Requests for Advice Regarding CDEC Recommendations for Hepatitis C Drugs

As part of a CADTH therapeutic review (Drugs for Chronic Hepatitis C Infection), CDEC issued evidence-informed recommendations in November 2015 to address the optimal use of all currently available interferon-free treatments for chronic hepatitis C (CHC) infection for multiple genotypes. These recommendations stated the following:

1. All patients with CHC infection should be considered for treatment, regardless of fibrosis score. Given the potential impact on health system sustainability of treating all patients with CHC infection on a first-come basis, priority for treatment should be given to patients with more severe disease.

2. Ledipasvir/sofosbuvir and paritaprevir/ritonavir/ombitasvir + dasabuvir ± ribavirin (RBV) as preferred regimens for treatment-naive and peginterferon plus RBV-experienced patients with CHC genotype 1 infection, regardless of cirrhosis status.

3. The following are preferred regimens for patients with CHC infection genotypes 2 through 4:
   - genotype 2: sofosbuvir/ribavirin for 12 weeks
   - genotype 3 without cirrhosis: daclatasvir/sofosbuvir for 12 weeks
   - genotype 3 with cirrhosis: sofosbuvir/RBV for 24 weeks
   - genotype 4 treatment-naive without cirrhosis: sofosbuvir/pegylated interferon/RBV for 12 weeks
   - genotype 4 treatment-experienced or with cirrhosis regardless of treatment experience: insufficient evidence to make a recommendation.

4. CDEC considered there to be insufficient evidence to make a recommendation for patients with CHC genotype 5 or 6 infection.

The CDR-participating jurisdictions have submitted a request for advice to inquire if the CDEC recommendations for Harvoni, Sovaldi, Holkira Pak, and Daklinza should be updated to align with the CDEC recommendations from the Therapeutic Review of Drugs for Chronic Hepatitis C Infection?