

GETTING TREATED AND CURED OF HEP C IS NOW MUCH EASIER.

95%
of people
can be cured
of hep C.

June 2018

Hep C treatment medication

The new medications known as direct-acting antivirals (DAAs) are highly effective for most people, have fewer side-effects and are tablet(s) taken for a shorter time than previous medications. The medicines your doctor prescribes for you may depend on the genotype of hep C you have and whether you have developed cirrhosis (liver scarring). A new medicine that can be used to cure all the hep C genotypes is now available, however at this stage your doctor is still required to know what genotype of hep C you have.

Who can access the new treatments to cure hep C?

Anyone in Australia who is living with chronic hep C over the age of 18 and eligible for Medicare can access the new direct acting antiviral (DAA) medications to cure their hep C.

How do I access the new treatments to cure hep C?

Getting cured of hep C is now much simpler. All you need to do is talk to your general practitioner (GP). Your

GP will need to do some tests to help decide which DAA medicines will work best for you. If you have cirrhosis (liver scarring), or there are other conditions affecting your liver, you may be referred to a liver specialist before starting the DAA medicine. If you go to a liver clinic at the hospital, you will be treated as an outpatient and won't need to stay overnight. For most people, DAA medicines are available through your local pharmacy/chemist. However, if you are seeing a liver specialist, you should check if your prescription needs to be filled at the hospital pharmacy or can be filled at your local chemist.

Will I have to pay for the DAA medicines?

Public treatment for hep C is funded through Medicare and the Pharmaceutical Benefits Scheme (PBS). The only cost to you will be any fees for seeing your GP (if they do not bulk bill) and the dispensing fee for collecting your medicines at the pharmacy/chemist. This is around \$40 for people who do not have a health care card and around \$7 if you have a Health Care Card.

Being treatment ready

The treatment experience is different for everyone. The new DAA medicines have very few side-effects, and most people will be able to stick to a normal



LIVE FREE FROM THE WORRY OF HEP C

daily routine. The exact combinations of medicines to be taken will depend on a number of things, such as whether you have cirrhosis and the genotype (strain) of hep C you have.

While it is now unlikely, it may be necessary for some people to take the new medicines in combination with the older ones, including ribavirin but rarely interferon. Taking a combination of medicines which includes interferon may increase your chance of

GETTING TREATED AND CURED OF HEP C IS NOW MUCH EASIER.

95%
of people
can be cured
of hep C.

June 2018

experiencing significant side-effects, and you may need to be on treatment longer. This may mean taking time off work or making other changes to your normal routine. In this case, you may want to discuss with your doctor, nurse, family or friends about when to start treatment and how you might need to manage possible side-effects.

Contacting the National Hepatitis Information Line on 1800 437 222 or your state hepatitis organisation is another good way to find support and answers to your questions.

Treatment monitoring

How and how often your doctor monitors you while you are taking the DAA medicines will be determined by your individual circumstances. For many people, one assessment at week 4 of treatment will be sufficient during an 8 week or 12 week treatment course. Assessment will include discussion about your treatment experience and how you have been taking the DAAs, blood tests to look at your liver function and depending on your experience and circumstances, additional tests may be required.

More frequent monitoring will be required for the small number of people who may need to take the new DAA medicines in combination with ribavirin.

What is meant by the term cure?

A 'cure' is indicated by a sustained viral response (SVR) at week 12 after treatment. Your doctor will order a PCR viral load test 12 weeks after treatment finishes, and if the results show 'virus undetectable' (no virus) it means that you have successfully cleared the virus and there is no hep C in your body.

Hep C antibodies after being cured?

Once you have been cured of hep C, your body will continue to make antibodies for ten years or more. Antibodies are produced as a part of your body's natural defence system to infections. Having hep C antibodies does not mean you still have hep C. If your PCR test is still negative 3 months after finishing treatment, the virus is no longer in your body.

It is important to remember that even though antibodies will remain in your blood, this does not protect you against catching hep C again.

What if treatment does not cure my hep C?

In a very small number of cases (5%), treatment does not cure hepatitis C. However it is important to remember that:

- There is no evidence to suggest that if treatment didn't work the first time, it's never going to work
- There is no limit to how many times you can access treatment through the PBS
- New treatments are being developed to cure people who are not cured with the current DAAs.

If you did not achieve a cure you should be referred to a liver specialist who will advise on the best treatment according to your circumstances.

More information

For more information on how to access the new DAA medicines you can contact the National Hepatitis Info Line on 1800 437 222.

References

- i. Hepatitis C Virus Infection Consensus Statement Working Group. Australian recommendations for the management of hepatitis. statement (August 2017). Melbourne: Gastroenterological Society of Australia, 2017. Accessed 25.10.17
- ii. National HCV Testing Policy Expert Reference Committee. National Hepatitis C Testing Policy v1.2 Reviewed 2016-17. Commonwealth of Australia 2016. Accessed 25.10.2017