

FREE STUDY COMPANION · MEMORY EDITION

Hepatitis C Memory Hacks

Six genotypes and five combination tablets, reduced to one picture. Learn which tablets cover every genotype, which ones are picky, and how to choose between the two drugs you'll use for almost everyone.

Antibody vs RNA

Name decoder

Genotype map

Mavyret vs Epclusa

Decision path

Traps

Cheat sheet

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Built from current guidance: AASLD/IDSA HCV guidance (current online, including simplified treatment); CDC HCV screening recommendations 2020 and 2023; FDA labeling for glecaprevir/pibrentasvir, sofosbuvir/velpatasvir, sofosbuvir/velpatasvir/voxilaprevir, ledipasvir/sofosbuvir and elbasvir/grazoprevir. Mnemonics are memory aids; always confirm doses against the full study guides and current labels.

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Case-based BCPS exam prep
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INSIDE THE RXBLUEPRINT QUESTION BANK

Case-based BCPS prep that thinks like the exam

This guide gives you the hooks. The question bank tests whether they stick, case by case, the way the BCPS exam asks.

3,000+

case-based BCPS questions

18

organ systems & disease areas

85+

disease-state study guides

150

question mock exam, weighted like the real one

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Every question starts from a realistic patient case with labs and history, then asks for a decision.

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Learn why the answer is right and why each distractor is wrong: four lessons per question.

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See accuracy by organ system and the nine BCPS content domains, weakest first.

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A quick, clean review of each major condition on the BCPS exam, one click from every module quiz.

**Written & reviewed by board-certified pharmacists**

Authored and peer-reviewed by board-certified clinical pharmacists; updated as guidelines change.

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Hep C in 60 seconds

THE WHOLE CHAPTER ON ONE PAGE

1–6

Genotypes. Genotype 1 is the most common in North America; genotype 3 is the hardest to treat.

8 wk

Mavyret (glecaprevir/pibrentasvir) for treatment-naïve patients

12 wk

Epclusa (sofosbuvir/velpatasvir)

SVR12

Undetectable RNA 12 weeks after the last dose = cure

Ⓢ MEMORY HACK Antibody = Ever, RNA = Now

A positive **HCV antibody** only says the patient **ever** met the virus. It stays positive for life, even after cure.

HCV RNA says the virus is there **now**. Only RNA confirms infection that needs treatment, and only RNA proves cure.

Ⓢ MEMORY HACK A-B-P: read the drug name

A

NS5A inhibitor = -asvir (velpatasvir, pibrentasvir, ledipasvir, elbasvir)

B

NS5B polymerase = -buvir (sofosbuvir)

P

Protease = -previr (glecaprevir, voxilaprevir, grazoprevir)

Every tablet has an **A**, plus a **B** or a **P** (or both).

BRAND (GENERIC)	CONTAINS	IN ONE LINE
Mavyret (glecaprevir/pibrentasvir)	P + A	All genotypes, 8 weeks, with food. The kidney-friendly one.
Epclusa (sofosbuvir/velpatasvir)	B + A	All genotypes, 12 weeks, any liver (add ribavirin if decompensated).
Vosevi (sofosbuvir/velpatasvir/voxilaprevir)	B + A + P	All genotypes. The retreatment drug after a DAA has failed.
Harvoni (ledipasvir/sofosbuvir)	A + B	Genotypes 1, 4, 5, 6 only.
Zepatier (elbasvir/grazoprevir)	A + P	Genotypes 1 and 4 only.

♀ BCPS PEARL Why Hep C is curable and Hep B isn't

HCV lives only in the cytoplasm and has no nuclear hiding place, so 8 to 12 weeks of blocking replication clears it for good. HBV keeps a copy (cccDNA) in the nucleus, so HBV drugs suppress it but rarely cure it.

The genotype map: who covers what

THE PART EVERYONE MIXES UP

Only two of the five tablets are picky. Learn those two exceptions and you know the whole map: everything else covers all six genotypes.

TABLET	GT 1	GT 2	GT 3	GT 4	GT 5	GT 6
PAN-GENOTYPIC: COVERS EVERYONE						
Mavyret (glecaprevir/pibrentasvir)	YES	YES	YES	YES	YES	YES
Epclusa (sofosbuvir/velpatasvir)	YES	YES	YES*	YES	YES	YES
Vosevi (sofosbuvir/velpatasvir/voxilaprevir)	YES	YES	YES	YES	YES	YES
GENOTYPE-LIMITED: THE TWO PICKY ONES						
Harvoni (ledipasvir/sofosbuvir)	YES	no	no	YES	YES	YES
Zepatier (elbasvir/grazoprevir)	YES*	no	no	YES	no	no

* **Epclusa, genotype 3 with cirrhosis:** test for the NS5A Y93H variant first; if present, add ribavirin or use Vosevi. **Zepatier, genotype 1a:** test for NS5A variants first; if present, the course becomes 16 weeks with ribavirin.

MEMORY HACK VEL and PIB go everywhere

The pan-genotypic tablets are the ones built on the newer NS5A drugs: **vel**patasvir (Epclusa, Vosevi) and **pib**rentasvir (Mavyret).

Say it as "**Velvet** and **Pib** fit everyone." If a tablet contains one of them, it covers genotypes 1 to 6.

MEMORY HACK The two picky eaters

Harvoni = "**Half-voni**": it skips the middle. Covers 1, 4, 5, 6 and **skips 2 and 3**.

Zepatier = "**Zip code 14**": lives only at genotypes **1 and 4**. Test genotype 1a for NS5A variants before starting.

EXAM TRAP Genotype 3 is the troublemaker

Genotype 3 responds worst, especially with cirrhosis. That's where the extra rules live: Y93H testing before Epclusa, and longer Mavyret courses in treatment-experienced patients. **Tricky = Three**.

KEY POINT When do you need a genotype at all?

- Not needed:** treatment-naïve, no cirrhosis, using Mavyret or Epclusa.
- Needed:** cirrhosis (before Epclusa, to catch genotype 3), prior DAA failure, or if you plan to use Harvoni or Zepatier.

Mavyret vs Epclusa

THE TWO DRUGS YOU'LL USE FOR ALMOST EVERYONE

MEMORY HACK M is for Mavyret

- M** Meal: take with food
- 8** **8 weeks** for treatment-naïve, with or without compensated cirrhosis
- 3** **3 tablets** once daily
- K** Kidney-friendly: no dose change, fine in dialysis
- P** Has a **P**rotease (-previr): **P**rohibited in decompensated cirrhosis

MEMORY HACK E is for Epclusa

- E** Every genotype and **E**very liver, even decompensated (add ribavirin)
- 12** **12 weeks**
- 1** **1 tablet** once daily, with or without food
- A** **A**cid lowers absorption: careful with PPIs and antacids
- A** **A**miodarone: contraindicated (sofosbuvir bradycardia)

PATIENT HAS...	MAVYRET	EPCLUSA
Decompensated cirrhosis (Child-Pugh B or C)	No: protease inhibitor	Yes, plus ribavirin, 12 weeks (24 weeks if no ribavirin)
Amiodarone	Yes	No: severe bradycardia
A PPI they can't stop	Yes (preferred)	Only omeprazole ≤ 20 mg, taken 4 hours after Epclusa with food
Ethinyl estradiol contraceptive	No: ALT elevations (switch to progestin-only or nonhormonal)	Yes
Atazanavir (HIV)	No	Yes
CKD or dialysis	Yes	Yes
Child aged 3 or older	Yes (weight-based)	Yes (weight-based)

BCPS PEARL The swap rule

If a stem gives you a drug that rules one of them out, the answer is the other one. **Amiodarone, acid or the kidneys** push you to **Mavyret**. **A bad liver, ethinyl estradiol or atazanavir** push you to **Epclusa**.



Pick a regimen in 5 questions

[ASK THEM IN ORDER](#)

- 1 Is the cirrhosis **decompensated** (Child-Pugh B or C, ascites, encephalopathy, varices that bled)?
Epclusa + ribavirin × 12 weeks. No -previr drug. Refer to a liver transplant center.
- 2 Has a **DAA regimen failed** before?
Vosevi × 12 weeks (the retreatment tablet). Genotype and resistance testing first.
- 3 On **amiodarone** or a **PPI** that can't be lowered?
Mavyret. Avoid sofosbuvir with amiodarone.
- 4 On **ethinyl estradiol** or **atazanavir**?
Epclusa, or change the interacting drug first.
- 5 None of the above?
Either one: Mavyret × 8 weeks with food, or Epclusa × 12 weeks.

⦿ KEY POINT Who can use the simplified pathway

Treatment-naïve adults **without** decompensated cirrhosis, HIV or HBV coinfection, pregnancy, liver cancer or a liver transplant. They need baseline labs, an interaction check, and an RNA test 12 weeks after the course. No routine on-treatment labs.

⦿ MEMORY HACK Never with inducers

Inducers kill the cure. Rifampin, carbamazepine, phenytoin and St John's wort drop DAA levels: avoid them with every DAA.

⦿ MEMORY HACK Ribavirin: Red cells burst, baby at risk

Ribavirin causes **hemolytic anemia** (check Hgb) and is **teratogenic**: two forms of contraception for both partners, during treatment and for 6 months after.



Traps and special patients

WHERE EXAM POINTS ARE LOST

TRAP	WHAT TO REMEMBER
Sofosbuvir + amiodarone	So-slow-buvir: symptomatic, sometimes fatal bradycardia (worse with beta-blockers). Avoid. Amiodarone lingers for months after stopping.
Acid and Epclusa or Harvoni	Velpatasvir and ledipasvir need acid. Antacids: separate by 4 hours. H2RA: together or 12 hours apart. PPI: avoid, or omeprazole $\leq$ 20 mg 4 hours after Epclusa with food.
HBV hiding in the background	Check B before C. Test HBsAg and anti-HBc before any DAA (boxed warning): clearing HCV can let HBV flare. HBsAg-positive patients need HBV treatment or close monitoring.
Diabetes	Glucose often falls as HCV clears: watch for hypoglycemia and lower diabetes drugs.
Warfarin	INR can change as liver function improves: monitor INR more often.
Cure	SVR12 = cure, but the antibody stays positive and reinfection is possible . Keep screening people with ongoing risk using RNA, not antibody.

SPECIAL PATIENT	WHAT TO DO
Pregnancy	Screen for HCV in every pregnancy . Treatment is usually deferred until after delivery (can be considered case by case). Never ribavirin.
People who inject drugs	Treat; don't require abstinence. Add harm reduction (needles, opioid agonist therapy).
HIV coinfection	Same DAA regimens, but check the ART interactions (atazanavir and boosted PIs with Mavyret; efavirenz lowers velpatasvir). Not eligible for the simplified pathway.
Acute HCV	Treat right away with the same regimens; no need to wait for spontaneous clearance.

 Night-before cheat sheet

ONE PAGE

Antibody vs RNA

Antibody = Ever (stays positive). RNA = Now (diagnosis and cure).

A-B-P

-asvir NS5A · -buvir NS5B · -previr protease. Every tablet has an A.

Pan-genotypic

VEL and PIB go everywhere: Mavyret, Epclusa, Vosevi cover 1 to 6.

Picky tablets

Harvoni = Half-voni (skips 2 and 3). Zepatier = Zip code 14.

Genotype 3

Tricky = Three. Cirrhosis + Epclusa: test Y93H; positive → add ribavirin or use Vosevi.

Mavyret

Meal, 8 weeks, 3 tablets, kidney-friendly, Protease = Prohibited if decompensated. No ethinyl estradiol or atazanavir.

Epclusa

Every genotype, Every liver (+ ribavirin), 12 weeks, 1 tablet. Acid and amiodarone problems.

Swap rule

Amiodarone, acid, kidneys → Mavyret. Bad liver, ethinyl estradiol, atazanavir → Epclusa.

Retreatment

Failed a DAA → Vosevi × 12 weeks.

Interactions

So-slow-buvir with amiodarone. Inducers kill the cure.

Ribavirin

Red cells burst, baby at risk: Hgb, 2 contraceptives, 6 months after.

Before and after

Check B before C. Watch glucose and INR. SVR12 = cure.

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Self-check

5 CASE QUESTIONS

- 1 A 50-year-old with chronic HCV genotype 2, no cirrhosis and treatment-naïve, has a prescription for ledipasvir/sofosbuvir. What is the best recommendation?
 - A Proceed; ledipasvir/sofosbuvir covers genotype 2
 - B Switch to glecaprevir/pibrentasvir for 8 weeks
 - C Switch to elbasvir/grazoprevir for 12 weeks
 - D Add ribavirin to ledipasvir/sofosbuvir
- 2 A 61-year-old with HCV and decompensated cirrhosis (Child-Pugh C) is treatment-naïve. Which regimen is best?
 - A Glecaprevir/pibrentasvir for 8 weeks
 - B Sofosbuvir/velpatasvir/voxilaprevir for 12 weeks
 - C Sofosbuvir/velpatasvir plus ribavirin for 12 weeks
 - D Elbasvir/grazoprevir for 12 weeks
- 3 A 28-year-old woman with HCV (no cirrhosis) takes an ethinyl estradiol/levonorgestrel contraceptive and wants to keep it. Which regimen fits best?
 - A Glecaprevir/pibrentasvir for 8 weeks
 - B Sofosbuvir/velpatasvir for 12 weeks
 - C Sofosbuvir plus ribavirin
 - D Defer treatment until she stops the contraceptive
- 4 A 66-year-old with HCV and atrial fibrillation on amiodarone and metoprolol is treatment-naïve with compensated cirrhosis. Which regimen is best?
 - A Sofosbuvir/velpatasvir for 12 weeks
 - B Ledipasvir/sofosbuvir for 12 weeks
 - C Glecaprevir/pibrentasvir for 8 weeks with food
 - D Sofosbuvir/velpatasvir/voxilaprevir for 12 weeks
- 5 A patient previously treated with sofosbuvir/velpatasvir relapsed. Which is the recommended retreatment?
 - A Repeat sofosbuvir/velpatasvir for 12 weeks
 - B Sofosbuvir/velpatasvir/voxilaprevir for 12 weeks
 - C Elbasvir/grazoprevir for 12 weeks
 - D Peginterferon plus ribavirin

ANSWERS & EXPLANATIONS

- 1 • B Harvoni = Half-voni: it skips genotypes 2 and 3. Glecaprevir/pibrentasvir is pan-genotypic and 8 weeks for treatment-naïve patients. Zepatier only covers 1 and 4.
- 2 • C -previr drugs are prohibited in decompensated cirrhosis, which rules out A, B and D. Epclusa covers Every liver, with weight-based ribavirin for 12 weeks.
- 3 • B Glecaprevir/pibrentasvir with ethinyl estradiol raises ALT, so Epclusa is the regimen that lets her keep the pill. Deferring the cure isn't needed.
- 4 • C So-slow-buvir: every sofosbuvir regimen (A, B, D) can cause severe bradycardia with amiodarone, worse with a beta-blocker. Mavyret is 8 weeks in compensated cirrhosis.
- 5 • B After a DAA failure (including NS5A inhibitor exposure), Vosevi for 12 weeks is the retreatment of choice. Repeating the same regimen or using a genotype-limited tablet isn't recommended.