Hepatitis C Treatment
What do I use?

Bruce Burkett
Executive Director
Hep C Alliance
• Financial Disclosures
• I do receive unrestricted educational grants from Janssen, Genentech, Gilead, BMS, AbbVie, and Vertex
• History of Treatment
• Interferon mono therapy
• Schering-Plough, Amgen and Roche
• Interferon and Ribavirin
• Pegalyted Interferon and Ribavirin
• Peg/Riba Incivek (Telaprevir)
• Peg/Riba Victrelis (Boceprevir)
### Infectious Disease Society of America Guidelines for treatment

<table>
<thead>
<tr>
<th>Genotype</th>
<th>Recommended</th>
<th>Alternative</th>
<th>NOT Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>IFN eligible:</strong> SOF + PEG/RBV x 12 weeks</td>
<td>IFN eligible: SMV x 12 weeks + PEG/RBV x 24 weeks*</td>
<td><strong>Monotherapy with PEG, RBV, or a DAA Do not treat decompensated cirrhosis with PEG or SMV</strong></td>
</tr>
<tr>
<td></td>
<td><strong>IFN ineligible:</strong> SOF + SMV + RBV x 12 weeks</td>
<td>IFN ineligible: SOF + RBV x 24 weeks</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>SOF + RBV x 12 weeks</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>SOF + RBV x 24 weeks</td>
<td>SOF + PEG/RBV x 12 weeks</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong>IFN eligible:</strong> SOF + PEG/RBV x 12 weeks</td>
<td>SMV x 12 weeks + PEG/RBV x 24-48 weeks</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>IFN ineligible:</strong> SOF + RBV x 24 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 or 6</td>
<td>SOF + PEG/RBV x 12 weeks</td>
<td>PEG/RBV x 48 weeks</td>
<td></td>
</tr>
</tbody>
</table>
Sofosbuvir

- **Approval Status**: FDA approved December 6, 2013
- **Indication for HCV Monoinfection and HCV-HIV Coinfection**
  - GT 1,4: Sofosbuvir + peginterferon + ribavirin (12 weeks)
  - GT 2: Sofosbuvir + ribavirin (12 weeks)
  - GT 3: Sofosbuvir + ribavirin (24 weeks)
- **Additional Indication for HCV Monoinfection**
  - GT 1 (interferon ineligible): Sofosbuvir + ribavirin (24 weeks)
  - HCC and awaiting transplant: Sofosbuvir + ribavirin (up to 48 weeks)
- **Class & Mechanism**
  - Nucleotide analog inhibitor of NS5B polymerase enzyme
- **Dosing**: 400 mg PO once daily with or without food
- **Adverse Effects (AE) attributable to Sofosbuvir**
  - Fatigue, headache
- **Wholesaler Acquisition Cost in United States**
  - 28 tablet bottle = $28,000; estimated 12-week cost = $84,000
## Sofosbuvir + Ribavirin
### Adverse Effects

<table>
<thead>
<tr>
<th>Event</th>
<th>Sofosbuvir + RBV (n=256)</th>
<th>SOF + PEG + RBV (n=327)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discontinuation due to adverse event</td>
<td>3 (1%)</td>
<td>5 (2%)</td>
</tr>
<tr>
<td>Fatigue</td>
<td>92 (36%)</td>
<td>192 (59%)</td>
</tr>
<tr>
<td>Headache</td>
<td>64 (25%)</td>
<td>118 (36%)</td>
</tr>
<tr>
<td>Nausea</td>
<td>46 (18%)</td>
<td>112 (34%)</td>
</tr>
<tr>
<td>Pruritus</td>
<td>19 (7%)</td>
<td>59 (18%)</td>
</tr>
<tr>
<td>Hemoglobin &lt; 10 g/dl</td>
<td>23 (9%)</td>
<td>74 (23%)</td>
</tr>
<tr>
<td>Neutropenia</td>
<td>0</td>
<td>54 (17%)</td>
</tr>
<tr>
<td>Influenza-like illness</td>
<td>7 (3%)</td>
<td>51 (16%)</td>
</tr>
<tr>
<td>Depression</td>
<td>14 (5.5%)</td>
<td>31 (9.5%)</td>
</tr>
<tr>
<td>Insomnia</td>
<td>31 (12%)</td>
<td>81 (41%)</td>
</tr>
</tbody>
</table>

Recommended regimen for treatment-naive patients with HCV genotype 1 who are eligible to receive IFN. Daily sofosbuvir (400 mg) and weight-based RBV (1000 mg [<75 kg] to 1200 mg [≥75 kg]) plus weekly PEG for 12 weeks, regardless of subtype.
Sofosbuvir
Drug-Drug Interactions

**Sofosbuvir not recommended for coadministration with***:

- **Anticonvulsants**
  - Carbamazepine
  - Oxcarbazepine
  - Phenobarbital
  - Phenytoin

- **Antimycobacterials**
  - Rifabutin
  - Rifampin
  - Rifapentine

- **Herbal Supplements**
  - St. John’s wort

- **HIV Protease Inhibitors**
  - Tipranavir/ritonavir

*Not recommended because of potential marked decrease in sofosbuvir levels

Source: Sofosbuvir (*Sovaldi*) Prescribing Information. Gilead Sciences.
Recommended regimen for treatment-naive patients with HCV genotype 1 who are not eligible to receive IFN.

Daily sofosbuvir (400 mg) plus simeprevir (150 mg), with or without weight-based RBV (1000 mg [<75 kg] to 1200 mg [>75 kg]) for 12 weeks.
Who is Intolerance to IFN?
Autoimmune hepatitis and other autoimmune disorders
Hypersensitivity to PEG or any of its components
Decompensated hepatic disease
History of depression, or clinical features consistent with depression
A baseline neutrophil count below 1500/μL, a baseline platelet count below 90,000/μL or baseline hemoglobin below 10 g/dL
A history of preexisting cardiac disease
Alternative regimens for treatment-naive patients with HCV genotype 1 who are not eligible to receive IFN. Daily sofosbuvir (400 mg) and weight-based RBV (1000 mg [<75 kg] to 1200 mg [>75 kg]) for 24 weeks regardless of subtype; however, this regimen may be less effective than daily sofosbuvir (400 mg) plus simeprevir (150 mg), particularly among patients with cirrhosis.
Alternative regimens for treatment-naive patients with HCV genotype 1 who are eligible to receive IFN.

Daily simeprevir (150 mg) for 12 weeks and weight-based RBV (1000 mg [<75 kg] to 1200 mg [>75 kg]) plus weekly PEG for 24 weeks is an acceptable regimen for IFN-eligible persons with either HCV genotype 1b or HCV genotype 1a infection in whom the Q80K polymorphism is not detected prior to treatment.
Alternative regimen for PEG/RBV (without an HCV protease inhibitor) nonresponder patients with HCV genotype 1 who are eligible to receive IFN. Daily simeprevir (150 mg) for 12 weeks plus weight-based RBV (1000 mg [<75 kg] to 1200 mg [>75 kg]) and weekly PEG for 48 weeks is an alternative for IFN-eligible persons. (All patients with cirrhosis who are receiving simeprevir should have well compensated liver disease.)
Recommended regimen for genotype 2 PEG/RBV nonresponders.
Daily sofosbuvir (400 mg) and weight-based RBV (1000 mg [<75 kg] to 1200 mg [>75 kg]) for 12 weeks. (Patients with cirrhosis may benefit by extension of treatment to 16 weeks.)
Recommended regimen for HCV genotype 3 PEG/RBV nonresponders. Daily sofosbuvir (400 mg) and weight-based RBV (1000 mg [<75 kg] to 1200 mg [≥75 kg]) for 24 infection.
Alternate regimen for HCV genotype 3 PEG/RBV nonresponder patients who are eligible to receive IFN. Retreatment with daily sofosbuvir (400 mg) and weight-based RBV (1000 mg [<75 kg] to 1200 mg [>75 kg]) plus weekly PEG for 12 weeks is an alternative for IFN-eligible persons.
Recommended regimen for HCV genotype 4, PEG/RBV nonresponder patients. Daily sofosbuvir (400 mg) for 12 weeks and daily weight-based RBV (1000 mg [<75 kg] to 1200 mg [>75 kg]) plus weekly PEG for 12 weeks is recommended for retreatment of IFN-eligible persons.
The following regimens are **NOT** recommended for treatment-naive patients with HCV genotype 4.

4. PEG/RBV for 48 weeks  
   Monotherapy with PEG, RBV, or a DAA  
   (Telaprevir- or boceprevir-based regimens)
Alternate regimen for HCV genotype 4, PEG/RBV nonresponder patients. Daily sofosbuvir (400 mg) and weight-based RBV (1000 mg [<75 kg] to 1200 mg [>75 kg]) for 24 weeks is recommended for
Alternative regimens for treatment-naive patients with HCV genotype 5 or 6. Daily weight-based RBV (1000 mg [<75 kg] to 1200 mg [>75 kg]) plus weekly PEG for 48 weeks is an acceptable regimen for persons.
Recommended regimen for HCV genotype 5 or 6, PEG/RBV nonresponder patients. Daily sofosbuvir (400 mg) for 12 weeks and daily weight-based RBV (1000 mg [<75 kg] to 1200 mg [>75 kg]) plus weekly PEG for 12 weeks is recommended for retreatment of IFN-eligible persons.
Recommended regimen for treatment-naive patients with HCV genotype 5 or 6. Daily sofosbuvir (400 mg) and weight-based RBV (1000 mg [<75 kg] to 1200 mg [>75 kg]) plus weekly PEG for 12 weeks is recommended for IFN-eligible persons.
Simeprevir (Olysio) Summary

• Approval Status: FDA approved December 6, 2013

• Indication for HCV Monoinfection
  - GT 1: Simeprevir (12 weeks) + peginterferon + ribavirin (12 or 36 weeks)
  - Poor response to Simeprevir + Peginteferon + Ribavirin with GT1a and NS3 Q80K polymorphism at baseline

• Class & Mechanism
  - NS3/4A protease inhibitor
  - Activity against GT 1,2,4,5,6 (strongest activity against GT 1a, 1b)

• Simeprevir Dosing
  - 150 mg PO once daily with food
  - In combination with peginterferon + ribavirin (triple therapy)

• Adverse Effects (AE) attributable to Simeprevir
  - Rash (including a photosensitivity reaction), pruritus, and nausea

• Wholesaler Acquisition Cost in United States
  - 28 tablet bottle = $22,120; estimated 12-week cost = $66,360
## Simeprevir + PEG + Ribavirin for Treatment-Naïve HCV GT1
### QUEST-1 Trial: Adverse Effects

<table>
<thead>
<tr>
<th>QUEST 1: Event</th>
<th>Simeprevir + PEG + RBV (n=264)</th>
<th>Placebo + PEG + RBV (n=130)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discontinuation due to adverse event</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Grade 3/4 adverse event</td>
<td>23%</td>
<td>29%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>40%</td>
<td>38%</td>
</tr>
<tr>
<td>Headache</td>
<td>31%</td>
<td>37%</td>
</tr>
<tr>
<td>Pruritus</td>
<td>21%</td>
<td>11%</td>
</tr>
<tr>
<td>Rash (any type)</td>
<td>27%</td>
<td>25%</td>
</tr>
<tr>
<td>Anemia</td>
<td>19%</td>
<td>11%</td>
</tr>
<tr>
<td>Neutropenia</td>
<td>16%</td>
<td>11%</td>
</tr>
<tr>
<td>Bilirubin increase</td>
<td>9%</td>
<td>4%</td>
</tr>
<tr>
<td>Photosensitivity condition</td>
<td>3%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Recommended regimen for HCV genotype 1 PEG/RBV (with an HCV protease inhibitor) nonresponder patients:

Daily sofosbuvir (400 mg) for 12 weeks plus weight-based RBV (1000 mg [<75 kg] to 1200 mg [>75 kg]) and weekly PEG for 12 to 24 weeks, regardless of subtype or IFN eligibility.
GT 1 Patients in whom previous treatment with PEG/RBV plus either telaprevir or boceprevir has failed

SOF x 12 weeks + PEG/RBV x 12-24 weeks OR
SOF + RBV x 24 weeks, OR
SOF + PEG/RBV x 24 weeks

NOT RECOMMENDED:
PEG/RBV ± telaprevir or boceprevir or SMV
Monotherapy with PEG, RBV, or a DAA Do not treat decompensated cirrhosis with PEG or SMV
Recommended regimen for HCV genotype 1 PEG/RBV (without an HCV protease inhibitor) nonresponder patients:
Daily sofosbuvir (400 mg) plus simeprevir (150 mg), with or without weight-based RBV (1000 mg [<75 kg] to 1200 mg [>75 kg]) for 12 weeks is recommended for retreatment of HCV genotype 1 infection, regardless of subtype or IFN eligibility.
How much is too much?

Sovaldi Wholesale accusation cost (WAC) is $87,000 for 12 weeks treatment
Total cost for 12 weeks $97,389

Olysis WAC is $66,000 for 12 weeks
Total cost for 12 weeks $76,389
Peg Interferon $9,852 and Ribavirin is $537 12 weeks $10,389

Sovaldi and Olysis together 12 weeks $153,000
How Do I Pay For Treatment?

Co Payments and Deducatable
My Insurance copay $210 and $3,000 deductible

Many plans 20% to 30% copay and up $5,000 deductible
$19,477 copayment???
Patient Access Network Foundation (PANF)
P.O. Box 221858
Charlotte, NC 28222-1858
Toll Free: 1-866-316-PANF (7263)
www.panfoundation.org
OLYSIO™ Savings Program

OLYSIO™ Savings Program may provide instant savings on your out-of-pocket medication costs for OLYSIO™. Once eligible patients qualify and activate their OLYSIO™ Savings Card, patients pay only $25 per fill, with a maximum annual benefit of $25,000, 12 months after activation or 3 fills (12-week supply), whichever comes first. Not valid for patients enrolled in Medicare, such as Medicare Part D, or Medicaid. Other restrictions apply.

You may be eligible if:
You have been prescribed OLYSIO™
You currently have commercial/private insurance that covers prescription costs for OLYSIO™

Additional restrictions apply
Johnson & Johnson Patient Assistance Foundation

Johnson & Johnson Patient Assistance Foundation, Inc. (JJPAF) is committed to providing access to medicines for uninsured individuals who lack the financial resources to pay for them. If you are uninsured and unable to pay for your medicine, please contact a JJPAF program specialist at 1-800-652-6227 or visit the Foundation website at JJPAF.org to see if you might qualify for assistance.
You may be eligible if:
Single Person
$58,350 or less

Family Size of 2
$78,650 or less

Larger Families
Income levels are adjusted accordingly
To be eligible for a PEGASYS Co-pay Card, your patient must meet these criteria:

- Be prescribed PEGASYS to treat chronic hepatitis B or C
- Be 18 years of age or older
- Not reside or receive treatment in Vermont
- Not participate in charitable fund sources (e.g., Genentech® Access to Care Foundation)
- Not participate in any federal- or state-funded health care program (e.g., Medicare, Medicaid or TRICARE)
HEPATITIS C INFORMATION AND RESOURCES
FUND STATUS AND ELIGIBILITY

Open - We are accepting applications for new and renewal patients. If your application for assistance is approved you can begin receiving funding immediately.

**Maximum Award Level:** $7,500 Per Year

**Eligibility Criteria**

- Patient should be insured and insurance must cover the medication for which patient seeks assistance.
- Patient must have a confirmed diagnosis of Hepatitis C.
- Patient must reside and receive treatment in the United States.
- Patient's income must fall below 400% of the Federal Poverty Guideline (FPG) with consideration of the Cost of Living Index (COLI) and the number in the household.

1-866-512-3861  cpr@patientadvocate.org
http://www.copays.org/
Special Groups

Cirrhosis

Treatment-naive patients with compensated cirrhosis, including those with hepatocellular carcinoma, should receive the same treatment as recommended for patients without cirrhosis. Patients with decompensated cirrhosis (moderate or severe hepatic impairment; CTP class B or C) should be referred to a medical practitioner with expertise in that condition (ideally in a liver transplant center).
The recommended regimen for patients with any HCV genotype who have decompensated cirrhosis (moderate or severe hepatic impairment; CTP class B or C) who may or may not be candidates for liver transplantation, including those with hepatocellular carcinoma. This regimen should be used only by highly experienced HCV providers.

Daily sofosbuvir (400 mg) plus weight-based RBV (with consideration of the patient's creatinine clearance and hemoglobin level) for up to 48 weeks.

The following regimens are NOT recommended for patients with decompensated cirrhosis (moderate or severe hepatic impairment; CTP class B or C):

- Any IFN-based therapy
- Monotherapy with PEG, RBV, or a DAA
- Telaprevir-, boceprevir-, or simeprevir-based regimens
Alternative regimen for PEG/RBV (with or without an HCV protease inhibitor) nonresponder patients with HCV genotype 1, regardless of subtype. Eligible to receive IFN: Daily sofosbuvir (400 mg) for 12 weeks and weight-based RBV (1000 mg [<75 kg] to 1200 mg [>75 kg]) plus weekly PEG for 12 to 24 weeks.
## HIV/HCV Coinfected

### Genotype 1

#### Recommended TX

<table>
<thead>
<tr>
<th>Treatment-naive and prior PEG/RBV relapsers</th>
<th>IFN eligible: SOF + PEG/RBV x 12 weeks</th>
<th>IFN ineligible: SOF + RBV x 24 weeks</th>
</tr>
</thead>
</table>

#### Alternative TX

| Treatment naive and prior PEG/RBV relapsers | IFN eligible: SMV x 12 weeks + PEG/RBV x 24 weeks* | IFN ineligible: None |

<table>
<thead>
<tr>
<th>Treatment experienced (prior PEG/RBV nonresponders) regardless of IFN eligibility:</th>
<th>SOF + SMV ± RBV x 12 weeks</th>
<th>Treatment experienced (prior PEG/RBV nonresponders)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IFN eligible: SOF + PEG/RBV x 12 Weeks</td>
<td>IFN ineligible: SOF + RBV x 24 Weeks</td>
<td></td>
</tr>
</tbody>
</table>

* * denotes the use of SMV in combination with PEG/RBV for treatment-naive patients.
HIV/HCV Cofinfected Patients

Genotype 2 and 3

SOF + RBV x 12 weeks

Genotype 4, 5, and 6

SOF + PEG/RBV x 12 weeks

There are a few drug-drug interactions with HIV Medications to watch out for. These drug have been found to be compatible with the new treatments.

For SOF use:
ALL except didanosine, zidovudine, or tipranavir

For SMV use:
LIMITED to raltegravir, rilpivirine, maraviroc, enfuvirtide, tenofovir, emtricitabine, lamivudine, abacavir
Patients who had previous treatment with PEG/RBV plus either telaprevir or boceprevir that failed

| 1a | SOF x 12 weeks + PEG/RBV x 24 weeks | SOF + RBV x 24 weeks |
| 1b | SOF x 12 weeks + PEG/RBV x 12-24 weeks | SOF + RBV x 24 weeks |
What's next?
<table>
<thead>
<tr>
<th>Drug Name/Category</th>
<th>Drug Name/Category</th>
<th>Company</th>
<th>Verified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daclatasvir (BMS-790052) (NS5A Inhibitor)</td>
<td>Asunaprevir (BMS-650032) (Protease inhibitor) BMS-791325 (Polymerase Inhibitor)</td>
<td>Bristol-Myers Squibb</td>
<td>April 16, 2014</td>
</tr>
<tr>
<td>Daclatasvir (BMS-790052) (NS5A Inhibitor)</td>
<td>Sovaldi (Sofosbuvir) (Polymerase Inhibitor)</td>
<td>Bristol-Myers Squibb /Gilead</td>
<td>April 16, 2014</td>
</tr>
<tr>
<td>Faldaprevir (Protease Inhibitor)</td>
<td>Deleobuvir (B1207127) (Polymerase Inhibitor)</td>
<td>Boehringer Ingelheim Pharma</td>
<td>April 16, 2014</td>
</tr>
<tr>
<td>MK-5172 (Protease Inhibitor)</td>
<td>MK-8742 Inhibitor (NS5A Inhibitor)</td>
<td>Merck</td>
<td>April 16, 2014</td>
</tr>
<tr>
<td>Olysio (Simeprevir) (Protease Inhibitor)</td>
<td>Sovaldi (Sofosbuvir) (Polymerase Inhibitor)</td>
<td>Janssen</td>
<td>April 16, 2014</td>
</tr>
<tr>
<td>Sovaldi (Sofosbuvir) (Polymerase Inhibitor)</td>
<td>Ledipasvir (GS-5885) (NS5A)</td>
<td>Gilead</td>
<td>April 16, 2014</td>
</tr>
</tbody>
</table>
## Sofosbuvir-Ledipasvir Fixed-Dose Combination +/- RBV
### ION-1, ION-2, and ION-3

<table>
<thead>
<tr>
<th>Study</th>
<th>Population</th>
<th>Treatment</th>
<th>Duration</th>
<th>SVR 12 Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>ION-1</td>
<td>GT-1</td>
<td>SOF/LDV</td>
<td>12 weeks</td>
<td>97.7% (209/214)</td>
</tr>
<tr>
<td>(n= 865)</td>
<td>Treatment-naïve (15.7% with cirrhosis)</td>
<td>SOF/LDV + RBV</td>
<td>12 weeks</td>
<td>97.2% (211/217)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOF/LDV</td>
<td>24 weeks</td>
<td>NA (n = 217)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOF/LDV + RBV</td>
<td>24 weeks</td>
<td>NA (n = 217)</td>
</tr>
<tr>
<td>ION-2</td>
<td>GT-1</td>
<td>SOF/LDV</td>
<td>12 weeks</td>
<td>93.6% (102/109)</td>
</tr>
<tr>
<td>(n= 440)</td>
<td>Treatment-experienced (20.0% with cirrhosis)</td>
<td>SOF/LDV + RBV</td>
<td>12 weeks</td>
<td>96.4% (107/111)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOF/LDV</td>
<td>24 weeks</td>
<td>99.1% (108/109)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOF/LDV + RBV</td>
<td>24 weeks</td>
<td>99.1% (110/111)</td>
</tr>
<tr>
<td>ION-3</td>
<td>GT-1</td>
<td>SOF/LDV</td>
<td>8 weeks</td>
<td>94.0% (202/215)</td>
</tr>
<tr>
<td>(n= 647)</td>
<td>Treatment-naïve (0.0% with cirrhosis)</td>
<td>SOF/LDV + RBV</td>
<td>8 weeks</td>
<td>93.1% (201/216)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOF/LDV</td>
<td>12 weeks</td>
<td>95.4% (206/216)</td>
</tr>
</tbody>
</table>

Source: Gilead Sciences, Inc.
Free CME Course Helps Physicians Identify and Care for Patients with Liver Disease

Primary care providers are on the front lines of implementing the CDC’s recommendation to screen all baby boomers—people born from 1945 to 1965—for hepatitis C. In addition, the U.S. Preventative Services Task Force recently upgraded to B its recommendation for hepatitis B (HBV) screening of persons at high risk of infection. To help improve primary care physicians’ knowledge of these diseases, the American Association for the Study of Liver Diseases (AASLD), in collaboration with ECHO, the American College of Physicians (ACP), CDC, and Department of Veterans Affairs, has developed ACT-First, a free, online CME course. After completing the course, physicians will know which patients to screen for liver diseases, how to screen, what to do in the patient with positive serologies, what to tell the patient, and how to decide who is a candidate for therapy.

aasld.org/ACTFirst
This slide deck is from the University of Washington’s *Hepatitis C Online* and *Hepatitis Web Study* projects.

Hepatitis C Online

[www.hepatitisc.uw.edu](http://www.hepatitisc.uw.edu)

Hepatitis Web Study


Funded by a grant from the Centers for Disease Control and Prevention.