HepCBC Hepatitis C Education and Prevention Society
Patient Group recommendation for Daklinza™
February 23, 2016

General Recommendations:

(a) HepCBC supports the CDEC recommendations that all patients with CHC should be considered for treatment, regardless of fibrosis score. We recognise priority needs to be given to those with advanced liver disease, according to the concept of Treatment as Prevention of morbidity/mortality. However there is also clear evidence that the sooner hepatitis C treatment is given, the greater the chance of achieving SVR, the greater chance that liver cancer (and cancer in general), liver failure and transplant, plus other morbidities and mortality will be prevented, and the greater number of QALYs gained.

(b) HepCBC also supports the addition of one-time-only age-cohort testing for hepatitis C to the current Canadian hepatitis screening guidelines. This action could result in identifying and being able to treat almost every Canadian with hepatitis C. This would greatly enhance the total benefit of these medications to our society as well as providing a good rationale for the TCPA to negotiate lower prices per treatment.

Recommendation for: Daklinza™ (treatment for CHC, genotypes 1 - 6):

HepCBC supports modifications and updates to the CDEC recommendations for Daklinza™ (daclatasvir) as an approved treatment for CHC with modifications as follows:

1. Daklinza™ in combination with sofosbuvir for 12 weeks for **genotype 1** (no cirrhosis).

2. Daklinza™ in combination with sofosbuvir + ribavirin for 12 weeks for **genotype 1** (cirrhosis).

3. Daklina™ in combination with sofosbuvir for 24 weeks for **genotype 1** (cirrhosis and ribavirin intolerant).

4. Daklinza™ in combination with sofosbuvir for 12 weeks for **genotype 2**.

5. Daklinza™ in combination with sofosbuvir for 12 weeks for **genotype 3** (no cirrhosis).

6. Daklinza™ in combination with sofosbuvir + ribavirin for 24 weeks for **genotype 3** (treatment-experienced and/or cirrhosis).

7. Daklinza™ in combination with sofosbuvir for 12 weeks for **genotype 4** (no cirrhosis).

8. Daklinza™ in combination with sofosbuvir + ribavirin for 12 weeks for **genotype 4** (cirrhosis).

9. Daklinza™ in combination with sofosbuvir for 24 weeks for **genotype 4** (cirrhosis and ribavirin-intolerant).

10. Daklinza™ in combination with sofosbuvir for 12 weeks for **genotypes 5 & 6** (no cirrhosis).

11. Daklinza™ in combination with sofosbuvir + ribavirin for 12 weeks for **genotypes 5 & 6** (cirrhosis).

12. Daklinza™ in combination with sofosbuvir for 24 weeks for **genotypes 5 & 6** (cirrhosis).

The recommendations/modifications are mainly supported by:

EASL guidelines:
http://www.easl.eu/medias/cpg/HEPC-2015/Full-report.pdf

and also (in part) by both:

AASLD guidelines:
http://www.hcvguidelines.org/

CASL guidelines:
http://www.liver.ca/files/Professional_Education___Partnerships/Information___Resources_for_HCP/CASL_Hep_C_Consensus_Guidelines_Update_-_Jan_2015.pdf