

# 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 treatment<sup>1</sup>



## Discontinue treatment if:<sup>2</sup>

- ☐ ≥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 patients<sup>2</sup>

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 monitoring<sup>2</sup>

### 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](http://www.hcvguidelines.org). Accessed March 2023.

## Abbreviations

**AASLD**

American Association for  
the Study of Liver Diseases

**AE**

adverse even

**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