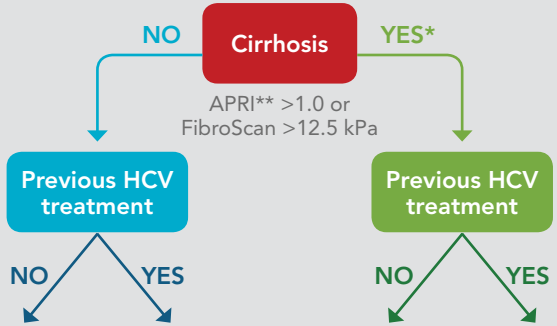
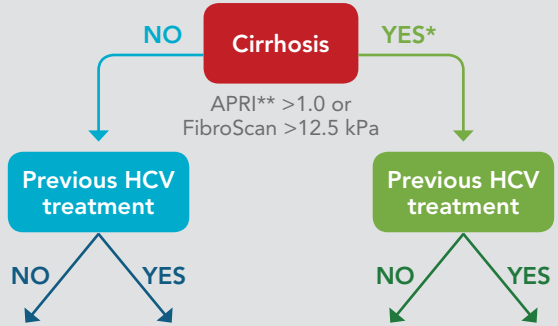
HCV NEW TREATMENTS QUICK REFERENCE TOOL

HCV GENOTYPE 1



HCV genotype 1 regimen	No cirrhosis		Cirrhosis	
	Treatment-naive	Treatment-experienced	Treatment-naive	Treatment-experienced
Sofosbuvir + Ledipasvir **(Harvoni®)**	8 or 12 wks[1]	12 wks[2]	12 wks	24 wks[2]
Sofosbuvir + Daclatasvir[3] **(Sovaldi® + Daklinza®)**	12 wks	12 or 24 wks[4]	24 wks	24 wks[4]
Sofosbuvir + Daclatasvir + Ribavirin **(Sovaldi® + Daklinza® + Ibavyr®)**	–	–	12 wks	12 wks
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

HCV GENOTYPE 2 / 3



HCV genotype 2 regimen	No cirrhosis		Cirrhosis	
	Treatment-naive	Treatment-experienced	Treatment-naive	Treatment-experienced
Sofosbuvir+ Ribavirin[6] **(Sovaldi® + Ibavyr®)**	12 wks	12 wks[7]	12 wks	12 wks[7]

HCV genotype 3 regimen	No cirrhosis		Cirrhosis	
	Treatment-naive	Treatment-experienced	Treatment-naive	Treatment-experienced
Sofosbuvir + Daclatasvir[4] **(Sovaldi® + Daklinza®)**	12 wks	12 wks[8]	24 wks	24 wks[8]

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

****REFER FOR FIBROSCAN IF POSSIBLE**

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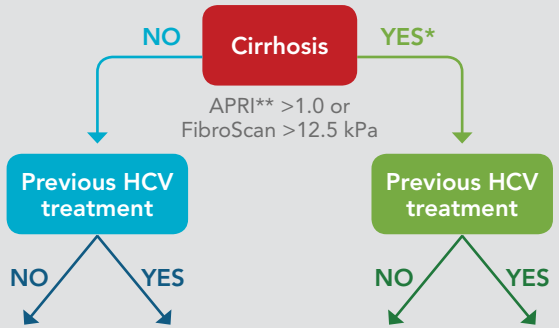
HCV GENOTYPE 4 / 5 / 6



HCV genotype 4/5/6 regimen	No cirrhosis		Cirrhosis	
	Treatment-naive	Treatment-experienced[9]	Treatment-naive	Treatment-experienced[9]
Sofosbuvir + pegIFN + Ribavirin[6] **(Sovaldi® + Pegasys® + Ibavyr®)**	12 wks	12 wks	12 wks	12 wks

1. 8 weeks may be considered if HCV RNA level is < 6 million IU/mL in people = no cirrhosis & treatment-naive.
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 + ribavirin can be used to treat people with Gt 2 HCV in whom pegIFN + ribavirin dual therapy has failed.
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. Treatment-experienced refers to prior peginterferon-alfa + ribavirin dual therapy.

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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	●	●	●	●
INR	●			
HCV RNA levels (quantitative)	●	● (optional)		
HCV RNA PCR (qualitative)			●	●

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

- Routine on-treatment HCV RNA quantitative testing is not mandated but may be considered where there is a clinical concern about non-adherence to treatment.
- 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 may require more frequent monitoring, including FBE, LFTs and assessment for hepatic decompensation. Measurement of quantitative HCV RNA level is recommended at Weeks 4 on-treatment in patients with cirrhosis.
- Patients with decompensated liver disease require close monitoring, with review every 2–4 weeks.

APRI SCORE

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

MORE INFORMATION

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

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