

Hepatitis C Treatment Recommendation

Date _____ Patient Name _____ ANMC MRN _____ DOB _____
Diagnosis Date _____ Fibrosis Status _____ Based on: Liver Biopsy FibroScan APRI Other _____
Genotype _____ NS5A RAS (Previous DAA Tx failure or GT3 if cirrhotic & treating w/Epclusa) _____
Hep B Core Ab _____ Hep B Surface Ag _____ HBV DNA prior to treatment if either is positive _____
Treatment Experience: Treatment Naïve Previous Treatment _____

Recommendation:

_____ **Mavyret™** (glecaprevir/pibrentasvir) 300mg/120mg 3 tablets p.o. daily w/food.¹

Duration of treatment: _____ weeks.

Dispense one month supply (84 tablets) with _____ refills.

_____ **Epclusa®** (sofosbuvir/velpatasvir) 400mg/100mg one tablet p.o. daily.

Duration of treatment: _____ weeks.

Dispense one month supply (28 tablets) with _____ refills.

_____ **Harvoni®** (ledipasvir/sofosbuvir) 90mg/400mg one tablet p.o. daily.

Duration of treatment: _____ weeks.

Dispense one month supply (28 tablets) with _____ refills.

_____ **Vosevi®** (sofosbuvir/velpatasvir/voxilaprevir) 400mg/100mg/100mg one tablet p.o. daily w/food.¹

Duration of treatment: _____ weeks.

Dispense one month supply (28 tablets) with _____ refills.

_____ **Zepatier™** (elbasvir/grazoprevir) 50mg/100mg one tablet p.o. daily.¹

Duration of treatment: _____ weeks.

Dispense one month supply (28 tablets) with _____ refills.

_____ **Ribavirin** 200mg _____ tabs/caps p.o. in the a.m. and _____ tabs/caps p.o. in the p.m. with food.²

Patient's weight: _____ kg. Duration of treatment: _____ weeks.

Dispense one month supply (_____ tabs/caps) with _____ refills.

For appropriate ribavirin dosing see page 2 and refer to prescribing information for each medication.

****Note: PCP to reconcile medications and assess for potential drug-drug interactions prior to prescribing.****

Reviewed by the following ANTHC Liver Clinic provider:

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1- Cannot be given to patients with decompensated cirrhosis
2- For eGFR <50mL/min, ribavirin dose reduction required.

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Ribavirin Dosing

Ribavirin comes in a 200mg capsule or tablet. Ribavirin is given in divided doses (morning and evening) with food.

For patients with cirrhosis, a starting dose of 600mg daily divided between 2 doses (400mg qam and 200mg qpm) is recommended. This dose can be escalated gradually to weight-based if tolerated. Please consult Liver Clinic provider when treating a patient with cirrhosis.

Ribavirin weight-based dosing for Harvoni, Sovaldi, and Daklinza:

Weight	Ribavirin Dose
< 75 kg	600 mg qAM, 400 mg qPM (1000 mg daily)
≥ 75 kg	600 mg qAM, 600 mg qPM (1200 mg daily)

Ribavirin weight-based dosing for Zepatier:

Weight	Ribavirin Dose
< 66 kg	400 mg qAM, 400 mg qPM (800 mg daily)
66– 80 kg	600 mg qAM, 400 mg qPM (1000 mg daily)
81-105 kg	600 mg qAM, 600 mg qPM (1200 mg daily)
>105 kg	800 mg qAM, 600 mg qPM (1400 mg daily)

Ribavirin Dose Reduction

For creatinine clearance 30 to 50mL/min, ribavirin should be given as alternating doses, 200 mg and 400 mg every other day.

For patients with creatinine clearance < 30mL/min or on dialysis, ribavirin dose is 200 mg daily.

When hemoglobin drops below 10g/dl on treatment, ribavirin dose reduction is recommended.

See guidelines below:

Hgb (g/dl)	Action
≥ 10	Continue at weight-based dose
< 10	Reduce ribavirin to 600mg/day divided into 2 doses (400mg a.m. and 200mg p.m.)
< 8.5	Discontinue ribavirin temporarily and consult liver disease specialist. Once ribavirin has been withheld, an attempt may be made to restart at 600mg/day and further increase to 800mg/day. However, it is not recommended that ribavirin be increased to the original assigned dose (1000 or 1200mg/day).
Patients with history of stable cardiac disease and a decrease in Hgb of ≥ 2 g/dL during any 4-week treatment period, reduce ribavirin to 400 mg ORALLY every morning and 200 mg ORALLY every evening; discontinue if Hgb less than 12 g/dL after 4 weeks of reduced dose; if Hgb values improve, may restart at 600 mg ORALLY daily with further increase to 800 mg ORALLY daily; do not resume original assigned dose.	

Please visit our website for additional guidance on hepatitis C treatment <http://anthc.org/hep>