

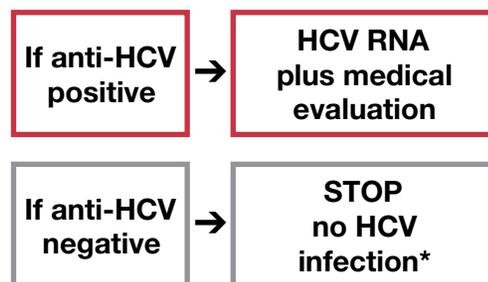
SCREENING

Risk factors:

- Blood transfusion or organ transplant before July 1992
- Clotting factor before 1987
- IVDU, even one time
- Born to HCV-infected mother
- Hemodialysis
- HIV infection
- Accidental needlestick
- Exposure to infected sexual partner
- Unexplained abnormal aminotransferase levels
- Tattoo or body piercing with nonsterile materials
- Intranasal cocaine use (potential risk)
- The highest prevalence birth cohort is 1945–1964

DIAGNOSIS

Risk factor → Enzyme immunoassay (EIA) for anti-HCV



*In severely immunocompromised patient, EIA for anti-HCV can give a false negative. HCV RNA test should be performed instead of or in addition to EIA.

TREATMENT

Boceprevir (Victrelis™)

Boceprevir Regimen: Dosing and Administration Schedule

Dosage	Food Requirement	Starting Schedule	Treatment Duration*	
			Treatment-Naive Patients	Previous Partial Responders and Relapsers
Boceprevir: 800 mg (four 200-mg capsules) taken orally three times daily at intervals of 7–9 hours Peginterferon/ribavirin: standard dosage and dosing intervals	Take with a light meal or snack	Peginterferon/ribavirin only weeks 1 through 4, then add boceprevir	If HCV RNA undetectable at weeks 8 and 24, complete triple therapy at week 28	If HCV RNA undetectable at weeks 8 and 24, complete triple therapy at week 36
			If HCV RNA detectable at week 8, continue triple therapy through week 36, then administer peginterferon/ribavirin only through week 48	If HCV RNA detectable at week 8, continue triple therapy through week 36, then administer peginterferon/ribavirin only through week 48
See “Boceprevir Futility Rules” for stopping early based on HCV RNA results at weeks 12 and 24				

*Patients with cirrhosis should receive 4 weeks of peginterferon and ribavirin followed by 44 weeks of triple therapy (boceprevir, peginterferon, and ribavirin). Response-guided therapy was not studied in patients who did not achieve early virologic response (ie, less than a 2-log drop in HCV RNA by week 12) during prior therapy with peginterferon/ribavirin. If considered for treatment, these patients should receive 4 weeks of peginterferon/ribavirin followed by 44 weeks of boceprevir in combination with peginterferon/ribavirin. In addition, for treatment-naive patients who have a poor response (ie, less than a 1-log drop in HCV RNA) to peginterferon/ribavirin after the 4-week lead-in phase, consideration should be given to extending boceprevir in combination with peginterferon/ribavirin through week 48.

Boceprevir Futility (Stopping) Rules: All Patients

Week	HCV RNA Result	Action
12	≥100 IU/mL	Stop all therapy (boceprevir, peginterferon, and ribavirin)
24	Detectable	Stop all therapy (boceprevir, peginterferon, and ribavirin)

TREATMENT

Telaprevir (Incivek™)

Telaprevir Regimen: Dosing and Administration Schedule

Dosage	Food Requirement	Starting Schedule	Treatment Duration*	
			Treatment-Naive Patients and Prior Relapse Patients	Prior Partial and Null Responder Patients
Telaprevir: 750 mg (two 375-mg tablets) taken orally three times daily at intervals of 7–9 hours Peginterferon/ribavirin: standard dosage and dosing intervals	Take with food containing approximately 20 grams of fat within 30 minutes prior to the dose (Examples: bagel with cream cheese, 1/2 cup nuts, 3 tablespoons peanut butter, 1 cup ice cream, 2 ounces American or cheddar cheese, 2 ounces potato chips, or 1/2 cup trail mix)	Telaprevir, peginterferon, and ribavirin starting on day 1	If HCV RNA undetectable at weeks 4 and 12, continue triple therapy through week 12, then administer peginterferon/ribavirin only through week 24*	Continue triple therapy through week 12, then administer peginterferon/ribavirin only through week 48
			If HCV RNA detectable at weeks 4 and/or 12, continue triple therapy through week 12, then administer peginterferon/ribavirin only through week 48	
			See “Telaprevir Futility Rules” for stopping early based on HCV RNA results at weeks 4, 12, and 24	

*Treatment-naive patients with cirrhosis and undetectable HCV RNA at weeks 4 and 12 may benefit from continuing peginterferon and ribavirin through week 48.

Telaprevir Futility (Stopping) Rules: All Patients

Week	HCV RNA Result	Action
4	>1000 IU/mL	Stop all therapy (telaprevir, peginterferon, and ribavirin)
12	>1000 IU/mL	Stop all therapy (telaprevir, peginterferon, and ribavirin)
24	Detectable	Stop all therapy (peginterferon and ribavirin)

Visit the Care & Guidance website at: www.projectsinknowledge.com/HCV-CareandGuidance

IMPORTANT POINTS

- Both boceprevir and telaprevir must be used in combination with peginterferon and ribavirin. They must never be used alone or in combination with peginterferon only
- Boceprevir is initiated after a 4-week lead-in phase with peginterferon and ribavirin; telaprevir is started with peginterferon plus ribavirin on day 1
- Dose modifications and interruptions are not allowed for either boceprevir or telaprevir. If either is stopped, it cannot be restarted
- Both boceprevir and telaprevir are associated with potentially serious/life-threatening drug-drug interactions (DDIs). Patients must be counseled regarding these DDIs, and their concomitant medications must be discontinued or dose-adjusted
- Ribavirin is a known teratogen. Female patients and male patients with female partners must be instructed to avoid pregnancy throughout therapy and for 6 months following the last dose of ribavirin. The patient must commit to using 2 forms of effective nonhormonal contraception (eg, barrier methods, intrauterine devices) during treatment and for at least 6 months following the last dose of ribavirin
- HCV RNA testing should be done at baseline, treatment weeks 4, 8 (boceprevir only), 12, 24, and 48, and posttreatment week 24. Optional testing at week 36 and posttreatment weeks 4 and 12
- To monitor for adverse events, perform complete blood count, white blood cell differential, and chemistry panel at baseline and at treatment weeks 2, 4, 8, 12, and periodically thereafter—typically every 4 weeks—or more frequently, as clinically indicated
- Refer to boceprevir and telaprevir prescribing information for other information

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