# HCV TREATMENTS QUICK REFERENCE TOOL

**CIRRHOSIS**

**APRI, FIB-4, and/or FibroScan**

*See over for link to APRI & FIB-4 calculator*

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### GENOTYPE: 1-6

<table>
<thead>
<tr>
<th>REGIMEN</th>
<th>DURATION</th>
<th>DOSAGE</th>
<th>ADMINISTRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GLE/PIB</strong> Maviret®</td>
<td>8 weeks¹</td>
<td>100mg/40mg</td>
<td>3 pills per day + food</td>
</tr>
<tr>
<td><strong>SOF/VEL</strong> Epclusa®</td>
<td>12 weeks</td>
<td>400mg/100mg</td>
<td>1 pill per day ± food</td>
</tr>
</tbody>
</table>

¹If your patient has previously been treated with an interferon-based regimen and has genotype 3, treat for 16 weeks.

²Perform baseline resistance testing if your patient has genotype 3, cirrhosis and if using SOF/VEL. If NS5A resistance is present, add weight based ribavirin or choose an alternative regimen.

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**NO**

**YES***

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*All patients with cirrhosis should be reviewed by someone experienced in hepatitis C treatment. If cirrhosis is suspected, further evaluation is required before commencing treatment.

If patient has decompensated cirrhosis (Child-Pugh score B or C), seek specialist advice. *See over for Child-Pugh score calculator.*

If patient has failed DAA therapy, seek specialist advice.

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GLE = Glecaprevir; PIB = Pibrentasvir; SOF = Sofosbuvir; VEL = Velpatasvir

www.ashm.org.au

This resource was created by the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine and has been updated for Canada by the International Network on Hepatitis in Substance Users, CanHepC, CATIE, and the University Health Network.
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MONITORING

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Baseline</th>
<th>Week 12 after EOT (SVR12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Blood Count</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrolytes, urea, creatinine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver enzymes and function tests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCV RNA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EOT: End of treatment, SVR12 = sustained virologic response at least 12 weeks after treatment (cure)
Monitoring on treatment should be individualized based on patient needs.

MONITORING AFTER SVR12 (CURE)

<table>
<thead>
<tr>
<th>If your patient has:</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>No cirrhosis and normal liver enzyme results</td>
<td>No clinical follow up for HCV.</td>
</tr>
<tr>
<td>Ongoing risk factors</td>
<td>Offer a HCV RNA test to check for reinfection at least once a year or more frequently in high risk populations. Retreatment should be offered if they become reinfected. Offer harm reduction strategies.</td>
</tr>
<tr>
<td>Abnormal liver enzyme results</td>
<td>Evaluate for other causes of liver disease and refer to specialist for review.</td>
</tr>
</tbody>
</table>
| Cirrhosis                                 | Refer to specialist for review. Patients with cirrhosis require long-term monitoring.  
                                          | • 6 monthly HCC screening with ultrasound +/- alpha-fetoprotein  
                                          | • Consideration of screening for esophageal varices |

SVR12 = sustained virologic response at least 12 weeks after treatment (cure)
HCC = hepatocellular carcinoma

MORE INFORMATION

- International Network on Hepatitis in Substance Users: [www.inhsu.org](http://www.inhsu.org)
- CATIE: [www.catie.ca](http://www.catie.ca)
- Canadian Liver Foundation: [www.liver.ca](http://www.liver.ca)
- Canadian Association for the Study of the Liver: [www.hepatology.ca](http://www.hepatology.ca)
- APRI score calculator: [www.hepatitisc.uw.edu/page/clinical-calculators/apri](http://www.hepatitisc.uw.edu/page/clinical-calculators/apri)
- FIB-4 calculator: [www.hepatitisc.uw.edu/page/clinical-calculators/fib-4](http://www.hepatitisc.uw.edu/page/clinical-calculators/fib-4)
- Child-Pugh score calculator: [www.hepatitisc.uw.edu/page/clinical-calculators/ctp](http://www.hepatitisc.uw.edu/page/clinical-calculators/ctp)
- Electronic version: [www.inhsu.org/education-program/canada-2](http://www.inhsu.org/education-program/canada-2)
- Further resources: [www.ashm.org.au/resources](http://www.ashm.org.au/resources)

Disclaimer: Guidance provided on this tool is based on Canadian guidelines and best practice. This quick reference tool is not intended to be a comprehensive list of all available options.