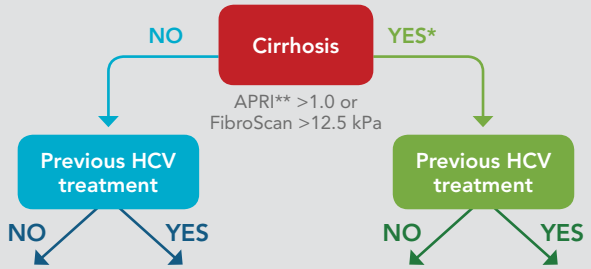
HCV TREATMENTS QUICK REFERENCE TOOL

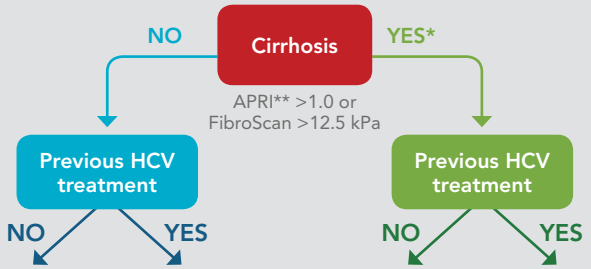
ashm

HCV GENOTYPE 1



	No cirrhosis		Cirrhosis	
	Treatment-naive	Treatment-experienced	Treatment-naive	Treatment-experienced
HCV genotype 1 regimen				
Sofosbuvir + Ledipasvir **(Harvoni®)**	8 or 12 wks[1]	12 wks[2]	12 wks	24 wks[2]
Sofosbuvir + Daclatasvir[3] ± Ribavirin[6] **(Sovaldi® + Daklinza® ± Ibavyr®)**	12 wks	12 or 24 wks[4]	12 wks + Ribavirin 24 wks (no Ribavirin)	12 wks + Ribavirin 24 wks (no Ribavirin)
Paritaprevir/Ritonavir + Ombitasvir + Dasabuvir + Ribavirin[6] **(Viekira Pak RBV®)**	G1a: 12 wks	G1a: 12 wks	G1a: 12 wks	G1a: 12 or 24 wks[5]
Paritaprevir/Ritonavir + Ombitasvir + Dasabuvir **(Viekira Pak®)**	G1b: 12 wks	G1b: 12 wks	G1b: 12 wks	G1b: 12 wks
Grazoprevir/Elbasvir **(Zepatier®)** ± Ribavirin[6] **(Ibavyr®)**	12 wks	GT1a, Relapser & G1b: 12 wks GT1a, On-treatment virologic failures[10]: 16 wks + Ribavirin	12 wks	GT1a, Relapser & G1b: 12 wks GT1a, On-treatment virologic failures[10]: 16 wks + Ribavirin
Sofosbuvir / Velpatasvir **(Epclusa®)** ± Ribavirin **(Ibavyr®)**	12 wks	12 wks	12 wks + Ribavirin[7]	12 wks + Ribavirin[7]

HCV GENOTYPE 2 / 3



	No cirrhosis		Cirrhosis	
	Treatment-naive	Treatment-experienced	Treatment-naive	Treatment-experienced
HCV genotype 2 regimen				
Sofosbuvir / Velpatasvir **(Epclusa®)** ± Ribavirin **(Ibavyr®)**	12 wks	12 wks	12 wks + Ribavirin[7]	12 wks + Ribavirin[7]
HCV genotype 3 regimen				
Sofosbuvir + Daclatasvir[4] ± Ribavirin[6] **(Sovaldi® + Daklinza® ± Ibavyr®)**	12 wks	12 wks[8]	12 wks + Ribavirin or 24 wks[8]	12 wks + Ribavirin or 24 wks[8]
Sofosbuvir / Velpatasvir **(Epclusa®)** ± Ribavirin **(Ibavyr®)**	12 wks	12 wks	12 wks + Ribavirin[7,9]	12 wks + Ribavirin[7,9]

***IF PATIENT HAS CIRRHOSIS, REFER TO A SPECIALIST FOR ASSESSMENT**

****REFER FOR FIBROSCAN IF POSSIBLE**

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ashm
Supporting the HIV, Viral Hepatitis and Sexual Health Workforce
UNSW AUSTRALIA
Kirby Institute

HCV TREATMENTS QUICK REFERENCE TOOL

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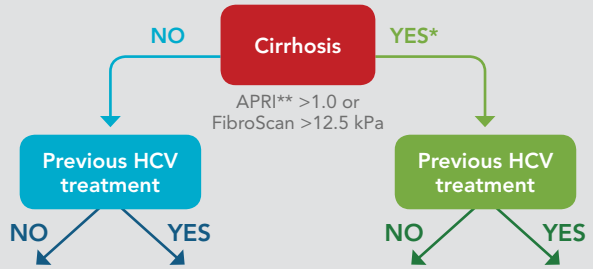
HCV GENOTYPE 4 / 5 / 6



	No cirrhosis		Cirrhosis	
	Treatment-naive	Treatment-experienced[12]	Treatment-naive	Treatment-experienced[12]
HCV genotype 4 regimen				
Grazoprevir/Elbasvir **(Zepatier®)** ± Ribavirin[6] **(Zepatier® ± Ibavyr®)**	12 wks	Relapser[8]: 12 wks On-treatment virologic failures[10]: 16 wks + Ribavirin	12 wks	Relapser[8]: 12 wks On-treatment virologic failures[10]: 16 wks + Ribavirin
Sofosbuvir / Velpatasvir **(Epclusa®)** ± Ribavirin **(Ibavyr®)**	12 wks	12 wks	12 wks + Ribavirin[7]	12 wks + Ribavirin[7]
HCV genotype 5/6 regimen				
Sofosbuvir / Velpatasvir **(Epclusa®)** ± Ribavirin **(Ibavyr®)**	12 wks	12 wks	12 wks + Ribavirin[7]	12 wks + Ribavirin[7]

1 8 weeks may be considered if HCV RNA level is < 6 million IU/mL in treatment naïve people with no cirrhosis. Otherwise treat for 12 weeks.

2 Sofosbuvir / ledipasvir can be used to treat people in whom either pegIFN + ribavirin dual therapy or protease inhibitor + pegIFN + ribavirin triple therapy has failed.

3 Daclatasvir dose modification is required when used in combination with specific antiretroviral therapies for HIV (see Section 10.3.3 of the Recommendations for the management of hepatitis C virus infection: a consensus statement 2016).

4 Sofosbuvir + daclatasvir (no ribavirin) for 12 weeks recommended for people with no cirrhosis in whom pegIFN + ribavirin or sofosbuvir + ribavirin has previously failed; 24 weeks (no ribavirin) recommended for people with cirrhosis in whom pegIFN + ribavirin has previously failed; 24 weeks (no ribavirin) recommended for all people in whom a protease inhibitor + pegIFN + ribavirin has failed.

5 24 weeks recommended treatment duration for PrOD plus ribavirin in people with Gt 1a HCV & cirrhosis who have had a previous null response to pegIFN and ribavirin therapy. PrOD therapy is not recommended for people who did not respond to previous therapy that included an HCV protease inhibitor or an NS5A inhibitor.

6 Ribavirin dosing is weight-based; recommended dose 1000 mg for people weighing < 75 kg and 1200 mg for people weighing ≥ 75 kg.

7 Sofosbuvir + velpatasvir for patients with decompensated cirrhosis, use in combination with ribavirin.

8 Sofosbuvir + daclatasvir (no ribavirin) for 12 weeks is recommended for people with no cirrhosis in whom pegIFN + ribavirin or sofosbuvir + ribavirin has previously failed; 24 weeks (no ribavirin) is recommended for people with cirrhosis in whom pegIFN + ribavirin or sofosbuvir + ribavirin has previously failed.

9 Sofosbuvir + velpatasvir for patients with genotype 3 infection with compensated cirrhosis: consider addition of ribavirin

10 Relapser = patient who failed to achieve SVR despite achieving an end-of-treatment response; on-treatment virological failure = patient who has had a null response, partial response, virological breakthrough or rebound, or intolerance to prior treatment.

11 Treatment experienced are people who did not respond to pegIFN + ribavirin therapy.

TREATMENT AND POST-TREATMENT MONITORING

Assessment	Week 0	Week 4	Week 12 ± 24 (EOT)	Week 12 after EOT (SVR)
Full blood examination	●			
Urea and electrolytes	●			
Liver function tests	●	●	●	●
HCV RNA levels (quantitative)	●	● (optional)		
HCV RNA PCR (qualitative)			● (optional)	●

EOT: End of treatment, SVR = sustained virological response at least 12 weeks after treatment (cure)

- People treated with elbasvir plus grazoprevir should have LFTs at Week 8 to screen for hepatotoxicity. The Week 8 LFTs may be done as an alternative to Week 4 LFTs.
- Routine on-treatment HCV RNA testing is not mandated but may be considered where there is a clinical concern about non-adherence to treatment, especially in people with cirrhosis.
- The need for increased frequency of review should be individualised.
- Patients taking ribavirin may require FBE at Week 2 and Week 4 and then every 4 weeks.
- Patients with cirrhosis require HCC screening with liver ultrasound every 6 months.
- Patients with decompensated liver disease require close monitoring, with review every 2–4 weeks. Measurement of quantitative HCV RNA level is recommended at Weeks 4, 12 ± 24 on-treatment in these patients to confirm viral suppression.

APRI SCORE

$$\text{APRI} = \left(\frac{\frac{\text{AST Level}}{\text{Upper Limit of Normal}}}{\text{Platelet count } (10^9/\text{L})} \right) \times 100$$

MORE INFORMATION

- testingportal.ashm.org.au/hcv
- www.hepcguidelines.org.au
- www.pbs.gov.au
- www.gesa.org.au

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