks | | Epclusa / RBV WB x 24 wks* OR Harvoni / RBV LD x 12 wks |
| | Zepatier x 12 wks | | | | Harvoni / RBV LD x 12 wks | | |
| | Harvoni x 8 wks (HCV VL <6 million, non-black, HIV-uninfected) | Epclusa x 12 wks* | Epclusa x 12 wks | Epclusa x 12 wks* | Epclusa x 24 wks* if RBV intolerant | | |
| | Epclusa x 12 wks | Harvoni x 12 wks | Harvoni x 12 wks | | Harvoni x 24 wks* if RBV intolerant | | |
| GT 2 | Mavyret x 8 weeks | | Mavyret x 12 weeks | | Epclusa / RBV WB x 12 weeks | | Epclusa / RBV WB x 24 wks* |
| | Epclusa x 12 wks | Epclusa x 12 wks* | Epclusa x 12 wks | Epclusa x 12 wks* | Dac / Sof / RBV LD x 12 wks | | |
| | | | | | Epclusa x 24 wks* if RBV intolerant | | |
| GT 3 | Mavyret x 8 weeks | Epclusa x 12 weeks* (RAS testing for Y93H required) | Mavyret x 12 weeks | Vosevi x 12 weeks* | Epclusa / RBV WB x 12 weeks | | Epclusa / RBV WB x 24 wks* |
| | Epclusa x 12 wks | Mavyret x 16 wks | Epclusa x 12 wks (RAS testing for Y93H required) | Zepatier / Sovaldi x 12 wks* | Dac / Sof / RBV LD x 12 wks | | |
| | | Vosevi x 12 wks (when Y93H present) | | Vosevi x 12 wks (when Y93H present) | Mavyret x 16 wks* | Epclusa x 24 wks* if RBV intolerant | |
| | | | | | Epclusa / RBV WB x 12 wks* | | |
| GT 4 | Mavyret x 8 weeks | | Mavyret x 12 weeks | | Epclusa / RBV WB X 12 weeks | | Epclusa / RBV WB x 24 wks* |
| | Zepatier x 12 wks | Zepatier x 12 wks* (virologic relapse after prior interferon/ribavirin therapy) | Zepatier x 12 wks | Zepatier x 12 wks* (virologic relapse after prior interferon/ribavirin therapy) | Harvoni / RBV LD x 12 wks | | |
| | Epclusa x 12 wks | Epclusa x 12 wks* | Epclusa x 12 wks | Epclusa x 12 wks* | Epclusa x 24 wks* if RBV intolerant Harvoni x 24 wks* if RBV intolerant | | |
| GT 5 & 6 | Mavyret x 8 weeks | | Mavyret x 12 weeks | | Epclusa / RBV WB X 12 weeks | | Epclusa / RBV WB x 24 wks* |
| | Epclusa x 12 wks | | | | Harvoni / RBV LD x 12 wks | | |
| | Harvoni x 12 wks | | | | Epclusa x 24 wks* if RBV intolerant Harvoni x 24 wks* if RBV intolerant | | |
| Pre/Post Liver Transplant | Case by Case Review, Transplant Specialist Referral Required | | | | | | |