

Initial Treatment of Adults with HCV Infection

Initial treatment of HCV infection includes adults with chronic hepatitis C who have not been previously treated with interferon, peginterferon, ribavirin, or any HCV direct-acting antiviral (DAA) agent, whether investigational or US Food and Drug Administration (FDA) approved.

[Simplification of the treatment regimen](#) may expand the number of health care professionals who prescribe antiviral therapy and increase the number of persons treated. These potential benefits align with the National Academies of Science, Engineering, and Medicine strategy to reduce cases of chronic HCV infection by 90% by 2030 ([NAS, 2017](#)).

- [Simplified Pangenotypic HCV Treatment for Treatment-Naive Adults Without Cirrhosis](#)
- [Simplified Pangenotypic HCV Treatment Algorithm for Treatment-Naive Adults With Compensated Cirrhosis](#)

The level of evidence available to inform the best regimen for each person and the strength of the recommendation vary and are rated accordingly (see [Methods Table 2](#)). In addition, specific recommendations are given when treatment differs for a particular group (eg, those infected with different genotypes). Recommended regimens are those that are favored for most people in a given group, based on optimal efficacy, favorable tolerability and toxicity profiles, and treatment duration. 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 situations, an alternative regimen may be an optimal regimen for an individual person or clinical setting.

Specific considerations for [children](#), pregnant persons, and [people with HIV/HCV coinfection](#), hepatocellular carcinoma, [decompensated cirrhosis](#) (moderate or severe hepatic impairment; [Child-Turcotte-Pugh \[CTP\] class B or C](#)), HCV infection [post liver transplantation](#), [severe renal impairment](#), end-stage renal disease, or [post kidney transplantation](#) are addressed in other sections of the guidance.

Recommended and alternative regimens are listed by pangenotypic activity and in order of level of evidence. When several regimens are at the same recommendation level, they are listed in alphabetical order. Regimen choice should be determined based on patient-specific data including drug-drug interactions. People receiving antiviral therapy require careful pretreatment assessment for comorbidities that may influence treatment response or regimen selection. All persons should have access to an HCV care practitioner during treatment, although preset clinic visits and/or blood tests depend on the treatment regimen and may not be required for all regimens/patients. People receiving ribavirin require additional monitoring for anemia during treatment (see [Monitoring](#) section).

The following pages include guidance for management of treatment-naive adults by genotype (although most individuals will fall into the simplified treatment algorithms above).

- [Genotype 1](#)
- [Genotype 2](#)
- [Genotype 3](#)
- [Genotype 4](#)
- [Genotype 5 or 6](#)

Mixed Genotypes

Rarely, genotyping assays may indicate the presence of a mixed infection (eg, genotypes 1a and 2). Treatment data for mixed genotypes with DAAs are sparse but utilization of a pangenotypic regimen is recommended in this circumstance ([Chiu, 2020](#)). When the optimal combination or duration of treatment is unclear, expert consultation should be sought.

Related References

Chiu WN, Hung CH, Lu SN, et al. [Real-world effectiveness of glecaprevir/pibrentasvir and ledipasvir/sofosbuvir for mixed genotype hepatitis C infection: a multicenter pooled analysis in Taiwan](#). *J Viral Hepat*. 2020;27(9):866-872. doi:10.1111/jvh.13305.

National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on a National Strategy for the Elimination of Hepatitis B and C; Buckley GJ, Strom BL, eds. *A National Strategy for the Elimination of Hepatitis B and C, Phase Two Report*. National Academies Press; 2017.

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