

Hep C factsheet: Treatment update sheet



For more information about anything in this factsheet, phone the *Hepatitis Infoline* on 1800 803 990 or go to www.hep.org.au

Why start treatment now?

- Treatment will cure most people's hep C. For every 20 people treated, 19 will be cured (that's a 95% chance of success).
- Most people will have no side effects (or only mild side effects).
- Treatments are daily pills, usually just 8 or 12 weeks.

If you are cured of hep C you should no longer have hep C symptoms. Treatment can also help reverse fibrosis and cirrhosis.

Knowing that you are no longer living with hep C may also help you to feel better about yourself, and no longer feel stressed about maybe passing on the virus to someone else.

Where can you be treated?

If you don't have signs of serious liver damage (that's most people), your **doctor** will be able to manage your hep C treatment. At some clinics, you might be treated by a **nurse practitioner** (a specially trained nurse). If you have serious liver damage, such as cirrhosis, you will be treated at a **Liver Clinic or specialist**.

First step is to be assessed by a doctor. Find a local doctor by using [our online web directory](#).

Hepatitis NSW web directory

Our website directory contains hundreds of hep C services across NSW:

- doctors who treat with the new drugs
- chemists who fill scripts for the new drugs
- Liver Clinics that provide specialist treatment.

To find our directory, just do a Google search for 'hep nsw directory'

Treatment options

There are a range of different treatment medications. Your doctor will recommend the best option for you, depending on your treatment assessment.

Current options generally include: (listed in alphabetical order)

- Eplclusa - Harvoni - Vosevi

Preparing for treatment

Visit a doctor and ask for treatment assessment. Your doctor will ask a range of questions: about your hep C, previous blood tests, your current health, what other medicines you are taking, and if you have been on any previous treatment for hep C.

Test will include liver function, hep C genotype and viral load, as well as a Fibroscan examination or APRI blood test (to check if you have cirrhosis).

It is a good idea to get your doctor to do as many of these tests as possible on your first visit. Ask them to do your PCR, full blood counts and APRI blood sample so that you don't have to come back for several visits.

After all the test results come back your doctor should be able to start you on treatment – if you don't have cirrhosis. Starting treatment might not happen straight away because sometimes your doctor will need to discuss your treatment plan with a hepatitis specialist.

If your tests show signs of cirrhosis you will be referred to a specialist or liver clinic for treatment. Even if you do have liver damage you still have a very good chance of being cured with the new treatments.

If you have cirrhosis you will need long term monitoring for complications (even if treatment works and you are cured of hep C).

Drug use and treatment

Current injecting drug use is not a reason to delay hep C treatment. If you have a drug and alcohol history and feel like your doctor is hesitating about treatment, talk to us on the *Hepatitis Infoline* and we may be able to help.

Getting your supplies of the medicines

Most prescriptions (scripts) are filled by regular chemist shops. They order in your medicine and have it ready in the following days.

Some chemists choose not to provide hep C medicines so [phone the Hepatitis Infoline](#) or see Hepatitis NSW web directory (previous page) for your closest hep C chemist.

If you don't have any nearby chemists who fill DAA scripts, there are online pharmacies who can help. [Phone the Hepatitis Infoline for more info.](#)

Treatment costs

Your pharmacy will charge you a Medicare “co-payment” fee for each medicine: up to \$25.00 for general patients and up to \$7.70 if you have a Health Care Card.

For Aboriginal and Torres Strait Islander people who are registered for the Closing The Gap program, the medications are covered.

Treatment monitoring and follow up

Most people do not need any monitoring while on treatment. (But if you have cirrhosis, or are on a treatment that involves interferon, you will probably have several visits while on treatment.)

Everyone needs to have a PCR viral detection test 12 weeks after treatment finishes to check if they are cured. It is VERY IMPORTANT to attend for this post-treatment check up. Don't assume that treatment has cured your hep C. You need to find out for sure with the final PCR test.

What is a cure?

Being cured means you got rid of hep C virus from your body (also called "cleared").

To confirm if you have cleared the virus, a PCR viral detection test is done 12 weeks after your treatment is over. It is VERY IMPORTANT to attend for this post-treatment check up.

A "negative" result means no virus was found and you are cured of hep C.

If hep C had already caused cirrhosis, clearing your hep C might not mean that you feel healthy straight away. You will still need to see a doctor or specialist for ongoing monitoring. You will still have a risk of liver complications, even after clearing your hep C.

Treatment and pregnancy

A small number of people may have Ibvayr (ribavirin) added to their treatment. In these cases, pregnancy must be strictly avoided during treatment (and for 6 months afterwards).

Pregnancy should be avoided if you are on any of the other DAA treatments. Talk to your doctor for more information about treatment and pregnancy.

After treatment

You might gain weight after you are cured. This could be a result of you enjoying life -more (eating more, or drinking more alcohol).

But gaining weight could put you at risk of a different type of liver disease – non-alcoholic fatty liver disease. This is a build up of fat in the abdomen and around the liver. It is connected with liver inflammation and risk of diabetes.

Keep seeing your doctor for annual check ups. He or she will check you for weight gain and diabetes risk.

Treatment didn't work?

In a very small number of cases treatment will not clear hep C. This might happen because of things like genetics, the virus mutating, or if you miss too many pills during treatment.

If you don't clear your hep C, you will be referred to a liver specialist who will chat about the best re-treatment for you. This might involve the same treatment with added Ibvayr (ribavirin) or it might be another combination altogether.

It is important to remember:

- there is no limit on how many times you can access these treatments
- there is no evidence to suggest that if treatment didn't work the first time, it's never going to work
- liver specialists will do everything they can to ensure you are cured of hep C; "no one will be left behind" is their approach.

Last updated 06 February 2026

For the latest treatment info, phone the [Hepatitis Infoline](#) **1800 803 990**

While you are talking with one of the *Infoline* workers, sign up for our monthly email newsletter:
[The Champion](#).