Hepatitis C Treatment Checklists

Prior to Treatment

Labs:

Immediately prior:
___ Pregnancy test (if applicable)
___ Uric Acid (only with ribavirin)

Within 1 month:
___ CBC with differential
___ CMP [1]
___ PT/INR
___ HCV RNA

Within 3 months:
___ Genotype confirmation
___ HBV DNA (if HBV cAb or sAg +)

Within 6 months:
___ AFP

Within 1 year:
___ HIV screening
___ FibroSure [LabCorp], FibroTest [Quest], FibroSpect [Prometheus], or FibroScan (If any result suggests cirrhosis, calculate Child-Pugh[2] score)

Once:
___ Hepatitis B core antibody IgG (HBcAb)
___ NS5A RAS (Genotype 3 if failed prior treatment or cirrhotic & treating with Epclusa)

Miscellaneous:

___ Hepatitis A vaccine status (If unknown: draw HAV antibody total IgG)
___ Hepatitis B vaccine status (If unknown: draw HBsAg & HBsAb)
___ Review drug-drug interactions
___ PHQ-9 baseline
___ AUDIT-C
___ Counsel about pregnancy prevention
___ Review & sign Treatment Readiness Attestation
___ Review Information Packet at Treatment Start

Monitoring During Treatment

Week 2 (only with ribavirin)
___ CBC
___ CMP[1]

Week 4
___ HCV RNA
___ CBC
___ CMP[1]
___ Pregnancy test
___ HBV DNA[3]

Weeks 8, 12, 16, 20, & 24
___ CBC
___ CMP[1]
___ Pregnancy test
___ HBV DNA[3]
___ HCV RNA (only at end of treatment)

Monthly follow-up in clinic or by phone:
___ Managing side effects
___ Medication adherence discussion
___ Alcohol intake
___ Birth control reminder
___ Refill reminder

1- Sofosbuvir-based regimen - If GFR <30, no safe recommendation.
With ribavirin - If GFR <50, decrease dose (refer to package insert).

2- Child-Pugh Calculator: https://www.hepatitisc.uw.edu/page/clinical-calculators/ctp
Child-Pugh B or C- Do not treat with Mavyret™, Zepatier™, or Vosevi®

3- HBV DNA: If cAb+ & HBV DNA (+) pre-treatment **OR** if Hep B carrier **OR** seroconverted carrier, check HBV DNA monthly during treatment & 12 weeks after treatment. If HBV DNA (-) pre-treatment & not a carrier, check again only at end of treatment.

Hepatitis C Treatment Checklists

Monitoring After Treatment:

12 weeks after last dose:

- CBC
- LFTs
- HCV RNA (to test for cure)
- AFP (if more than 6 months since last result)
- HBV DNA[3]

6 months post-treatment:

- If Advanced Fibrosis or Cirrhosis prior to treatment continue AFP & RUQ q 6 months to screen for hepatocellular carcinoma (HCC)

1 year post-treatment for 5 years:

- Zero to minimal scarring (F0-F2): yearly CBC & LFTs
- Advanced Fibrosis (F3): RUQ US & AFP q 6 months; yearly CBC, LFTs, & AFP
    - Liver Field Clinic appointment every 2-3 years
- Cirrhosis (F4): RUQ US & AFP q 6 months; yearly CBC, CMP, AFP, PT/INR
    - Yearly Liver Field Clinic appointment

1- Sofosbuvir-based regimen - If GFR <30, no safe recommendation.
With ribavirin - If GFR <50, decrease dose (refer to package insert).

2- Child-Pugh Calculator: https://www.hepatitisc.uw.edu/page/clinical-calculators/ctp
Child-Pugh B or C- Do not treat with Mavyret™, Zepatier™, or Vosevi®

3- HBV DNA: If cAb+ & HBV DNA (+) pre-treatment **OR** if Hep B carrier **OR** seroconverted carrier, check HBV DNA monthly during treatment & 12 weeks after treatment. If HBV DNA (-) pre-treatment & not a carrier, check again only at end of treatment.

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Liver Disease & Hepatitis Program
4315 Diplomacy Drive, Anchorage, AK 99508
Phone: 907-729-1560 Fax: 907-729-1570
http://www.anthc.org/hep

We are glad to hear you are interested in treatment for hepatitis C! Here are some things to think about (and do) before you make your decision about treatment:

Why be treated? Current medications have high cure rates and less side effects. Getting rid of hepatitis C reduces your risk of developing complications and improves your quality of life.

What FDA-approved treatments are available?

These are commonly used treatments for **Genotype 1**:

- Option 1 is Mavyret™ (glecaprevir/pibrentasvir), 3 tablets taken once daily with food for 8-12weeks. The most common side effects are headache (18%) and fatigue (15%). In clinical studies, the treatment response rate to Mavyret™ was 99% for genotype 1.
- Option 2 is Harvoni® (ledipasvir/sofosbuvir), 1 tablet taken once a day for 8-12 weeks. The most common side effects are feeling tired (16%) and headache (14%). In clinical studies, treatment response rates to Harvoni® were 94-100%.
- Option 3 is Epclusa® (sofosbuvir/velpatasvir), 1 tablet taken once a day for 12 weeks. The most common side effects are headache (22%) and feeling tired (15%). In clinical studies, treatment response rates to Epclusa® were 94-98% for genotype 1.

These are commonly used treatment options for **Genotype 2**:

- Option 1 is Mavyret™ (glecaprevir/pibrentasvir), 3 tablets taken once daily with food for 8-12 weeks. The most common side effects are headache (18%) and fatigue (15%). In clinical studies, treatment response rates to Mavyret™ were 98-100% for genotype 2.
- Option 2 is Epclusa® (sofosbuvir/velpatasvir), 1 tablet taken once a day for 12 weeks. The most common side effects are headache (22%) and feeling tired (15%). In clinical studies, the treatment response rate to Epclusa® was 99% for genotype 2.

These are commonly used treatment options for **Genotype 3**:

- Option 1 is Mavyret™ (glecaprevir/pibrentasvir), 3 tablets taken once daily with food for 8-12 weeks. The most common side effects are headache (18%) and fatigue (15%). In clinical studies, treatment response rates to Mavyret™ were 95-98% for genotype 3.
- Option 2 is Epclusa® (sofosbuvir/velpatasvir), 1 tablet taken once a day for 12 weeks. The most common side effects are headache (22%) and feeling tired (15%). In clinical studies, treatment response rates to Epclusa® were 85-98% for genotype 3.

There are no data on the new HCV drugs in pregnant women or nursing mothers. Safety/risk during pregnancy or breastfeeding has not been established.

Some treatments will require ribavirin which is 5-6 more tablets per day divided between morning and evening with food. The major side effects are feeling tired, nausea, itching and skin rash, trouble sleeping, irritability and weakness. A common side effect of ribavirin is anemia. **PLEASE NOTE: Ribavirin cannot be given to a pregnant or breastfeeding female or to a female who plans to become pregnant or a male who plans to father a child during or for 6 months after treatment because it can cause birth defects.**

Are you ready for treatment?

To ensure your success in completing hepatitis C treatment, please consider the following:

- Are you alcohol and drug-free? If you have recent drug/alcohol abuse, it is recommended that you attend an approved drug treatment program for support.
- Have you discussed hepatitis C treatment with your primary care provider?
- Have you told a relative/close friend who is willing to help support you during treatment?
- Are you committed to making every treatment appointment and getting **monthly** blood draws? We will want to follow you very closely during treatment.
- Can you return for an appointment 12 weeks after completing medication to be tested for cure?

Additional Requirements If Checked:

If you have cirrhosis, you may need:

____ EGD (A tube put into the esophagus and stomach to look for swollen veins that can bleed).

____ Ultrasound of the liver (done in the past 6 months). This non-invasive test checks your liver for cancer.

Call your primary care provider to make an appointment to discuss hepatitis C treatment once you are ready.

If you are coming to Anchorage and want a FibroScan, call the Liver Clinic ahead of your visit to schedule an appointment. FibroScan is a test using ultrasound waves to check liver stiffness or scarring/fibrosis in your liver. FibroScan testing is done in the Internal Medicine Clinic. Do not eat or drink for 3 hours before the test. Call us at 907-729-1560 or 1-800-655-4837.

AUDIT-C Questionnaire

Patient Name _____ Date of Visit _____

1. Within the past year, how often did you have a drink of alcohol?

- ☐ a. Never
- ☐ b. Monthly (e.g. Special occasions/Rare)
- ☐ c. 2-4 times a month (e.g. 1x on weekend - “Fridays only” or “every other Thursday”)
- ☐ d. 2-3 times a week (e.g. weekends – Friday-Saturday or Saturday-Sunday)
- ☐ e. 4 or more times a week (e.g. daily or most days/week)

2. Within the past year, how many standard drinks containing alcohol did you have on a typical day?

- ☐ a. 1 or 2
- ☐ b. 3 or 4
- ☐ c. 5 or 6
- ☐ d. 7 to 9
- ☐ e. 10 or more

3. Within the past year, how often did you have six or more drinks on one occasion?

- ☐ a. Never
- ☐ b. Less than monthly
- ☐ c. Monthly
- ☐ d. Weekly
- ☐ e. Daily or almost daily

AUDIT-C - Overview

The AUDIT-C is a 3-item alcohol screen that can help identify persons who are hazardous drinkers or have active alcohol use disorders (including alcohol abuse or dependence). The AUDIT-C is a modified version of the 10 question AUDIT instrument.

Clinical Utility

The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders.

Scoring

The AUDIT-C is scored on a scale of 0-12.

Each AUDIT-C question has 5 answer choices. Points allotted are:
a = 0 points, b = 1 point, c = 2 points, d = 3 points, e = 4 points

- **In men**, a score of 4 or more is considered positive, optimal for identifying hazardous drinking or active alcohol use disorders.
- **In women**, a score of 3 or more is considered positive (same as above).
- However, when the points are all from Question #1 alone (#2 & #3 are zero), it can be assumed that the patient is drinking below recommended limits and it is suggested that the provider review the patient's alcohol intake over the past few months to confirm accuracy.[3]
- Generally, the higher the score, the more likely it is that the patient's drinking is affecting his or her safety.

Psychometric Properties

For identifying patients with heavy/hazardous drinking and/or Active-DSM alcohol abuse or dependence

	Men[1]	Women[2]
≥3	Sens: 0.95 / Spec. 0.60	Sens: 0.66 / Spec. 0.94
≥4	Sens: 0.86 / Spec. 0.72	Sens: 0.48 / Spec. 0.99

For identifying patients with active alcohol abuse or dependence

≥ 3	Sens: 0.90 / Spec. 0.45	Sens: 0.80 / Spec. 0.87
≥ 4	Sens: 0.79 / Spec. 0.56	Sens: 0.67 / Spec. 0.94

1. *Bush K, Kivlahan DR, McDonell MB, et al. The AUDIT Alcohol Consumption Questions (AUDIT-C): An effective brief screening test for problem drinking. Arch Internal Med. 1998 (3): 1789-1795.*
2. *Bradley KA, Bush KR, Epler AJ, et al. Two brief alcohol-screening tests from the Alcohol Use Disorders Identification Test (AUDIT): Validation in a female veterans affairs patient population. Arch Internal Med Vol 163, April 2003: 821-829.*
3. *Frequently Asked Questions guide to using the AUDIT-C can be found via the website: www.oqp.med.va.gov/general/uploads/FAQ%20AUDIT-C*

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ **DATE:** _____

Over the *last 2 weeks,* how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
add columns:		+	+	

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.) **TOTAL:**

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

- **Not difficult at all** _____
- **Somewhat difficult** _____
- **Very difficult** _____
- **Extremely difficult** _____

Fold back this page before administering this questionnaire

INSTRUCTIONS FOR USE

for doctor or healthcare professional use only

PHQ-9 QUICK DEPRESSION ASSESSMENT

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment on accompanying tear-off pad.

2. If there are at least 4 ✓s in the blue highlighted section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

3. ***Consider Major Depressive Disorder***
—if there are at least 5 ✓s in the blue highlighted section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder
—if there are 2 to 4 ✓s in the blue highlighted section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician and a definitive diagnosis made on clinical grounds, taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient. Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.

2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3

3. Add together column scores to get a TOTAL score.

4. Refer to the accompanying PHQ-9 Scoring Card to interpret the TOTAL score.

5. Results may be included in patients' files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

PHQ-9 SCORING CARD FOR SEVERITY DETERMINATION

for healthcare professional use only

Scoring—add up all checked boxes on PHQ-9

For every ✓: Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

Epclusa® (Sofosbuvir/Velpatasvir) Information Packet

Family Medicine Provider: _____

If you are considering hepatitis C treatment, please read this treatment agreement carefully and be sure to ask any questions you may have before you begin treatment.

The FDA approved sofosbuvir combined with velpatasvir in one tablet (Epclusa®) for the treatment of hepatitis C genotypes 1-6.

PREGNANCY & BREASTFEEDING WARNING

It is not known if Epclusa® will harm an unborn or breastfeeding baby, so it is recommended that women do not get pregnant or breastfeed while taking this medicine.

PLEASE NOTE:

You must let your medical, mental health, dental providers, and pharmacist(s) know that you are taking Epclusa® prior to starting any new medications. You must let your providers know about any new medications you are prescribed before starting them. This includes vitamins and other supplements.

If you have ever had hepatitis B infection, the virus could become active again during or after taking Epclusa®. You will have blood tests to check for hepatitis B infection before starting treatment (HBsAg, HBcAb). If you have hepatitis B or are HBcAb or HBsAg positive you will have HBV DNA levels checked before and while on treatment.

HOW THE TREATMENT PROCESS WORKS

You will have an appointment monthly while you are taking the medication.

- At each visit blood will be collected.
- A monthly pregnancy test will be done for female patients of childbearing potential.
- Random drug and alcohol tests may be requested.
- Other tests may be done during the treatment if your provider feels there is a need.

Three months after completing treatment you will have an appointment to test for cure of hepatitis C.

IF YOU HAVE ADVANCED FIBROSIS OR CIRRHOSIS

- **You should continue to have a liver ultrasound and alpha fetoprotein (AFP) cancer screening blood test every six months.**

Provider, select the appropriate treatment regimen and reason:

____ Epclusa® will be given for 12 weeks if you do not have cirrhosis -OR- you have compensated (mild) cirrhosis.

____ Epclusa® will be given for 24 weeks if you have genotype 1, 2, 3, 4, 5 or 6 hepatitis C with decompensated cirrhosis and are ribavirin ineligible.

TREATMENT MEDICATIONS AND SIDE EFFECTS

Epclusa® is a fixed-dose combination tablet containing sofosbuvir 400mg and velpatasvir 100mg. You will take Epclusa® once daily by mouth with or without food. Store the medication at room temperature. If you miss a dose, take the missed dose as soon as you remember the same day. Do not take more than 1 tablet of Epclusa® in a day. Take your next dose at your regular time the next day.

- **The most common side effects in clinical trials were headache (22%) and feeling tired/fatigue (15%).**

Tell your healthcare provider if you are taking any of the following medicines, as they are not recommended to be used with Epclusa® (this list is not all inclusive, medicines that are P-gp inducers and/or moderate to potent inducers of CYP2B6, CYP2C8, or CYP3A4 are not recommended):

- Co-administration of once daily medications for indigestion, heartburn, or stomach ulcers (Proton pump inhibitors) is not recommended. If medically necessary omeprazole (Prilosec®) no more than 20 mg daily is okay taken 4 hours after Epclusa®. In this case, Epclusa® should be taken with food. Esomeprazole (Nexium®), lansoprazole (Prevacid®), rabeprazole (Aciphex®), and pantoprazole (Protonix®) have not been studied with Epclusa®.
- Amiodarone (Cordarone®, Nexterone®, Pacerone®). [Provider note: If there is no alternative treatment option refer to full prescribing information and counsel patients about risk of symptomatic bradycardia (near-fainting, fainting, dizziness or lightheadedness, extreme tiredness, weakness, excessive tiredness, shortness of breath, chest pain, confusion, or memory problems)].
- Carbamazepine (Carbatrol®, Epitol®, Equetro®, Tegretol®)
- Efavirenz (ATRIPLA®)
- Oxcarbazepine (Trileptal®, Oxtellar XR®); Phenytoin (Dilantin®, Phenytek®); Phenobarbital (Luminal®); Primidone (Mysoline®)
- Rifabutin (Mycobutin®); Rifampin (Rifadin®, Rifamate®, Rifater®, Rimactane®); Rifapentine (Priftin®)
- St. John's wort (Hypericum perforatum) or a product that contains St. John's wort
- Tipranavir (Aptivus®) used in combination with ritonavir (Norvir®)
- Topotecan (Hycamtin®)

Tell your healthcare provider if you are taking any of the following medicines, as they require dose adjustment and/or monitoring:

- An antacid that contains aluminum or magnesium hydroxide (such as Rolaids®, Maalox® and Mylanta®) must be taken 4 hours before or 4 hours after you take Epclusa®.
- Twice daily medicine for indigestion, heartburn, or stomach ulcers must be taken at the same time or 12 hours apart from Epclusa®. Famotidine (Pepcid AC®) no more than 40

mg twice daily is okay. Nizatidine (Axid®), cimetidine (Tagamet®), and ranitidine (Zantac®) have not been studied with Epclusa®.

- Digoxin (Lanoxin®)
- Regimens containing tenofovir disproxil fumarate (DF) (ATRIPLA®, COMPLERA®, STRIBILD®, TRUVADA®, VIREAD®)
- Rosuvastatin (Crestor®) Do not exceed 10mg. Monitor for myopathy and rhabdomyolysis.
- Atorvastatin (Lipitor®) Monitor for myopathy and rhabdomyolysis.
- Warfarin (Coumadin®) Fluctuations of INR values may occur. Frequent monitoring of INR during and post-treatment is recommended.

BENEFITS OF TREATMENT

If you have no hepatitis C in your blood 12 weeks **after** the end of treatment, you are cured. Your chance of cure depends on the hepatitis C genotype, how much virus you have in your blood at the beginning of treatment, any past treatment response, how much liver damage you have had prior to treatment, and taking the medication every day.

It is possible that you may develop some serious side effects, which will require you to stop the treatment. You may still benefit from treatment even if it does not get rid of your hepatitis C, as it may slow down the disease.

In Clinical Trials:

The treatment response (cure) rate for Epclusa® given for 12 weeks was 99% overall for persons with genotypes 1, 2, 3, 4, 5, and 6 who were never treated before or were treated in the past with peginterferon and ribavirin with or without a protease inhibitor, who did not have cirrhosis, or had compensated (mild) cirrhosis (ASTRAL-1).

Persons with genotype 1a had a 98% response rate (ASTRAL -1); those with genotype 1b had a 99% response rate (ASTRAL -1).

Persons with genotype 2 had a 99% response rate (ASTRAL-2).

Persons who were genotype 4 had a 100% response rate (ASTRAL -1).

Persons with genotype 5 had a 97% response rate (ASTRAL -1).

Persons with genotype 6 had a 100% response rate (ASTRAL -1).

The treatment response rate for Epclusa® given for 12 weeks was 95% overall for persons with genotype 3 (ASTRAL-3).

Persons with genotype 3 who were treatment naïve without cirrhosis, the response rate was 98% (ASTRAL -3).

Persons with genotype 3 who were treatment experienced without cirrhosis had a response rate of 94% (ASTRAL -3).

Persons with genotype 3 who were treatment naïve (never before treated) and had compensated (mild) cirrhosis had a 93% response rate (ASTRAL -3).

Persons with genotype 3 who were treatment experienced with compensated (mild) cirrhosis had an 89% response rate (ASTRAL -3).

In persons with decompensated cirrhosis, the overall treatment response (cure) rate for Epclusa® given for 24 weeks was 86%. Those with genotype 1 had a 92% response rate. Persons with genotype 3 had a 50% (6/12). Eight persons in this study had genotype 4, no persons had genotype 2 or 5, and 1 person had genotype 6 (ASTRAL-4).

To take care of your liver and prevent the spread of hepatitis C

- Do not share needles or other drug works, toothbrushes, razors, or nail clippers.
- Cover cuts to prevent blood exposure.
- Only get a tattoo if the equipment and ink used is sterile (such as at a commercial, regulated tattoo studio).
- Practice safe sex.
- Do not drink alcohol or use drugs because these hurt the liver.

WHOM TO CALL If you have any questions, contact your primary care provider.

Epclusa® Treatment Medication: Take ONE tablet of Epclusa® by mouth daily, with or without food.

- An antacid that contains aluminum or magnesium hydroxide (such as Rolaids®, Maalox® and Mylanta®) must be taken 4 hours before or 4 hours after you take Epclusa®.
- Twice daily medicine for indigestion, heartburn, or stomach ulcers must be taken at the same time or 12 hours apart from Epclusa®. Famotidine (Pepcid AC®) no more than 40 mg twice daily is okay. Nizatidine (Axid®), cimetidine (Tagamet®), and ranitidine (Zantac®) have not been studied with Epclusa®.
- Once daily medications for indigestion, heartburn, or stomach ulcers must be taken 4 hours after Epclusa®. In this case, Epclusa® should be taken with food. Omeprazole (Prilosec®) no more than 20 mg daily is okay. Esomeprazole (Nexium®), lansoprazole (Prevacid®), rabeprazole (Aciphex®), and pantoprazole (Protonix®) have not been studied with Epclusa®.
- Do not take supplements or tea containing St. John's wort while taking Epclusa ®.

Pick up refills for **Epclusa®** after monthly appointments.

***For any emergencies after normal business hours, please go to the Emergency Room. Make sure any healthcare provider you see knows you are on treatment. Carry a list of your medicines with you.**

For more information on managing side effects visit our website at http://anthc.org/hep

Please Remember

Give the End of Treatment Letter to the patient at the completion of treatment.

End of Treatment Letter is found in Treatment Monitoring section on webpage.

12 weeks after treatment completion obtain an HCV RNA to check for a sustained virologic response (SVR). SVR is considered a virologic cure of hepatitis C.

SVR12 Cure Letter is found in Treatment Monitoring section on webpage.

If person had advanced fibrosis or cirrhosis prior to treatment, continue to obtain AFP & RUQ US every 6 months.

For more information visit our website at http://anthc.org/hep

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Liver Disease & Hepatitis Program
4315 Diplomacy Drive, Anchorage, AK 99508
Phone: 907-729-1560 Fax: 907-729-1570
http://www.anthc.org/hep

You have completed your treatment for hepatitis C, here's what will happen next:

In 3 months you will need blood work, including an HCV RNA which is a test that will look for hepatitis C virus. If there is no hepatitis C virus in your blood you are cured of hepatitis C! Due: _____.

For the next 4 years (provider to select the follow up plan):

___ If you had zero to minimal scarring in your liver you will continue having yearly blood tests (LFTs and CBC). There is no need for you to continue being seen in Liver Clinic. Yearly labs due: _____.

___ If you had advanced scarring of the liver you should have a CBC, LFTs, along with an AFP drawn yearly. Yearly labs due: _____.

___ If you had cirrhosis of the liver you will continue having a yearly Liver Field Clinic appointment and blood tests (CBC, CMP, PT/INR, and AFP). Yearly labs and clinic appointment are due: _____.

_____ If this is checked, you had **advanced scarring or cirrhosis** of the liver before treatment. It is recommended that you continue to have a liver ultrasound and an AFP blood test drawn every 6 months to screen for liver cancer.

Your next ultrasound and AFP are due: _____.

If you are coming to Anchorage, and want a FibroScan, call the Liver Clinic ahead of your visit to schedule. ***Remember not to eat or drink for 3 hours before the FibroScan***

Tips to Keep Your Liver Healthy:

You are not immune to hepatitis C. It is possible to become re-infected with the virus. To prevent re-infection, avoid all blood – this includes not sharing needles, razors, toothbrushes, or nail clippers. Remember to practice safe sex.

The hepatitis C antibody test will remain positive after you are cured of hepatitis C. This is your immune system remembering that you had the virus. The test to see if you have hepatitis C after treatment is the HCV RNA test which will look for virus in your blood.

Eat a balanced, healthy diet that includes lots of vegetables, fruit, fish, whole grains, and low fat foods. Drink plenty of water; avoid soda and sweetened juices.

Drink coffee. Up to 3 cups per day has been associated with less liver scarring.

Do not drink alcohol or use drugs because these hurt the liver.

Exercise daily. Aim for 30-60 minutes a day.

Decrease stress in your life. Talk to people who are supportive.

Stop smoking. Ask for help if you need it. The Alaska Tobacco Quitline number is 1-800-QUIT-NOW (1-800-784-8669).