Diagnosed Chronic HCV Infection

Figure 3. Management of Chronic Hepatitis C Virus (HCV) Infection

<table>
<thead>
<tr>
<th>Test Description</th>
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<tbody>
<tr>
<td>Hepatitis C-Infected Patient, Baseline Panel 1 (91704)</td>
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<tr>
<td>Autoimmune Hepatitis Differential Panel for Hep-C Patient (91705)</td>
</tr>
<tr>
<td>Hepatitis C Viral RNA, Quantitative, Real-Time PCR (35645)</td>
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<tr>
<td>Hepatitis C Viral RNA, Genotype, LiPA (37811)</td>
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</tbody>
</table>

- Consider assessing liver fibrosis with biopsy or serum markers (e.g., Liver Fibrosis, FibroTest-ActiTest Panel [92688])
- Consider AccuType® Ribavirin (ITPA) genotype test (91416) to assess risk of ribavirin-associated anemia

Patient is a candidate for treatment and has no contraindications (e.g., autoimmune hepatitis)

- **Genotype 1**
  - Consider NS3 (90924) and/or NS5A (92447) inhibitor resistance testing (see hcvguidelines.org)

- **Genotypes 2, 4-6**
  - Consider NS5A inhibitor resistance testing (93325)

- **Genotype 3**
  - Consider NS5A inhibitor resistance testing (93325)

**Decision to treat**

**Treatment selection (based in part on HCV genotype)**

**If treated**

- Monitor therapy using Hepatitis C-Infected Patient, Treatment Panel (91706); see current guidelines and drug package inserts for monitoring frequency
- Consider AccuType® Ribavirin (ITPA) genotype test (91416) to evaluate the risk of ribavirin-associated anemia prior to prescribing ribavirin

Serum markers (e.g., Liver Fibrosis, FibroTest-ActiTest Panel [92688]) may be helpful in assessing the presence of advanced fibrosis but have limitations that should be taken into account when interpreting results. Patients who are not selected for therapy should continue to be monitored; biopsy may be warranted in those with evidence of progressive liver disease.

This figure was developed by Quest Diagnostics based in part on references 26-28. It is provided for informational purposes only and is not intended as medical advice. A physician’s test selection and interpretation, diagnosis, and patient management decisions should be based on his/her education, clinical expertise, current guidelines, and assessment of the patient.