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## Methods

The guidance was developed by a panel of HCV experts in the fields of hepatology and infectious diseases using an evidence-based review of information that is largely available to healthcare practitioners. The processes and detailed methods for developing the guidance are detailed in [Methods Table 1](#). Recommendations are rated according to the strength of the recommendation and quality of the supporting evidence (see [Methods Table 2](#)) ([AASLD-IDSA, 2015](#)). Commonly used abbreviations are defined in [Methods Table 3](#).

The panel regularly reviews available data to determine whether a regimen should be classified as recommended, alternative, or not recommended for particular patient subgroups. Recommended regimens are those that are favored for most patients in a given subgroup based on optimal efficacy, favorable tolerability and toxicity profiles, treatment duration, and pill burden. Alternative regimens are those that are effective but, relative to recommended regimens, have potential disadvantages, limitations for use in certain patient populations, or less supporting data than recommended regimens. In certain circumstances, an alternative regimen may be optimal for a specific patient situation. Not recommended regimens are clearly inferior to recommended or alternative regimens due to factors such as lower efficacy, unfavorable tolerability and toxicity, longer treatment duration, and/or higher pill burden. Unless otherwise indicated, such regimens should not be administered to patients with HCV infection.

**Last update:** November 6, 2019

[AASLD/IDSA HCV guidance panel. Hepatitis C guidance: AASLD-IDSA recommendations for testing, managing, and treating adults infected with hepatitis C virus. \*Hepatology\*. 2015;\(62\):932-954.](#)

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