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Treatment-Naive Genotype 1a Without Cirrhosis

Recommended and alternative regimens listed by evidence level and alphabetically for:

Treatment-Naive Genotype 1a Patients Without Cirrhosis

RECOMMENDED	DURATION	RATING ①
Daily fixed-dose combination of elbasvir (50 mg)/grazoprevir (100 mg) for patients without baseline NS5A RASs ^a for elbasvir	12 weeks	I, A
Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) ^b	8 weeks	I, A
Daily fixed-dose combination of ledipasvir (90 mg)/sofosbuvir (400 mg)	12 weeks	I, A
Daily fixed-dose combination of ledipasvir (90 mg)/sofosbuvir (400 mg) for patients who are non-black, HIV-uninfected, and whose HCV RNA level is <6 million IU/mL	8 weeks	I, B
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)	12 weeks	I, A

ALTERNATIVE	DURATION	RATING ①
Daily fixed-dose combination of paritaprevir (150 mg)/ritonavir (100 mg)/ombitasvir (25 mg) with dasabuvir (600 mg) as part of an extended-release regimen or plus twice-daily dosed dasabuvir (250 mg), with weight-based ribavirin	12 weeks	I, A
Daily simeprevir (150 mg) plus sofosbuvir (400 mg)	12 weeks	I, A
Daily daclatasvir (60 mg) ^c plus sofosbuvir (400 mg)	12 weeks	I, B
Daily fixed-dose combination of elbasvir (50 mg)/grazoprevir (100 mg) with weight-based ribavirin for patients with baseline NS5A RASs ^a for elbasvir	12 weeks	IIa, B

^a Includes genotype 1a resistance-associated substitutions at amino acid positions 28, 30, 31, or 93 known to confer antiviral resistance.

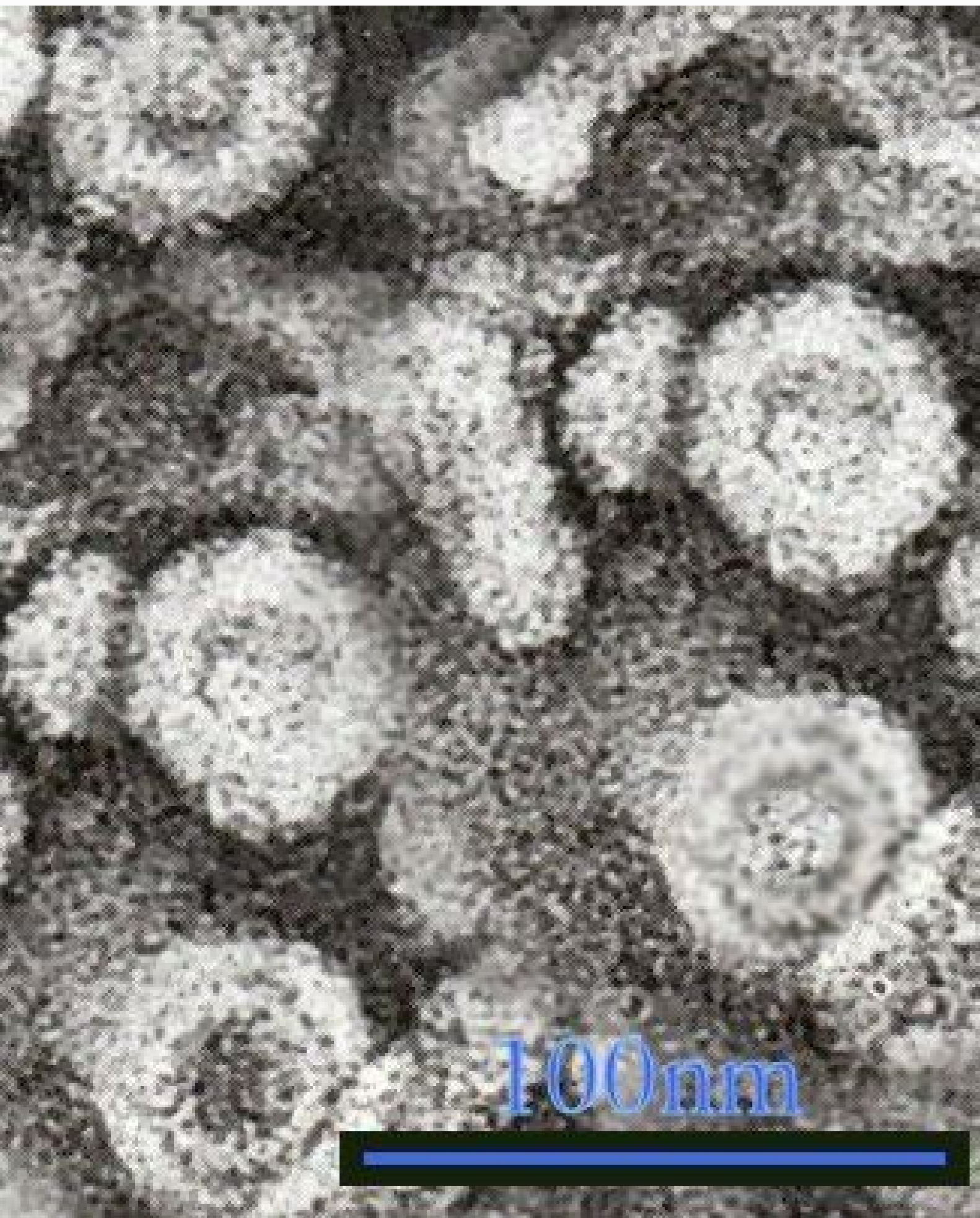
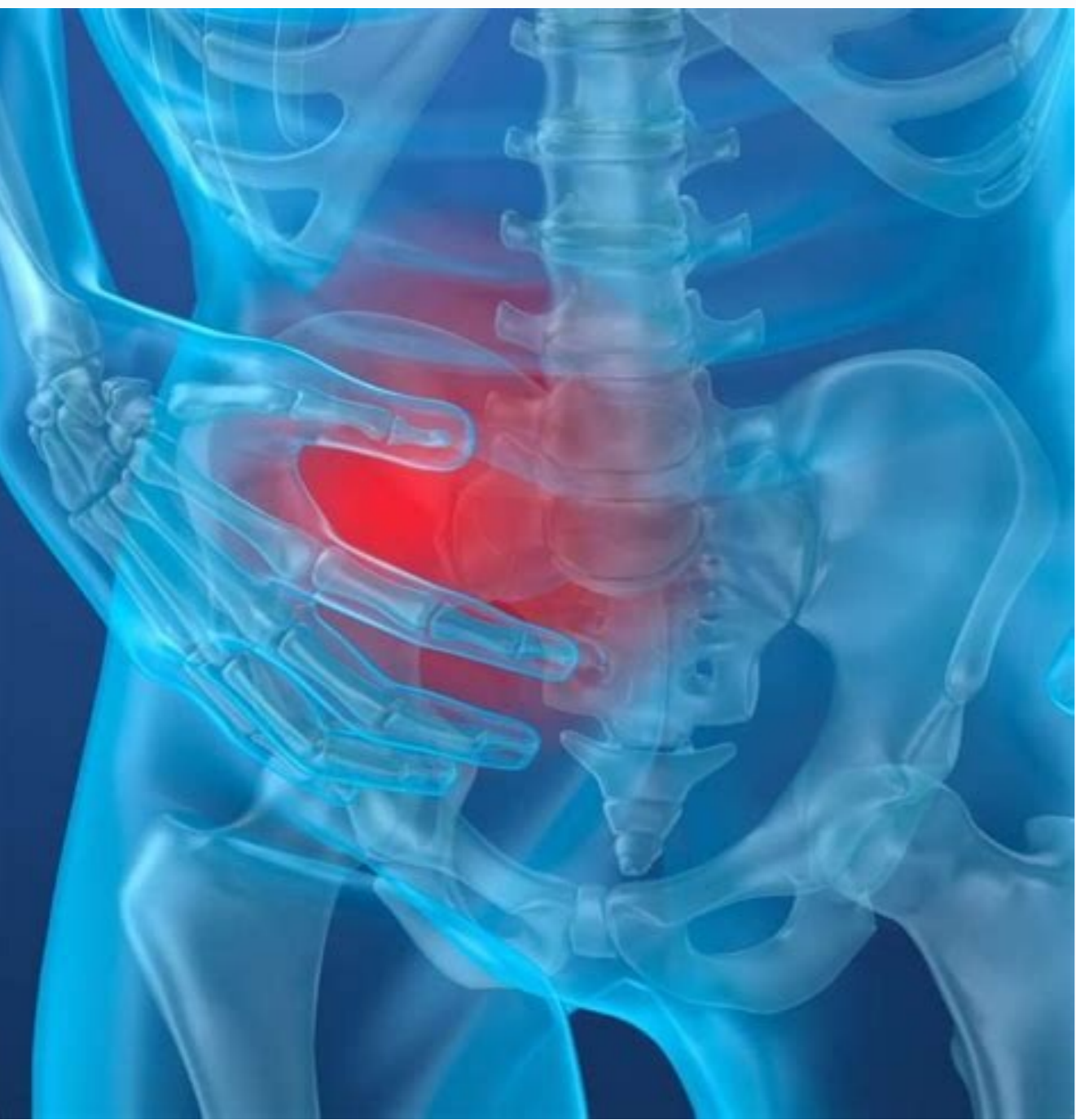
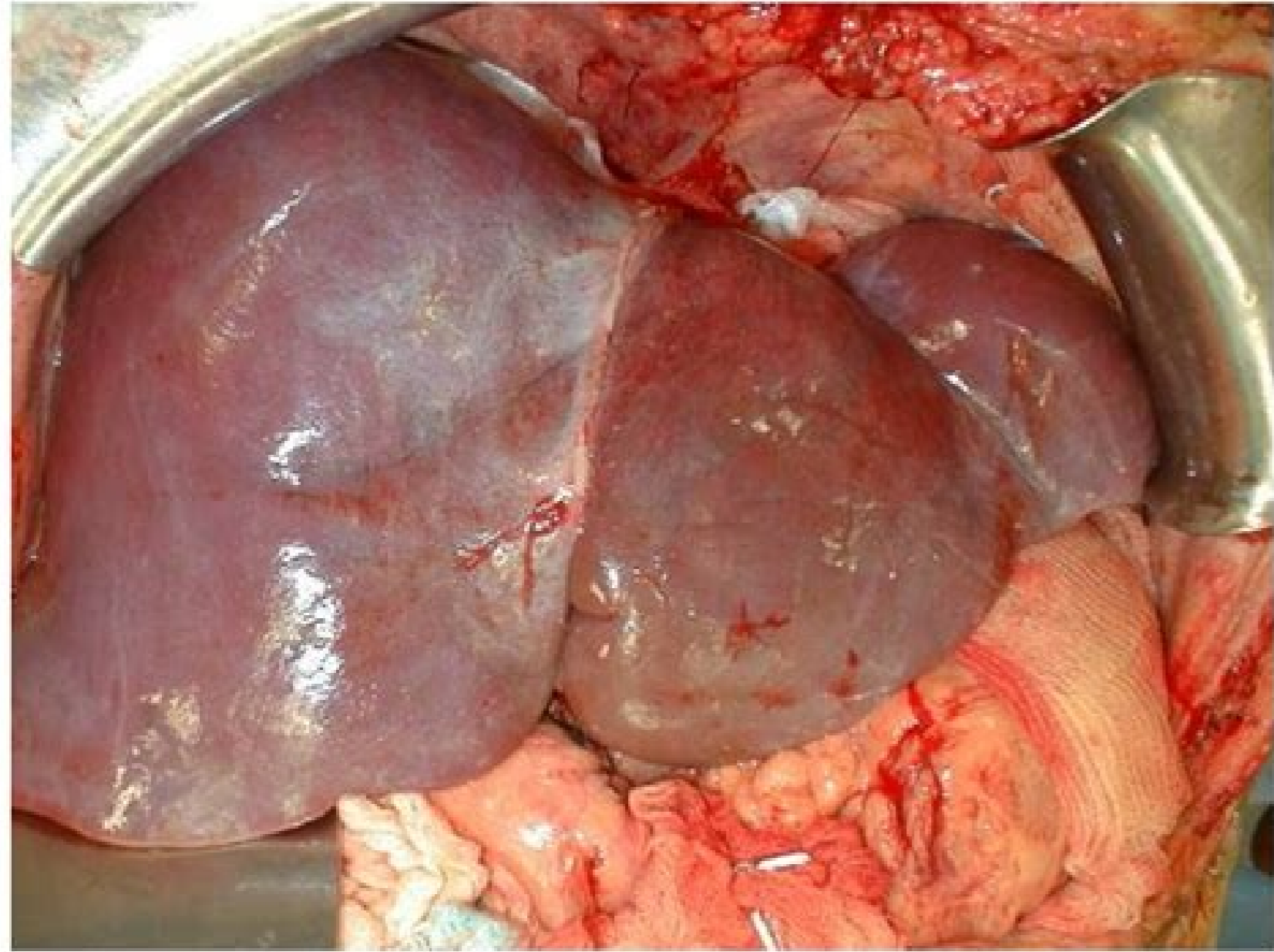
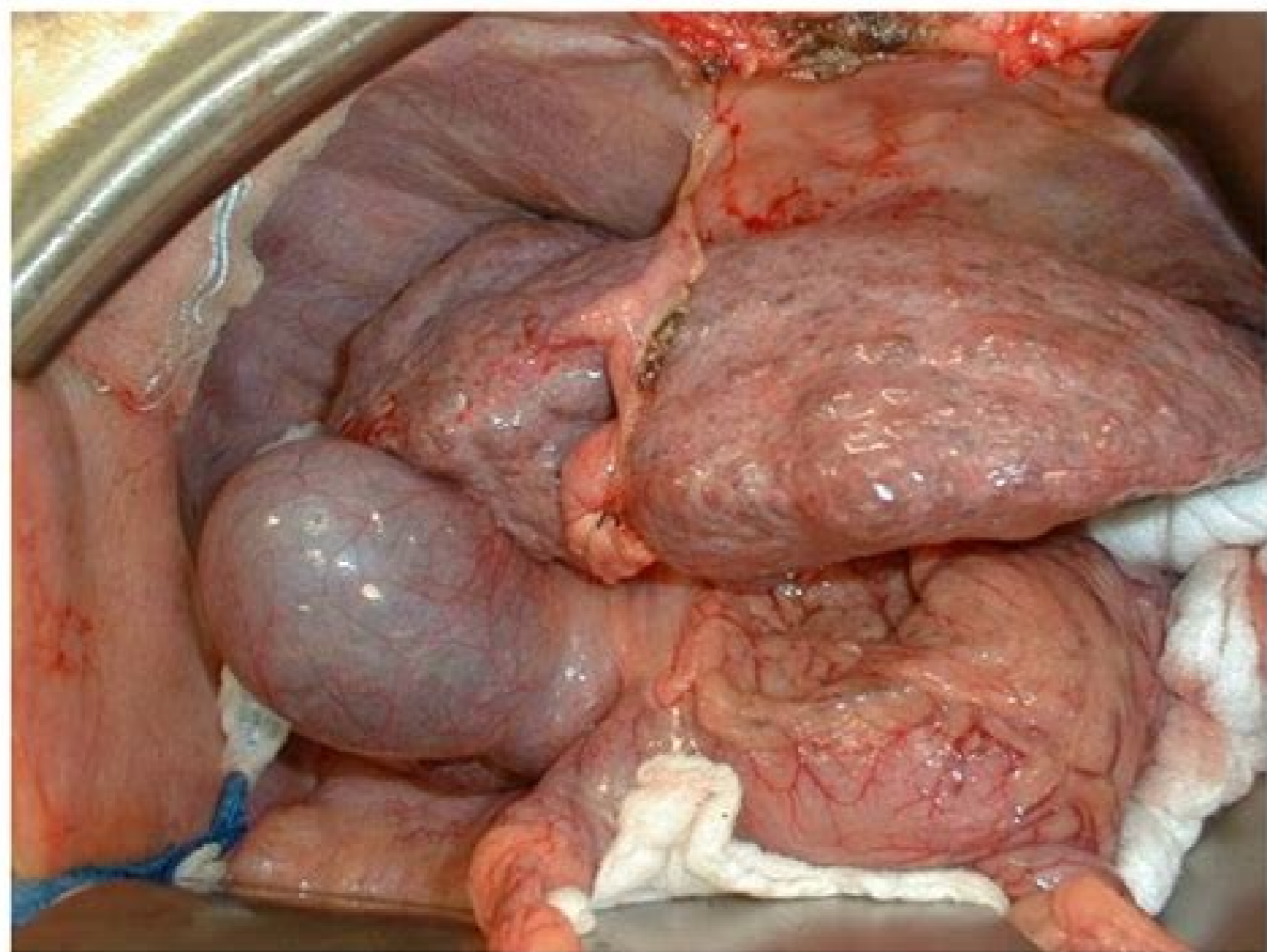
^b This is a 3-tablet coformulation. Please refer to the prescribing information.

^c The dose of daclatasvir may need to increase or decrease when used concomitantly with cytochrome P450 3A/4 inducers and inhibitors, respectively. Please refer to the prescribing information and the section on HIV/HCV coinfection for patients on antiretroviral therapy.

Table 1. Who Should Be Screened for HCV?
One-time screening is recommended for those who:

Were born between 1945 and 1965, regardless of country of birth	<input type="checkbox"/>
Are currently using or have ever used injected or intranasal illicit drugs, even if only once or only in the distant past	<input type="checkbox"/>
Were given clotting factor concentrates produced before 1987	<input type="checkbox"/>
Were given a blood transfusion or an organ transplant before July 1992	<input type="checkbox"/>
Are currently being or have ever been treated with long-term hemodialysis	<input type="checkbox"/>
Have abnormal ALT levels or unexplained chronic liver disease	<input type="checkbox"/>
Work in healthcare or public safety and were exposed to HCV-positive blood through a needle stick, other injury by a sharp object, or mucosal contact	<input type="checkbox"/>
Have HIV infection	<input type="checkbox"/>
Have ever been incarcerated	<input type="checkbox"/>
Are children born to HCV-infected mothers	<input type="checkbox"/>

AASLD Clinical Practice Guidelines: HCV. *Hepatology*. 2016;62(5):931-945.



Management of alcoholic hepatitis guidelines. Can you fully recover from alcoholic hepatitis. Is alcoholic hepatitis treatable. Acute alcoholic hepatitis treatment guidelines. Can you treat alcoholic hepatitis.

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Page 10 of 10

Page 10 of 10

Page 10 of 10

Page 10 of 10

Page 10 of 10

Page 10 of 10

Page 10 of 10

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Page 10 of 10

Page 10 of 10

Page 10 of 10

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