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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*?