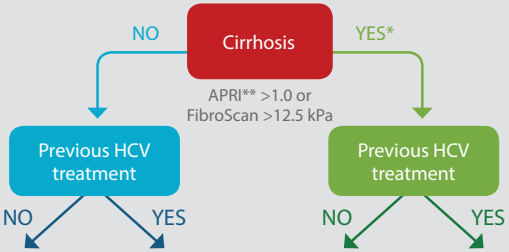
# HCV TREATMENTS QUICK REFERENCE TOOL CANADA

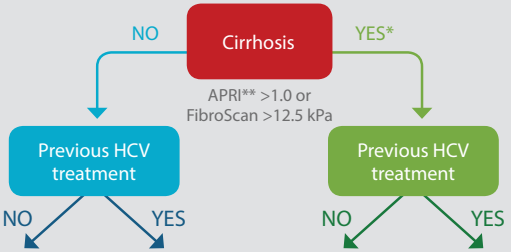
ashm

## HCV GENOTYPE 1a / 1b




| | No cirrhosis | | Cirrhosis | |
|---|---|---|---|---|
| | Treatment-naïve | Treatment-experienced | Treatment-naïve | Treatment-experienced |
| **HCV genotype 1a regimen†** | | | | |
| Ledipasvir + Sofosbuvir | 8wks[1] or 12wks | 12wks[^2] | 12wks[2] | 12wks or 24wks[^2] |
| Elbasvir + Grazoprevir | 12wks or 16wks[3] | 12wks or 16wks[^3] | 12wks or 16wks[3] | 12wks or 16wks[^3] |
| Sofosbuvir + Velpatasvir | 12wks | 12wks[^] | 12wks | 12wks[^4] |
| Glecaprevir + Pibrentasvir | 8wks | 8wks or 12wks[5] | 12wks | 12wks |
| Sofosbuvir + Velpatasvir + Voxilaprevir | Not recommended | 12wks[6] | Not recommended | 12wks[6] |
| **HCV genotype 1b regimen†** | | | | |
| Ledipasvir + Sofosbuvir | 8wks[1] or 12wks | 12wks[^] | 12wks[2] | 12wks or 24wks[^7] |
| Elbasvir + Grazoprevir | 8wks or 12wks[8] | 12wks or 16wks[^3] | 12wks | 12wks or 16wks[^3] |
| Sofosbuvir + Velpatasvir | 12wks | 12wks[^] | 12wks | 12wks[^] |
| Glecaprevir + Pibrentasvir | 8wks | 8wks or 12wks[5] | 12wks | 12wks |
| Sofosbuvir + Velpatasvir + Voxilaprevir | Not recommended | 12wks[6] | Not recommended | 12wks[6] |

## HCV GENOTYPE 2 / 3




| | No cirrhosis | | Cirrhosis | |
|---|---|---|---|---|
| | Treatment-naïve | Treatment-experienced | Treatment-naïve | Treatment-experienced |
| **HCV genotype 2 regimen†** | | | | |
| Sofosbuvir + Velpatasvir | 12wks | 12wks[^] | 12wks | 12wks[^] |
| Glecaprevir + Pibrentasvir | 8wks | 8wks[9] | 12wks | 12wks[9] |
| Sofosbuvir + Velpatasvir + Voxilaprevir | Not recommended | 12wks[6] | Not recommended | 12wks[6] |
| **HCV genotype 3 regimen†** | | | | |
| Sofosbuvir + Velpatasvir | 12wks | 12wks | 12wks[10] | 12wks[10] |
| Daclatasvir + Sofosbuvir | 12wks | 12wks | 12wks, 16wks or 24wks[10,11] | 12wks, 16wks or 24wks[10,11] |
| Glecaprevir + Pibrentasvir | 8wks | 16wks[9,11] | 12wks | 16wks[9,11] |
| Sofosbuvir + Velpatasvir + Voxilaprevir | Not recommended | 12wks[6] | Not recommended | 12wks[6] |

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

**REFER FOR FIBROSCAN IF POSSIBLE

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 Canadian Association for the Study of the Liver.

INHSU CATIE Canada's source for HIV and hepatitis C information CanHepC Canadian Network on Hepatitis C Réseau Canadien sur l'Hépatite C Canadian Association for the Study of the Liver CASL ACEF Association Canadienne pour l'étude du foie

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# HCV TREATMENTS QUICK REFERENCE TOOL CANADA

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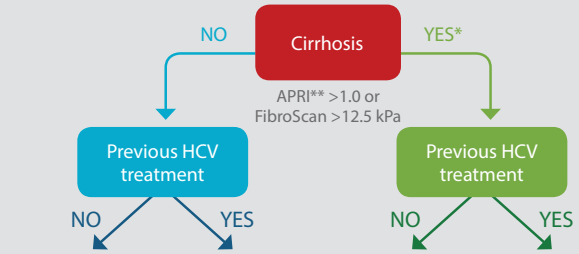
## HCV GENOTYPE 4 / 5 / 6




| | No cirrhosis | | Cirrhosis | |
|---|---|---|---|---|
| | Treatment-naïve | Treatment-experienced | Treatment-naïve | Treatment-experienced |
| **HCV genotype 4 regimen** | | | | |
| Sofosbuvir + Velpatasvir | 12wks | 12wks | 12wks | 12wks |
| Ledipasvir + Sofosbuvir | 12wks | 12wks | 12wks | 12wks |
| Elbasvir + Grazoprevir | 12wks | 12wks[12] or 16wks[13] | 12wks | 12wks[12] or 16wks[13] |
| Glecaprevir + Pibrentasvir | 8wks | 8wks[9] | 12wks | 12wks[9] |
| Sofosbuvir + Velpatasvir + Voxilaprevir | Not recommended | 12wks[6] | Not recommended | 12wks[6] |
| **HCV genotype 5/6 regimen** | | | | |
| Sofosbuvir + Velpatasvir | 12wks | 12wks | 12wks | 12wks |
| Sofosbuvir + Ledipasvir | 12wks | 12wks | 12wks | 12wks |
| Glecaprevir + Pibrentasvir | 8wks | 8wks[9] | 12wks | 12wks[9] |
| Sofosbuvir + Velpatasvir + Voxilaprevir | Not recommended | 12wks[6] | Not recommended | 12wks[6] |

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

****REFER FOR FIBROSCAN IF POSSIBLE**

† Recommended treatment regimens based on efficacy and safety data. Alternate treatment options may be available.

^ Treatment-experienced patients who previously failed treatment with pegylated interferon-α / ribavirin, with or without HCV protease inhibitors.

1 In non-cirrhotic persons without HIV and with a baseline viral load <6million IU/mL consider using an 8-week regimen of LDV/SOF.

2 Resistance testing suggested before treatment. If resistance to NS5A inhibitors is present, or if resistance testing is unavailable, addition of weight-based Ribavirin and/or extending treatment may be considered.

3 Resistance testing suggested before treatment. If resistance to NS5A inhibitors is present, or if resistance testing is unavailable, addition of weight-based Ribavirin and extending treatment may be considered. In treatment-experienced patients who were previously treated with a HCV protease inhibitor (PI), those without NS5A resistance, and with or without PI resistance, should be treated for 12 weeks with addition of Ribavirin, and those with NS5A resistance should be treated for 16 weeks with addition of Ribavirin.

4 In patients with decompensated cirrhosis, addition of weight-based Ribavirin can be considered.

5 Patients previously treated with pegylated interferon-α / ribavirin, with or without Sofosbuvir, should be treated for 8 weeks. Patients who previously failed treatment with another protease inhibitor should be treated for 12 weeks.

6 Reserved for patients who have failed an all-oral direct acting antiviral regimen.

7 Treat for 12 weeks with weight-based ribavirin or for 24 weeks without ribavirin.

8 8 weeks recommended in treatment-naïve patients with F0/2 fibrosis. For those with F3/4, 12 weeks of therapy should be given.

9 Patients who have been previously treated with peginterferon, ribavirin, and/or sofosbuvir but no experience with a NS3/4A PI regimen or NS5A inhibitor.

10 Resistance testing suggested for patients with compensated cirrhosis before treatment. If resistance to NS5A inhibitors is present, or if resistance testing is unavailable, addition of weight-based Ribavirin may be considered. For Sof/Dac, treat for 12-16 weeks with addition of ribavirin, or for 24 weeks in patients intolerant of Ribavirin.

11 Due to very limited trial data and other more effective options, these should be considered alternate treatment options for genotype 3.

12 Patients who have previously relapsed following treatment with peginterferon or ribavirin with or without HCV protease inhibitors.

13 Patients who have previously been treated with peginterferon or ribavirin with or without HCV protease inhibitors and had NULL response, partial response, virologic breakthrough or rebound. Extend to 16 weeks with the addition of ribavirin.

## TREATMENT AND POST-TREATMENT MONITORING

| Assessment | Week 0 | Week 12 ± 24 (EOT) | Week 12 after EOT (SVR) |
|---|---|---|---|
| Complete Blood Count | • | | |
| Urea and electrolytes | • | | |
| Liver function tests | • | • | • |
| HCV RNA levels (quantitative) | • | | |
| HCV RNA PCR (qualitative) | | Optional | • |

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

- People treated with elbasvir plus grazoprevir should have LFTs at Week 8 to screen for hepatotoxicity. The Week 8 LFTs may be done as an alternative to Week 4 LFTs.
- Routine on-treatment HCV RNA testing is not mandated but may be considered where there is a clinical concern about non-adherence to treatment, especially in people with cirrhosis.
- The need for increased frequency of review should be individualised.
- Patients taking ribavirin may require CBC at Week 2 and Week 4 and then every 4 weeks.
- Patients with cirrhosis require HCC screening with liver ultrasound every 6 months.
- Patients with decompensated liver disease require close monitoring, with review every 2–4 weeks. Measurement of quantitative HCV RNA level is recommended at Weeks 4, 12 ± 24 on-treatment in these patients to confirm viral suppression.

## APRI SCORE

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

## MORE INFORMATION

www.liver.ca
www.hepatology.ca
www.catie.ca

Additional copies and electronic version: www.inhsueducation.org

Further resources: www.ashm.org.au/resources

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