



TREATMENT NAIVE					
Genotype	1	2	3	4	5/6
SOF/VEL (Epclusa [®])	12 wks	12 wks	12 wks	12 wks	12 wks
GLE/PIB (Maviret [®])	8 wks	8 wks	8 wks	8 wks	8 wks
ELB/GRZ (Zepatier [®])	12 wks	No	No	12 wks	No
SOF/LED (Harvoni [®])	8/12 wks ¹	No	No	No	No

¹ 8 weeks may be considered if HCV RNA level is $<6 \times 10^6$ IU/mL

TREATMENT NAIVE (COMPENSATED CIRRHOSIS)					
Genotype	1	2	3	4	5/6
SOF/VEL (Epclusa [®])	12 wks	12 wks	12 wks ¹	12 wks	12 wks
GLE/PIB (Maviret [®])	12 wks	12 wks	12 wks	12 wks	12 wks
ELB/GRZ (Zepatier [®])	12 wks	No	No	12 wks	No
SOF/LED (Harvoni [®])	12 wks	No	No	No	No

¹ Addition of ribavirin may be considered for patients with genotype 3 and compensated cirrhosis. Ribavirin dosing is weight-based; recommended dose is 1000 mg for people weighing <75 kg and 1200 mg for people weighing ≥ 75 kg

IF A PATIENT HAS FAILED DAA THERAPY, DISCUSS WITH OR REFER TO A SPECIALIST

A summary of recommended regimens for treatment-experienced people with HCV can be accessed at hepcguidelines.org.au/treatment-for-chronic-hepatitis-c/summary-of-recommended-regimens-for-treatment-experienced-people-with-hcv/

As part of the REACH-C study, medical practitioners can complete an online form to gain specialist approval within 24 hours regarding the initiation of DAA therapy for a patient. See reach-c.ashm.org.au

*IF A PATIENT HAS CIRRHOSIS, DISCUSS WITH OR REFER TO A SPECIALIST

All patients with cirrhosis should be reviewed by someone experienced in hepatitis C treatment. If cirrhosis is suspected (APRI ≥ 1.0 or Fibroscan > 12.5 kPa), further evaluation is required before commencing treatment.

If patient has decompensated cirrhosis (Child-Pugh score B or C), seek urgent specialist advice.

SOF/VEL = Sofosbuvir + Velpatasvir, GLE/PIB = Glecaprevir + Pibrentasvir, ELB/GRZ = Elbasvir + Grazoprevir, SOF/LED = Sofosbuvir + Ledipasvir

ROUTINE MONITORING

Assessment	Pre-treatment	12 weeks after EOT
Full blood examination	•	
Urea and electrolytes	•	
Liver function tests*	•	•
HCV RNA (qualitative)	•	•
HCV RNA (quantitative) [^]	•	
HCV genotype	•	
HBV (HBsAg, anti-HBc, anti-HBs), HIV, HAV serology	•	
INR	•	
Pregnancy test for women of childbearing potential	•	

*People treated with Elbasvir + Grazoprevir should have LFTs at Week 8 to screen for hepatotoxicity

[^]Consider quantitative HCV RNA for determining eligibility for 8 wk treatment with SOF/LED

Haemoglobin should be monitored regularly on-treatment for those receiving a ribavirin-containing regimen.

MORE INFORMATION

- www.hepcguidelines.org.au
- www.testingportal.ashm.org.au/hcv
- www.pbs.gov.au
- www.gesa.org.au
- www.hep-druginteractions.org
- www.hepatitisc.uw.edu/page/clinical-calculators/apri

Still not sure?

Consult with a specialist by completing the online remote consultation request for initiation of hepatitis C treatment form at reach-C.ashm.org.au. Turn-around time approximately 24 hours.

MONITORING AFTER SVR12 (CURE)

If your patient has:	Action
No cirrhosis and normal liver function tests (males, ALT < 30 U/L; females, ALT < 19 U/L)	No clinical follow up for HCV required.
Ongoing risk factors	Offer an annual HCV RNA test to check for reinfection and offer harm reduction strategies. Retreatment should be offered if they become reinfected.
Abnormal liver function tests (males, ALT ≥ 30 U/L; females, ALT ≥ 19 U/L)	Evaluate for other causes of liver disease and refer to specialist for review.
Cirrhosis	Refer to specialist for review. All patients with cirrhosis require long-term monitoring. <ul style="list-style-type: none"> • 6-monthly abdominal ultrasound (hepatocellular carcinoma screening) • Endoscopic surveillance for oesophageal varices • Osteoporosis; 2-yearly DEXA scans and monitor serum vitamin D

EOT = end of treatment; SVR12 = sustained virological response at least 12 weeks after treatment (cure); LFT = liver function test, ALT = alanine aminotransferase, INR = international normalised ratio

Disclaimer: Guidance provided on this resource is based on guidelines and best-practices at the time of publication. This quick-reference guide is not intended to be a comprehensive list of all available options. Refer to the [General Statement for Drugs for the Treatment of Hepatitis C](#) for all current PBS-listed regimens.