

**HCV AB+
HCV RNA+**

**CONSULT
WITH
SPECIALIST**

**INITIAL HCV
TESTING PANEL**

HIV SCREEN
HEP A AND B SCREEN
HCV GENOTYPING
LIVER FUNCTION PANEL
PLATELET COUNT
PATIENT EDUCATION

**IF HIV
AND HBV
NEGATIVE**

VACCINATION
RECOMMENDATIONS

GENOTYPES 4-6

**HCV
GENOTYPE**

GENOTYPE 1

**TREATMENT
ELIGIBLE ?
SEE CRITERIA**

YES

**FIBROSIS?
SEE APRI AND
BIOPSY CRITERIA**

MODERATE OR
ADVANCED
FIBROSIS

**CONSULT
WITH
SPECIALIST**

TREATMENT

PEG-INTERFERON
AND RIBAVIRIN
AND PROTEASE
INHIBITOR -
NEW THERAPIES
AVAILABLE 2014

GENOTYPES 2-3

**TREATMENT
ELIGIBLE ?
SEE CRITERIA**

YES

**CONSULT
WITH
SPECIALIST**

TREATMENT

PEG-
INTERFERON
AND RIBAVIRIN
x 24 weeks

HIV OR HBV POSITIVE

**CONSULT WITH
SPECIALIST**

SEE ALGORITHM
FOR HCV-HIV, HIV-HBV,
AND/OR HCV-HBV,
COINFECTION
PATIENT MANAGEMENT

NO

NO

**MILD
NONE**

**CONSULT WITH
SPECIALIST**

CONTINUE FOLLOW UP
q 6 MONTHS - LIVER PANEL
ULTRASOUND
(if Advanced Fibrosis)
q 12 MONTHS
PLATELET/APRI
HIV SCREEN