

# HEPATITIS C TREATMENT FLOWCHART FOR COMMUNITY PRESCRIBERS (GPs and nurse prescribers) MIDLAND REGION

Patient with Hepatitis C

Check genotype and Hep C RNA\* (blood test)  
+

Refer to Midland Region Hepatitis C services for fibroscan, assessment and patient education  
*(Note: Prior to treatment - Fibroscan within 3 years and genotyping within 5 years is recommended)*

**Fibroscan Score <10.5**  
(= no or minimal fibrosis)  
(F0-F2)

**Fibroscan Score >10.5**  
(= advanced fibrosis/cirrhosis)  
(F3-F4)

Genotype 1a

Genotype 1b

Genotype 2, 3, 4, 5, 6

**Eligible for new treatments**  
(ViekiraPak + Ribavirin)

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**No new interferon-free treatments available**

- Refer for abdominal ultrasound
- Lifestyle advice
- Alcohol abstinence

- Check drug interactions [www.hep-druginteractions.org](http://www.hep-druginteractions.org) or download Liverpool HEP iChart APP
- See advice box 1 & 2
- Check baseline FBC, U&Es, LFTs

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- Lifestyle advice
- Reduce alcohol

Refer secondary care  
(Gastro/Hepatitis Clinic)

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GPs and nurse prescribers can prescribe Viekira Pak plus Ribavirin for 12 weeks (complete [Pharmac distribution request form online](#) no special authority needed)

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Some patients choose to self-fund (interferon-free) treatment. Cost approx. NZ\$2,500 per course. Refer to Gastro/Hepatitis Clinic if patient interested. Also see "Buyers club" [www.fixhepc.com](http://www.fixhepc.com)

**Advice Box 1**

**ViekiraPak:**

- ViekiraPak is combination of 4 antivirals (ombitasvir, paritaprevir, ritonavir, dasabuvir)
- Dosing: 3 tablets morning, 1 tablet evening
- Well tolerated with minimal side effects
- Contraindicated in pregnancy
- Potential for serious drug interactions – imperative to check all other medication (including OTC, supplements and inhalers) on [www.hep-druginteractions.org](http://www.hep-druginteractions.org) or download Liverpool HEP iChart app

Check FBC at week 2, 4 and 8

**Review at Week 4** for side effect and adherence (face to face, phone call or virtual)  
No need for any laboratory monitoring on treatment

**Review at week 4:**  
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Face to face, phone call or virtual

12 weeks following the end of treatment, blood test for hepatitis C RNA (viral load) & LFTs - to ensure successful cure #

**If virus still detected, refer to secondary care (Gastro/Hepatitis Clinic)**

**Advice Box 2**

**Ribavirin:** Teratogenic – all women of child bearing potential (including the partners of male patients) must be on 2 forms of contraception while on treatment and for 7 months after completion of treatment

**Dosing:**

- Under 75kg: 600mg morning and 400mg nocte
  - Over 75kg: 600mg bd
  - If eGFR < 50ml/min refer secondary care (gastro/hepatitis clinic)
- Can cause a drop in haemoglobin – hence frequent FBC monitoring required
- If Hb < 100, reduce to 600mg/day and repeat FBC in 1 week
  - If Hb < 85, stop ribavirin
  - Recheck FBC weekly, when Hb returns to >100, restart ribavirin at 600mg/day

- \*HCV RNA: no need to repeat if a viral load has been done within the last 5 years.
- # Cure is confirmed if viral load (HCV RNA) is not detected. After cure a person will remain HCV Ab positive for life. Cure does not provide immunity from re-infection. If LFTs remain elevated despite cure, consider other causes and refer to Gastroenterology as per usual.