

Hep C treatment regimes and dosage

1. Recommended treatment regime

Recommendations for treatment	Regimen type	Treatment duration (weeks)	
		Cirrhosis (APRI ≥ 1.5)	Non-cirrhosis (APRI < 1.5)
Preferred regimen	SOF/VEL	12	12
Alternative regimen 1	SOF/DCV	24	12
Alternative regimen 2	SOF/DCV + RBV	12	12

SOF=sofosbuvir, VEL=velpatasvir, DCV=daclatasvir, RBV=ribavirin

2. Dosage of HCV treatment regimes

DAA	Dosage, frequency and timing	Special considerations
Sofosbuvir	400mg once daily	It is not recommended in patients with severe renal impairment (estimated GFR $< 30 \text{ mL/min/1.73m}^2$).
Velpatasvir	100mg FDC ¹ once daily	It should be avoided in those taking Ritonavir boosted tipranavir, Efavirenz, Atravirine, and Nevirapine.
Daclatasvir	60 mg ² once daily	• Increase daclatasvir dosage to 90 mg per day when coadministered with Efavirenz. • Decrease daclatasvir dosage to 30 mg per day when coadministered with ○ Atazanavir/Ritonavir. ○ With the antibacterial; clarithromycin, telithromycin, erythromycin and ○ the antifungals; ketoconazole, itraconazole, posaconazole and voriconazole.
Ribavirin	200 mg capsule or 400 mg tablet or 500 mg tablet twice daily with a weight-based dose of 15mg/kg/day	Ribavirin dose adjustments and close monitoring should be made based on the severity of the renal dysfunction.
¹ .Body weight $\geq 30 \text{ kg}$ ² .Body weight $\geq 26 \text{ kg}$ Remark: To discuss with TechCos for body weights less than above.		