Chronic HCV Infection:
Posttreatment Assessment Guide

HCV.com

Treatment outcome[1]

- ☐ Assess treatment outcome by quantitative HCV RNA test 12 or more weeks after completion of treatment to determine whether SVR12 (LLOQ 12–25 IU/mL) has been achieved

Quantitative HCV RNA test:
CPT code: 87522[2,3]
Quest Diagnostics™ code: 35645[2]
LabCorp code: 551300[3]

SVR12 not achieved

SVR12 achieved[1]

For patients with undetectable HCV RNA, ≥12 weeks posttreatment

Recommendations for all patients:

- ☐ **Patients with ongoing risk for HCV infection or patients who develop otherwise unexplained hepatic dysfunction:** Use a quantitative HCV RNA test to assess HCV recurrence or reinfection
- ☐ **Patients who have persistently abnormal liver tests:** Assess for other causes of liver disease

Recommendations for patients without cirrhosis:

- ☐ Follow-up is the same as if they were never infected with HCV*

Recommendations for patients with cirrhosis:

- ☐ Use **upper endoscopic surveillance** in accordance with the AASLD guidance of portal hypertensive bleeding in cirrhosis†
- ☐ Surveillance for HCC with biannual **ultrasound examination**, with or without AFP*

*See AASLD-IDSA guidelines for more information.
†See AASLD guidelines on Portal Hypertensive Bleeding in Cirrhosis for more information.[4]

Posttreatment consultation:

- ☐ In patients with ongoing risk for HCV infection, counsel about **risk reduction** and **test** for HCV RNA annually and whenever they develop elevated ALT, AST, or bilirubin
- ☐ Advise **avoidance of excessive alcohol use**

abbvie

ABBV-US-01220-MC, V1, August 2023

Chronic HCV Infection:
Posttreatment Assessment Guide

HCV.com

SVR12 not achieved[1]

For patients with detectable HCV RNA, ≥12 weeks posttreatment

Recommendations for all patients:

- ☐ **Re-treatment should be considered:** Patients who failed to achieve undetectable SVR by 12 weeks posttreatment with initial treatment should be evaluated for re-treatment by a specialist*
- ☐ **Assess disease progression every 6–12 months with:**
  - Hepatic function panel
  - CBC
  - INR

Recommendations for patients with cirrhosis:

- ☐ Use **upper endoscopy** in accordance with the AASLD guidance of portal hypertensive bleeding in cirrhosis†
- ☐ Surveillance for HCC with biannual ultrasound examination, with or without AFP

Patients with decompensated cirrhosis (regardless of SVR12 status) with HCV infection should be referred to a medical practitioner with expertise in that condition – preferably in a liver transplant center

*See AASLD-IDSA guidelines for more information. †See AASLD guidelines on Portal Hypertensive Bleeding in Cirrhosis for more information.[4]

References

1. AASLD and IDSA. HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C. Last updated October 2022. www.hcvguidelines.org. Accessed March 2023.
2. Quest Diagnostics™. Hepatitis C Viral RNA, Quantitative, Real-Time PCR. https://testdirectory.questdiagnostics.com/test/test-detail/35645/hepatitis-c-viral-rna-quantitative-real-time-pcr?p=r&q=35645&cc=MASTER. Accessed March 2023.
3. LabCorp. Hepatitis C Virus (HCV), Quantitative, RNA. https://www.labcorp.com/tests/551300/hepatitis-c-virus-hcv-quantitative-rnaabbott-realtime. Accessed March 2023.
4. AASLD. *Hepatology* 2017;65:310–35.

Abbreviations

AASLD
American Association for the Study of Liver Diseases

AFP
alpha-fetoprotein

ALT
alanine aminotransferase

AST
aspartate aminotransferase

CBC
complete blood count

CPT
current procedural terminology

HCC
hepatocellular carcinoma

HCV
hepatitis C virus

IDSA
Infectious Diseases Society of America

INR
international normalized ratio

IU/mL
international units per milliliter

LLOQ
lower limit of quantification

RNA
ribonucleic acid

SVR12
sustained virologic response at posttreatment Week 12

abbvie

ABBV-US-01220-MC, V1, August 2023