

THE 2021 **POSITIVELY AWARE**  
**HEPATITIS**  
**DRUG CHART**



**Hepatitis B (HBV)** is treated with either an oral antiviral medication over the long-term, or with an injectable immunostimulator that one takes for 24 to 48 weeks (6–12 months). Recommendations may be different in HIV co-infection. Drugs are listed in alphabetical order. See drug page or package insert for complete information on dosage and treatment duration requirements.



**Baraclude**  
entecavir (ETV)

**ADULT (AGE 16 AND OLDER):** Treatment naïve with compensated liver disease, one 0.5 mg tablet once daily. **ADULT WITH DECOMPENSATED LIVER DISEASE OR TREATMENT-EXPERIENCED WITH COMPENSATED LIVER DISEASE:** 1 mg once per day. Dose adjustments needed for individuals with kidney disease or significant toxicity. See package insert and consult a medical provider for more detail. **PEDIATRIC (AGE 2–15):** Dosing based on weight and treatment experience. See drug page and consult a medical provider for details. Generic tablet available. Tablet and solution are interchangeable. Baraclude should always be taken on an empty stomach (no food 2 hours before or 2 hours after taking pill).



**Vemlidy**  
tenofovir alafenamide (TAF)

**ADULT:** One 25 mg tablet once daily, with food. Not recommended for individuals with kidney disease if creatinine clearance is below 15 mL per minute who are not receiving chronic hemodialysis or for individuals with decompensated cirrhosis. On dialysis days, doses are given after completion of dialysis. Not recommended for children.



**Viread**  
tenofovir disoproxil fumarate (TDF)

**ADULT:** One 300 mg tablet once per day, with or without food. **FDA APPROVED FOR PEDIATRIC PATIENTS AGE 2 AND OLDER WEIGHING AT LEAST 22 POUNDS (WEIGHT-BASED DOSING REQUIRED):** Oral powder and smaller tablets available. Dose adjustment needed for adults with kidney disease. See drug page and consult a medical provider for more information. Generic available.



**Pegasys**  
peginterferon alfa-2a (PEG-IFN)

**Pegasys (preferred in adults):** 180 mcg injected subcutaneously once per week for 48 weeks.



**Intron A**  
interferon alfa-2b

**Intron A (preferred in pediatrics):** **PEDIATRIC PATIENTS (AGE 1 AND OLDER):** 3 million IU/m<sup>2</sup> subcutaneously three times a week (TIW) for the first week of therapy followed by dose escalation to 6 million IU/m<sup>2</sup> subcutaneously TIW (maximum of 10 million IU TIW) injections. **ADULTS:** 30–35 million IU/m<sup>2</sup> subcutaneously as 5 million IU daily or 10 million IU TIW.

Treatment length is 16–24 weeks. No food restrictions for either product.

FDA approved HBV medications that are not preferred:



**Epivir-HBV**  
lamivudine (3TC)



**Hepsera**  
adefovir (ADV)

**Hepatitis C (HCV)** is treated with a fixed-dose combination (FDC) medication for 8 to 12 weeks for most patients; rarely some people need up to 24 weeks (see drug page). The majority are approved for HIV/HCV co-infection. Drugs are listed in alphabetical order. See drug page or package insert for complete information on dosage and treatment duration requirements. These are AASLD/IDSA recommended FDA-approved medications for both treatment-naïve and treatment-experienced people.



**Epclusa**  
sofosbuvir/velpatasvir (SOF/VEL)  
GENOTYPE 1 2 3 4 5 6

**ADULT:** One FDC tablet once daily, with or without food. **FDA APPROVED FOR PEDIATRIC PATIENTS AGE 3 AND OLDER (WEIGHT-BASED DOSING REQUIRED):** Two pellet formulas available. Ribavirin may be included in patients with decompensated cirrhosis. Generic available.



**Harvoni**  
sofosbuvir/ledipasvir (SOF/LDV)  
GENOTYPE 1 4 5 6

**ADULT:** One FDC tablet once daily, with or without food. **FDA APPROVED FOR PEDIATRIC PATIENTS AGE 3 AND OLDER (WEIGHT-BASED DOSING REQUIRED):** Smaller tablets and pellets available. Ribavirin may be added in people with decompensated cirrhosis or liver transplant recipients with cirrhosis (compensated or decompensated). Generic available.



**Mavyret**  
glecaprevir/pibrentasvir (GLE/PIB)  
GENOTYPE 1 2 3 4 5 6

**ADULT:** Three FDC tablets once daily, with food. **FDA APPROVED FOR PEDIATRIC PATIENTS AGE 3 AND OLDER (WEIGHT-BASED DOSING REQUIRED):** Pellets available. May be taken by those with compensated cirrhosis. Contraindicated in decompensated cirrhosis.



**Vosevi**  
sofosbuvir/velpatasvir/voxilaprevir (SOF/VEL/VOX)  
GENOTYPE 1 2 3 4 5 6

One FDC tablet once daily, with food; may be taken by people with compensated cirrhosis. Contraindicated in decompensated cirrhosis. Not FDA approved for use in co-infection, but may be considered.



**Zepatier**  
grazoprevir/elbasvir (GZR/EBR)  
GENOTYPE 1 4

One FDC tablet once daily, with or without food. Ribavirin may be added in certain patient populations. Zepatier cannot be taken by people with moderate or severe liver impairment.

FDA approved HCV medications that are no longer or rarely used:



**Sovaldi**  
sofosbuvir (SOF)  
(Sofosbuvir is used in FDCs.)



ribavirin (RBV)  
(PHOTO UNAVAILABLE)

Drug chart information is current as of June 11, 2021. For the complete POSITIVELY AWARE 2021 Hepatitis Drug Guide, go to [positivelyaware.com](http://positivelyaware.com). To request additional copies of the Hepatitis Drug Guide or Chart, email [distribution@tpan.com](mailto:distribution@tpan.com). SOURCES: Medication prescribing information and the American Association for the Study of Liver Diseases (AASLD).