

# HEPATITIS C CARE

## DIAGNOSIS

Hepatitis C diagnosis is confirmed after a HCV antibody test is followed up by detectable HCV RNA. For patients with recent risk factors (i.e., injection drug use) and possibly acute hepatitis C, monitor LFTs, HCV RNA for 6 months to assess for spontaneous clearance of hepatitis C.

Chronic HCV is diagnosed when HCV RNA is detectable for at least 6 months. Obtain LFTs, AFP every 6 months and CBC yearly as long as patient has hepatitis C. Treatment is recommended.

## WHO/WHEN TO TREAT

Treatment is recommended for all diagnosed with chronic hepatitis C with priority to those with moderate/advanced fibrosis, HIV or HBV co-infection. Children over the age of 12 should be treated in consultation with a liver disease specialist.

When is a patient ready for treatment?

When the provider has assessed patient to be adherent and patient agrees to complete medication regimen and follow up. If the patient has a substance use disorder (drug/EtOH), please link to substance abuse treatment.

## FREQUENTLY USED DRUGS

Mavyret (Glecaprevir/Pibrentasvir) – All genotypes. Treatment naïve with no cirrhosis - 3 tabs daily for 8 weeks. Treatment naïve with compensated cirrhosis treat for 8 weeks.

Harvoni (Ledipasvir/Sofosbuvir) – Genotypes 1, 4, 5, & 6. Treatment naïve with no cirrhosis or compensated cirrhosis - 1 tab daily for 12 weeks.

Genotype 1, mild/mod fibrosis, treatment naïve, HCV RNA < 6 million IU/ml - 8 wks Harvoni.

Epclusa (Sofosbuvir/Velpatasvir) – All genotypes. Treatment naïve with no cirrhosis or with compensated cirrhosis – 1 tab daily for 12 weeks.

## RETREATMENT

Consult Liver Disease Specialists before retreatment.

## LABS BEFORE TREATMENT

Immediately prior: Pregnancy test

Within 1 month: CBC with differential, CMP, PT/INR, HCV RNA

Within 3 months: Genotype confirmation, HBV DNA (if HBcAb or HBsAg +)

Within 6 months: AFP

Fibrosis staging: Calculate APRI and FIB-4\*. Obtain serum fibrosis test - FibroSure (LabCorp), FibroTest (Quest), FibroSpect II (Prometheus) or FibroScan (imaging done at ANMC Liver Clinic or in Liver Field Clinic) if APRI/FIB-4 results are discordant or indeterminate.

Within 1 year: HIV screen. Obtain NS5A RAV testing if genotype 3 and cirrhotic and considering Epclusa treatment.

Once: Hepatitis B surface antigen (HBsAg), Hepatitis B surface antibody (HBsAb), Hepatitis B core antibody (HBcAb), HAV total ab. Check Hepatitis A and B immunization status, vaccinate if needed.

## LABS DURING TREATMENT

Week 4 - HCV RNA, CBC, CMP, Pregnancy test, HBV DNA (if HBcAb or sAg +)

Week 8 – HCV RNA (only if end of treatment), CBC, CMP, Pregnancy test, HBV DNA (if HBcAb or sAg +)

Week 12 – HCV RNA, CBC, CMP, Pregnancy test, HBV DNA (if HBcAb or sAg +)

## FOLLOW UP AFTER TREATMENT

3 months post treatment completion – **HCV RNA to test for cure**, CBC, LFT, AFP

If advanced fibrosis or cirrhosis pretreatment – RUQ US and AFP every 6 months.

Cirrhosis – LFT, AFP every 6 months, CBC and PT/INR yearly and liver clinic visit yearly

## GOT A QUESTION? WHO TO CALL

Liver Disease & Hepatitis Program – Call 907-729-1560 and ask for a nurse or provider.

For more information and treatment forms, visit our website: [www.anthc.org/hep](http://www.anthc.org/hep)

\*For APRI, FIB-4 calculations, go to: [www.hepatitisc.uw.edu/page/clinical-calculators/](http://www.hepatitisc.uw.edu/page/clinical-calculators/)