

Hepatitis C Treatment Medications & Dosing for Adults

Please refer to each drug's FULL prescribing information (PI) which can be found on our treatment page: <http://anthc.org/hep>. Also, AASLD/IDSA hepatitis C guidance www.hcvguidelines.org explains when to choose each regimen.

Epclusa® (Sofosbuvir/Velpatasvir) with or without Ribavirin

Epclusa® is a fixed-dose combination, pink diamond-shaped tablet of sofosbuvir 400mg and velpatasvir 100mg, taken once daily with or without food. The dose should not be changed. Velpatasvir requires an acidic environment; refer to PI for recommendations when using in conjunction with H2 antagonists or antacids. Use with PPIs is not recommended.

Harvoni® (Ledipasvir/Sofosbuvir) with or without Ribavirin

Harvoni® is a fixed-dose combination, orange diamond-shaped tablet of ledipasvir 90mg and sofosbuvir 400mg, taken once daily with or without food. The dose should not be changed. Ledipasvir absorption requires an acidic gastric environment; refer to PI for recommendations when using in conjunction with PPI, H2 antagonists, and antacids.

Mavyret™ (Glecaprevir/Pibrentasvir)

Mavyret™ is three pink colored oblong tablets, of fixed-dose combination glecaprevir 100mg and pibrentasvir 40mg (total daily dose 300mg and 120 mg). All three tablets are taken once daily with food. Do not give in decompensated cirrhosis.

Vosevi® (Sofosbuvir/Velpatasvir/Voxilaprevir) – For Retreatment, including Multiple DAA Failures

Vosevi® is a beige, capsule-shaped fixed dose combination tablet of sofosbuvir 400mg, velpatasvir 100mg and voxilaprevir 100mg, taken once daily with food. The dose should not be changed. Velpatasvir requires an acidic environment; refer to PI for recommendations when using in conjunction with PPIs, H2 antagonists, or antacids. Do not give in decompensated cirrhosis. Vosevi® with weight-based ribavirin can be given for multiple DAA treatment failures.

Sovaldi® (Sofosbuvir) with ribavirin and Mavyret™ – For Retreatment of Multiple DAA Failures

Sovaldi® is a yellow capsule-shaped 400mg tablet, taken once daily with or without food. The dose should not be changed. It may be prescribed with glecaprevir/pibrentasvir and ribavirin in the retreatment of HCV infection.

See ribavirin information and dosing on page 2.

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Ribavirin

Ribavirin comes in a 200 mg capsule or tablet and should be taken with food.

IMPORTANT: Pregnancy Category X.

Please note: If creatinine clearance is below 50mL/min, ribavirin dose reduction is required. Refer to Copegus® prescribing information for full information about ribavirin dose reduction for renal impairment (Section 2.4). Consult Liver Disease Specialist if any additional concerns.

Ribavirin dose is weight based (see tables below) and divided between two doses (morning and evening) with food.

Some patients with cirrhosis and baseline anemia, may need to start low dose ribavirin (600mg/day divided into 2 doses 400 mg in the am and 200 mg in the pm) and increase dose based on tolerance. Please consult Liver Disease Specialist when treating a patient with cirrhosis or if baseline Hgb is less than 12.

Ribavirin weight-based dosing for **Epclusa, Harvoni, or Sovaldi:**

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 Dose Reduction for Anemia

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

Hgb (g/dl)	Action
≥ 10	Continue at weight-based dose
< 10	Reduce ribavirin to 600 mg/day divided into 2 doses (400mg am & 200mg pm)
< 8.5	Discontinue ribavirin temporarily and consult liver disease specialist. Once ribavirin has been held, an attempt may be made to restart at 600 mg/day and further increase to 800 mg/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 every morning and 200 mg 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 daily with further increase to 800 mg daily; do not resume original assigned dose.	