Hepatitis C Treatment

Hepatitis C virus (HCV) infection is curable. The vast majority of those who took the newest medications were cured. Hep C treatment is easier and shorter than ever before.

When hepatitis C treatment is working, the virus will become undetectable in the blood within four to 12 weeks and will remain that way throughout treatment. People are considered cured when they have achieved a continuation of this undetectable status for 12 to 24 weeks after completing therapy. This is known as a sustained virologic response (SVR). SVR12 means that there was no detectable virus 12 weeks after completing treatment; SVR24 means that there was no detectable virus 24 weeks post-treatment. The chances of HCV returning after 24 weeks of remaining clear of the virus are nearly zero.

Regarding who should be treated, the American Association for the Study of Liver Diseases and the Infectious Diseases Society of America state the following: “Treatment is recommended for all patients with chronic HCV infection, except those with short life expectancies that cannot be remediated by treating HCV, by transplantation, or by other directed therapy. Patients with short life expectancies owing to liver disease should be managed in consultation with an expert.” (HCV Guidance)

In the past, acute hepatitis C infections (those that are less than six months) were treated differently than chronic HCV infections. This changed with the availability of new medications. HCV guidelines recommend delaying treating a new infection for a minimum of six months, and allowing time to see if the body will clear HCV on its own. This is called spontaneous clearance. If spontaneous clearance does not occur, then the HCV infection is treated as a chronic one.

Whether this is your first hepatitis C treatment, or you have been treated before, a variety of new HCV medications are available. Your doctor will prescribe medication and the length of treatment needed based on your health history and laboratory tests. The prescribed treatment is based on:

- Your HCV genotype (the genetic structure of the virus)
- Your viral load (how much virus is in your blood)
- Your past treatment experience
- If you have cirrhosis

- If you are a liver transplant recipient or on the transplant waiting list
- Your ability to tolerate the prescribed treatment
- In some cases, your health insurance plan or drug formulary may determine if you are eligible for treatment, and what drug regimen will be used.

Here's a list of the treatments currently available for hepatitis C:

- Copegus, Moderiba and Ribasphere
- Daklinza*
- Epclusa* (generic form available)
- Harvoni* (generic form available)
- Mavyret*
- Pegasys
- Sovaldi*
- Vosevi*
- Zepatier*

*Warning: Patients who are coinfected with hepatitis B and C who take hepatitis C direct-acting antivirals may be at risk of hepatitis B virus (HBV) reactivation. Before taking this medication, be sure your doctor has tested you for evidence of current or prior hepatitis B virus infection. HBV reactivation has been reported in HCV/HBV coinfected patients who were undergoing or had completed treatment with HCV direct acting antivirals and were not receiving HBV antiviral therapy. Some cases have resulted in serious hepatitis flares, liver failure, and death.

Click here for more specific information about each type, or class, of approved HCV treatment along with information about drugs in the late stages of development.

Click here for the list of hepatitis C treatment-naive recommendations by genotype.
Click here for the list of hepatitis C re-treatment recommendations by genotype.

Click here for the list of hepatitis C treatment recommendations by genotype.for decompensated cirrhosis.

Click here for the list of treatment recommendations by genotype for post-transplant hepatitis C recurrence.

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