Table 1. DAA treatment protocols for HCV Genotype 1 infection

Regimen	HCV Gt	No cirrhosis		Cirrhosis†		Efficacy (SVR)
		Treatment-naive	Treatment-experienced*	Treatment-naive	Treatment-experienced*	
Sofosbuvir 400mg, PO, daily + Ledipasvir 90mg, PO, daily	1a/b	12 wks **	12 wks	12 wks	24 wks***	≥ 95%
Paritaprevir/ritonavir (150mg/100mg), PO, daily + Ombitasvir 25mg, PO, daily + Dasabuvir250mg, PO, twice daily ± Ribavirin 1000/1200mg, PO, daily (weight-based)	1a	12 wks + RBV	12 wks + RBV	12 wks + RBV	24 wks + RBV	≥ 95%
	1b	12 wks	12 wks	12 wks	12 wks	
Sofosbuvir 400mg, PO, daily + Daclatasvir 60mg, PO, daily	1a/b	12 wks	12 wks$^{\Phi}$	12 wks$^{\Delta}$	12 wks$^{\Delta, \Phi}$	≥ 95%

† cirrhosis may be defined by histology or FibroScan® (liver stiffness ≥ 12.5 kPa)
* Treatment experience = peginterferon + ribavirin dual therapy
** 8 weeks may be considered if HCV RNA < 6×10^6 IU/mL
*** 12 weeks + RBV may be considered
$^{\Delta}$ consider adding ribavirin or extending treatment to 24 weeks in the setting of cirrhosis
$^{\Phi}$ 24 weeks is recommended for patients who have failed a protease inhibitor + peginterferon + ribavirin
Note – for Gt1 patients who have failed treatment with a protease inhibitor + peginterferon + ribavirin the preferred treatment is sofosbuvir + ledipasvir or sofosbuvir + ribavirin
Note – the combination of paritaprevir(/r) + ombitasvir + dasabuvir should not be used in patients with decompensated liver disease (Child-Pugh B/C)
Note – SOF is not recommended for patients with eGFR < 30 mL/min/1.73m^2

Table 2. DAA treatment protocols for HCV Genotype 2 and 3 infection

Regimen	HCV Gt	No cirrhosis†		Cirrhosis†		Efficacy (SVR)
		treatment-naive	treatment-experienced*	treatment-Naïve	treatment-experienced*	
Sofosbuvir 400mg, PO, daily + Ribavirin 1000/1200mg, PO, daily (weight-based)	2	12 wks	12 wks	12 wks‡	12 wks‡	> 90%
Sofosbuvir 400mg, PO, daily + Daclatasvir, 60mg, PO, daily	3	12 wks	12 wks	16 wks + RBV OR 24 weeks	16 wks + RBV OR 24 weeks	> 90%
Sofosbuvir 400mg daily + Ribavirin 1000/1200mg daily (weight-based)	3	24 wks	24 wks	24 wks‡	24 wks‡	58 - 95%**
Sofosbuvir 400mg, PO, daily + Peginterferon-α, SC, weekly + Ribavirin 1000/1200mg, PO, daily (weight-based)	3	12 wks	12 wks	12 wks	12 wks	> 85%

† Cirrhosis may be defined by histology or FibroScan® (liver stiffness ≥ 12.5 kPa)
* Treatment experience = peginterferon + ribavirin dual therapy
‡ Gt 2 + cirrhosis – SVR rates may be increased by extending duration to 16 – 24 weeks
** SVR rates vary from 90-95% for treatment naïve, non-cirrhotic individuals, to 58-76% for treatment-experienced, cirrhotic individuals

Table 3. Treatment protocols for HCV Genotype 4, 5 and 6 infection

Regimen	HCV Gt	No cirrhosis†		Cirrhosis†		Efficacy (SVR)	
		treatment-naive	treatment-experienced*	treatment-Naïve	treatment-experienced*		
Sofosbuvir 400mg, PO, daily + Peginterferon-α, SC, weekly + Ribavirin 1000/1200mg, PO, daily (weight-based)	4,5,6	12 wks	12 wks	12 wks	12 wks	> 90%*	
Simeprevir 150mg, PO, daily, 12 weeks + Peginterferon-α, SC, weekly, 24-48 weeks + Ribavirin 1000/1200mg, PO, daily, 24-48 weeks (weight-based)	4	24-48 wks**	Relapsers**: 24-48 wks Partial / null responders†: 48 weeks	24-48 weeks	Relapsers**: 24-48 wks Partial / null responders†: 48 wks	TN, F0-2 TN, F3-4 Relapser, F0-2 Relapser, F3-4 Partial, F0-2 Partial, F3-4 Null, F0-2 Null, F3-4	85% (22/26) 78% (7/9) 91% (10/11) 82% (9/11) 100% (5/5) 20% (1/5) 47% (8/17) 35% (7/20)

† cirrhosisX may be defined by histology or FibroScan® (liver stiffness ≥ 12.5 kPa)

* 97% (34/35) of treatment-naïve patients with Gt 4,5,6 HCV enrolled in the Neutrino study achieved SVR12. Treatment-experienced patients were not enrolled in the Neutrino study.

** response-guided therapy for treatment naïve / prior relapser patients – patients with undetectable HCV RNA at treatment week 4 should have total treatment duration = 24 weeks; patients with HCV RNA < 25 IU/mL but detectable at treatment Week 4, should have total treatment duration = 48 weeks; patients who have HCV RNA > 25 IU/mL at treatment week 4, all treatment should be discontinued.

† prior relapsers are patients who had undetectable HCV RNA at the end of prior interferon-based therapy and detectable HCV RNA during follow-up; prior partial responders are patients with prior on-treatment ≥ 2 log10 IU/mL reduction in HCV RNA from baseline at week 12 and detectable HCV RNA at the end of prior therapy with pegIFN plus RBV; prior null responders are patients with prior on-treatment < 2 log10 reduction in HCV RNA from baseline at week 12 or < 1 log10 reduction in HCV RNA from baseline at week 4 during prior therapy with pegIFN plus RBV.