



U.S. HEPATITIS C THERAPY GUIDELINES

HEPATITIS C TREATMENTS

Hepatitis C virus (HCV) infection affects millions of people around the world and many people who are also infected with HIV. In recent years, new treatments that directly target HCV have revolutionized care and can cure HCV in many cases. Current HCV treatments work very well in people infected with both HIV and HCV. These treatments work by making it difficult for HCV to multiply. For more information about the HCV life cycle, see Fact Sheet 670.

Guidelines for testing, managing and treating HCV were written by the Association for the Study of Liver Diseases and the Infectious Disease Society of America. The panel released the latest guidelines in 2014.

Though only recently approved for use for treating HCV, the HCV protease inhibitors telaprevir (see Fact Sheet 682) and boceprevir (see fact sheet 683) are no longer recommended.

There are different strains (or genotypes) of HCV. Treatment recommendations may be different for each strain. In patients with prior HCV treatment failure, different regimens are sometimes recommended.

NOTE: These are guidelines, not rules. Patients should receive individualized care from a health care provider with experience treating HCV infection. **The full text of these guidelines is available on the Internet at http://www.hcvguidelines.org/sites/default/files/full_report.pdf**

WHO SHOULD BE TESTED?

HCV testing is recommended at least once for people born between 1945 and 1965 or those with HIV infection. It's also recommended for people who have ever injected drugs, had kidney dialysis, tattoo in an unregulated place, children born to HCV+ mothers. Annual testing is recommended for people who inject drugs or men who have sex with men who are HIV+.

A positive HCV antibody result should be followed by a HCV viral load test to see if there is current infection. If the viral load test is positive, a genetic test to determine the strain (or genotype) of HCV should be done to help decide on treatments. For more information about HCV laboratory tests, see Fact Sheet 671.

REDUCING DISEASE RISK

People living with HCV should:

- Abstain from alcohol
- Be evaluated for liver disease and cirrhosis
- Have vaccination against hepatitis A and hepatitis B

GENOTYPE 1 TREATMENT

The guidelines recommend:

- Daily sofosbuvir (SOF; Fact Sheet 685) and ribavirin (RBV, Fact Sheet 680) with weekly peg-interferon (PEG, Fact Sheet 680) for **12 weeks**.
- For people who cannot take interferon, daily SOF + simeprevir (SMV; Fact Sheet 684) with or without ribavirin for **12 weeks**
- In patients whom prior treatment has failed, different regimens are recommended.

The following regimens are not recommended:

- PEG/RBV with or without telaprevir or boceprevir
- Monotherapy with PEG, RBV or direct acting HCV medications

GENOTYPE 2 TREATMENT

The guidelines recommend:

- Daily SOF and RBV for **12 weeks**

The following regimens are not recommended:

- PEG/RBV for 24 weeks
- Monotherapy with PEG, RBV or direct acting HCV medications.
- Telaprevir-, boceprevir- or simeprevir-based regimens.

GENOTYPE 3 TREATMENT

The guidelines recommend:

- Daily SOF and RBV for **24 weeks**
- An alternative regimen is daily sofosbuvir + RBV + weekly PEG for **12 weeks**.
- In patients whom prior treatment has failed, different regimens are recommended.

The following regimens are not recommended:

- PEG/RBV for 24-48 weeks
- Monotherapy with PEG, RBV or direct acting HCV medications.
- Telaprevir-, boceprevir- or simeprevir-based regimens.

GENOTYPE 4 TREATMENT

The guidelines recommend:

- Daily SOF + RBV + weekly PEG for **12 weeks**
- For people who cannot take interferon, an alternative regimen is daily SOF + RBV for **24 weeks**.
- An alternative regimen is daily SMV for **12 weeks** + RBV + weekly PEG for **24-48 weeks**.
- In patients whom prior treatment has failed, different regimens are recommended.

The following regimens are not recommended:

- PEG/RBV for 24-48 weeks
- Monotherapy with PEG, RBV or direct acting HCV medications.
- Telaprevir-, or boceprevir-based regimens.

GENOTYPE 5 or 6 TREATMENT

The guidelines recommend:

- Daily SOF + RBV + weekly PEG for **12 weeks**
- An alternative regimen is RBV + weekly PEG for **48 weeks**.
- In patients whom prior treatment has failed, different regimens are recommended.

The following regimens are not recommended:

- Monotherapy with PEG, RBV or direct acting HCV medications.
- Telaprevir- or boceprevir-based regimens.

LABORATORY MONITORING

Recommendations for the of monitoring people who are on or have completed therapy is coming soon.

UNIQUE PATIENT POPULATIONS

Recommendations for treating people with acute, or recent HCV infection are coming soon.

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