

WHO IS ELIGIBLE FOR SIMPLIFIED TREATMENT

Patients with chronic hepatitis C who do not have cirrhosis and have not previously received hepatitis C treatment



WHO IS NOT ELIGIBLE

Patients who have any of the following characteristics:

- Prior hepatitis C treatment
- Cirrhosis
- Prior liver transplant
- HIV or HBsAg positive
- End-stage renal disease (ie, eGFR <30 mL/min/m²)
- Currently pregnant

PRETREATMENT ASSESSMENT*

• Cirrhosis assessment

Liver biopsy is not required. The cutoffs of the following tests suggest cirrhosis. If any test suggests cirrhosis, treat the patient as having cirrhosis.

- ▶ FIB-4 >3.25
- ▶ Platelet count <150,000/mm³
- ▶ APRI >2.0
- ▶ Fibroscan™ stiffness >12.5 kPa

• Medication reconciliation

Record current medications, including over-the-counter drugs and herbal/dietary supplements.

• Potential drug-drug interaction assessment

Drug-drug interactions can be assessed using the AASLD/IDSA guidance (<https://www.hcvguidelines.org>) or the University of Liverpool drug interaction checker. (<https://www.hep-druginteractions.org/checker>).

• Education

Educate the patient about proper administration of medications, adherence, avoidance of alcohol, and prevention of reinfection.

• Pretreatment laboratory testing

Within 6 months of initiating treatment

- ▶ Complete blood count (CBC)
- ▶ Hepatic function panel (ie, albumin, total protein, total and direct bilirubin, alanine aminotransferase [ALT], aspartate aminotransferase [AST], and alkaline phosphatase levels)
- ▶ Calculated glomerular filtration rate (eGFR)

Anytime prior to starting antiviral therapy

- ▶ Quantitative HCV RNA (HCV viral load)
- ▶ HIV antigen/antibody test
- ▶ Hepatitis B surface antigen (HBsAg)

Before initiating antiviral therapy

- ▶ Serum pregnancy testing and counseling about pregnancy risks of HCV medication should be offered to women of childbearing age.

RECOMMENDED REGIMENS*

Glecaprevir (300 mg) / pibrentasvir (120 mg)
to be taken with food for a duration of 8 weeks

Sofosbuvir (400 mg) / velpatasvir (100 mg)
for a duration of 12 weeks

ON-TREATMENT MONITORING

- Inform patients taking diabetes medication of the potential for symptomatic hypoglycemia. Monitoring for hypoglycemia is recommended.
- Inform patients taking warfarin of the potential for changes in their anticoagulation status. Monitoring INR for subtherapeutic anticoagulation is recommended.
- No laboratory monitoring is required for other patients.
- An in-person or telehealth visit may be scheduled, if needed, for patient support, assessment of symptoms, and/or new medications.

POST-TREATMENT ASSESSMENT OF CURE (SVR)

- Monitoring patients taking diabetes medication for hypoglycemia is recommended.
- Monitoring INR for patients taking warfarin is recommended.
- Assessment of quantitative HCV RNA and hepatic function panel are recommended 12 weeks or later following completion of therapy to confirm HCV RNA is undetectable (virologic cure) and transaminase normalization.
- Assessment for other causes of liver disease is recommended for patients with elevated transaminase levels after achieving SVR.

FOLLOW-UP AFTER ACHIEVING VIROLOGIC CURE (SVR)

- No liver-related follow-up is recommended for noncirrhotic patients who achieve SVR.
- Patients with ongoing risk for HCV infection (eg, intravenous drug use or MSM engaging in unprotected sex) should be counseled about risk reduction, and tested for HCV RNA annually and whenever they develop elevated ALT, AST, or bilirubin.

FOLLOW-UP FOR PATIENTS WHO DO NOT ACHIEVE A VIROLOGIC CURE

- Assessment for disease progression every 6 to 12 months with a hepatic function panel, CBC, and international normalized ratio (INR) is recommended.
- Patients in whom initial HCV treatment fails to achieve cure (SVR) can be retreated, often successfully. Consult the AASLD/IDSA guidance for recommendations regarding the evaluation of patients for retreatment and selection of an appropriate HCV antiviral regimen. (<https://www.hcvguidelines.org>)

* More detailed descriptions of the patient evaluation process and antivirals used for HCV treatment, including the treatment of patients with cirrhosis, can be found at <https://www.hcvguidelines.org>. Updated: November 6, 2019
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