

Chronic HCV Infection: On-treatment Monitoring Guide

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Antiviral drug therapy should not be interrupted or discontinued if HCV RNA levels are not performed or available during treatment¹



Discontinue treatment if:²

- ≥10-fold increase in ALT at any time during treatment
- <10-fold increase in ALT accompanied by weakness, nausea, vomiting, jaundice, or significantly increased bilirubin, alkaline phosphatase, or INR
- Asymptomatic increases in ALT <10-fold for baseline should be closely monitored with repeat testing at 2-week intervals. If levels remain persistently elevated, consideration should be given to discontinuation of DAA therapy

HCV/HBV coinfecting patients²

Monitor HCV/HBV coinfecting patients for HBV reactivation and hepatitis flare during HCV treatment

For HBsAg-positive patients who are not already on HBV suppressive therapy, the following are recommended:

Patients whose HBV DNA level meets AASLD guideline criteria for treatment

Antiviral therapy for HBV should be initiated

Patients whose HBV DNA level does not meet AASLD HBV guideline criteria for treatment

Initiate prophylactic antiviral therapy for those with low or undetectable HBV DNA levels. If this course is selected, pending further data, prophylaxis should be continued until 12 weeks after completion of DAA therapy

Monitor HBV DNA levels during and immediately after DAA therapy for HCV. Antiviral treatment for HBV should be given in the event of a rise in HBV DNA >10-fold above baseline or to >1000 IU/mL in those with a previously undetectable or unquantifiable HBV DNA level

On-treatment monitoring²

Patient-specific

An in-person or telehealth/phone visit may be scheduled, if needed, for patient support, assessment of symptoms, and/or new medications

Patients taking diabetes medication: Inform of the potential for symptomatic hypoglycemia; monitoring for hypoglycemia is recommended

Patients taking warfarin: Inform of the potential changes in their anticoagulation status; INR monitoring for subtherapeutic anticoagulation is recommended

Patients with compensated cirrhosis:

- Consider blood tests to monitor for liver injury
- Refer to a specialist if worsening liver blood tests; jaundice, ascites, or encephalopathy; or new liver-related symptoms develop

See full prescribing information for specific monitoring recommendations for your chosen DAA

References

1. AASLD/IDSA HCV Guidance Panel. *Hepatology* 2015;62(3):932–54. doi.org/10.1002/hep.27950.
2. AASLD and IDSA. HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C. Last updated October 2022. www.hcvguidelines.org. Accessed March 2023.

Abbreviations

AASLD

American Association for the Study of Liver Diseases

AE

adverse event

ALT

alanine aminotransferase

DAA

direct-acting antivirals

DDI

drug–drug interaction

DNA

deoxyribonucleic acid

HBsAg

hepatitis B surface antigen

HBV

hepatitis B virus

HCV

hepatitis C virus

IDSA

Infectious Diseases Society of America

INR

international normalized ratio

RNA

ribonucleic acid

SVR

sustained virologic response