

NOTICE: Guidance for hepatitis C treatment in adults is changing constantly with the advent of new therapies and other developments. A static version of this guidance, such as printouts of this website material, booklets, slides, and other materials, may be outdated by the time you read this. We urge you to review this guidance on this website (www.hcvguidelines.org) for the latest recommendations.

The landscape of treatment for hepatitis C virus (HCV) infection has evolved substantially since the introduction of highly effective HCV protease inhibitor therapies in 2011. The pace of change has increased rapidly as numerous new drugs with different mechanisms of action have become available over the past few years. To provide healthcare professionals with timely guidance as new therapies become available and are integrated into HCV regimens, the Infectious Diseases Society of America (IDSA) and American Association for the Study of Liver Diseases (AASLD), developed a web-based process for the rapid formulation and dissemination of evidence-based, expert-developed recommendations for hepatitis C management.

The AASLD/IDSA guidance on hepatitis C addresses management issues ranging from testing and linkage to care, the crucial first steps toward improving health outcomes for HCV-infected persons, to the optimal treatment regimen in particular patient situations. Recommendations are evidence based and rapidly updated as new data from peer-reviewed research become available. For each treatment option, recommendations reflect the best possible management for a given patient and a given point of disease progression. Recommendations are rated with regard to the level of the evidence and strength of the recommendation. The AASLD/IDSA guidance on hepatitis C is supported by the membership-based societies and not by pharmaceutical companies or other commercial interests. The governing boards of AASLD and IDSA have appointed an oversight committee of 4 co-chairs and selected panel members from the societies.

This guidance should be considered a living document in that the recommendations are updated frequently as new information and treatments become available. This continually evolving report provides guidance on FDA-approved regimens. At times, it may also recommend off-label use of certain drugs or tests, or provide guidance for regimens not yet approved by the FDA. Readers should consult prescribing information and other resources for further information. In the future, treatment recommendations may be further guided by data from cost-effectiveness studies.

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