Hepatitis C T
reatment

Quick Reference Guide for Health Care Providers

HCV infection
- Anti-HCV positive
- HCV RNA positive

History/Physical Exam
- Prior HCV treatment
- Assess for chronic liver disease, extrahepatic manifestations*
- Alcohol, drug use
- Assess need for opioid substitution therapy (OAT)
- Fatty liver disease

Labs – baseline
- CBC
- Liver enzymes (ALT/AST/ALP)
- LFT’s (bilirubin, albumin)
- Creatinine
- Fibroscan, if available
- HAV, HBV & HIV status
- Rule out pregnancy

Fibrosis Assessment
- Suggestive of cirrhosis:
  o APRI > 1.0; FIB-4 score > 3.25
  o FibroScan > 12.5 kPa
  o Other findings (e.g., nodularity or splenomegaly on imaging)
  o Platelet count <150,000/mm³
  o Prior liver biopsy result
- Minimal fibrosis: APRI<0.7; FIB4 < 1.45

Do you need to consult with or refer to a specialist? Consider if:
- Cirrhosis present or suspected
- Prior HCV treatment
- Co-infection with HBV or HIV
- Renal impairment (≥ stage 3: eGFR < 60 )
- Known/suspect hepatocellular carcinoma
- Complex drug interactions

All genotypes, no cirrhosis

Regimen | Duration | Dose
---------|---------|-----
MAVIRET Gilepervir/Pibrentasvir
100mg/400mg | 8-12 weeks | 3 pills/day with food

EPCLUSA Sofosbuvir/Velpatasvir
400mg/100mg | 12 weeks | 1 pill/day

Treat and manage as per specialist
Additional follow-up may include:
- HCC ultrasound surveillance every 6 months
- Annual screening for esophageal varices

Abnormal liver enzymes
Evaluate for other causes

No SVR12
Evaluate for adherence issues, treatment failure or reinfection

SVR-12 (HCV RNA negative) = CURED!
- Annual HCV RNA if ongoing risks
- Risk reduction counselling

* Assessment can include: ascites, jaundice, peripheral edema, hepatomegaly, splenomegaly and palmar erythema
Ω Treatment not recommended if pregnant or breast-/chest-feeding

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