

Hepatitis C Pre-Treatment Insurance Screen

DOB _____ MRN _____

Name _____ Phone Number _____

Do you currently have:

1. Private Health Insurance for yourself or through your spouse?

No ___ Yes ___ **[If yes, get copy of insurance card]**

2. Medicaid **-OR-** Denali Kid Care? (circle which one)

No ___ Yes ___

3. Medicare

a. Medicare Part A/B only? No ___ Yes ___

b. Medicare Part D? No ___ Yes ___

c. Medicare with Medicaid? No ___ Yes ___

[If Medicaid & Medicare without Part D, submit through Medicare pharmacy program]

4. VA Benefits

No ___ Yes ___, currently eligible & registered for benefits? Yes/No

5. TriCare?

No ___ Yes ___

Screening done by: _____ Date: ____ / ____ / ____

Next Steps:

For "yes" to 1, 2, 3b, 3c: begin prior authorization process.

For "yes" to 3a or "no" to everything: begin patient assistance program process.
See Treatment Reference Tools>Patient Assistance Programs

For VA/TriCare, coordinate with local VA for coverage and treatment.

Hepatitis C Treatment Checklists

Prior to Treatment

Labs:

- Immediately prior: Pregnancy test (if applicable)
 Uric Acid (only if ribavirin to be given)
- Within 3 months: CBC (without diff)
 HBV DNA (if HBcAb+)¹
 HCV RNA
 Hepatic Function Panel and eGFR²
 PT/INR
- Within 6 months: Serum fibrosis test (FibroTest-Quest or Fibrosure-LabCorp) or FibroScan
 AFP
- Within 1 year: Vitamin D 25OH (consider and treat if deficient)
 Genotype
 HIV screening
 A1C or Fasting Glucose
- Once: Hepatitis B core antibody & surface antigen
 NS5a RAS (If failed prior DAA treatment or if cirrhotic genotype 3 & 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 (ethinyl estradiol not recommended with Mavyret)
 Review & sign Treatment Readiness Attestation
 Review medication-specific Information Packet at Treatment Start

Monitoring During Treatment

- If taking ribavirin, see footnote³ below.
- Instruct patients taking diabetes meds to monitor for hypoglycemia
- Inform patients taking warfarin of potential need to change dose and monitor INR for sub-therapeutic anticoagulation

Week 4

- HCV RNA (consider if concern for medication adherence)
 LFTs (as clinically indicated)
 Pregnancy test
 HBV DNA¹

Weeks 8, 12, 16, 20, & 24 (as clinically indicated)

- LFTs (as clinically indicated)
 Pregnancy test
 HBV DNA¹

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

2- Child-Pugh Calculator: <https://www.hepatitisc.uw.edu/page/clinical-calculators/ctp>

If score >6 (Child-Pugh B or C), do not treat with Mavyret™, Zepatier™, or Vosevi® and consult Liver Disease Specialist.

3- If treatment includes ribavirin, additional monitoring of CBC, CMP is recommended at weeks 2, 4 and monthly throughout treatment and adjustment to ribavirin dose if GFR <50 or anemic. Consult Liver Disease specialist if patient is prescribed ribavirin.

Hepatitis C Treatment Checklists

Monitoring After Treatment:

12 weeks after last dose:

- HCV RNA (to test for cure)
- AFP (if advanced fibrosis or cirrhosis and more than 6 months since last result)
- HBV DNA¹

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:

- Zero to minimal scarring (F0-F2): yearly CBC & LFTs as clinically indicated
- Advanced Fibrosis (F3): RUQ US & AFP q 6 months; yearly CBC, LFTs, & AFPs
 - Liver Field Clinic appointment and FibroScan every 2 years. FibroScan to be done in Field Clinic.
- Cirrhosis (F4): RUQ US & AFP q 6 months; yearly CBC, CMP, AFP, PT/INR
 - Yearly Liver Field Clinic appointment. FibroScan to be done at discretion of provider.

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3- If treatment includes ribavirin, additional monitoring of CBC, CMP is recommended at weeks 2, 4 and monthly throughout treatment and adjustment to ribavirin dose if GFR <50 or anemic. Consult Liver Disease specialist if patient is prescribed ribavirin.



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 HCV! 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 HCV reduces your risk of developing complications and improves your quality of life.

What FDA-approved treatments are available?

Commonly used treatments for **Hepatitis C** are:

- Mavyret™ (glecaprevir/pibrentasvir), 3 tablets taken once daily with food for 8 weeks. The most common side effects are headache (18%) and fatigue (15%). In clinical studies, the treatment response rate to Mavyret™ was 95% -100%.
- 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 95% -100%.

Another option if you have **Genotype 1, 4, 5 or 6 Hepatitis C** 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%.

There are no data on the new HCV drugs in pregnant women or nursing mothers. Therefore, if you are a woman capable of getting pregnant you will be asked to use birth control during treatment. Please note that estrogen containing birth control (such as birth control pills) should not be taken with Mavyret.

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 HCV treatment, please consider the following:

- Drinking alcohol or misusing opioids or other drugs can hurt the liver. If you have recent drug/alcohol abuse, it is recommended that you seek counseling and/or connect with a drug treatment program for support.
- Have you discussed HCV treatment with your primary care provider?
- It's helpful to have a relative/close friend to support you during treatment.
- Are you committed to making every treatment appointment and getting **monthly** blood draws? We will want to monitor your progress 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 an:

____ 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.

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

	Men¹	Women²
≥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, McDonnell 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.oqpf.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 _____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at <http://www.pfizer.com>. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

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) & Ribavirin Information Packet

Liver Disease & Hepatitis Program Providers:

**Brian McMahon, MD; Youssef Barbour, MD; Lisa Townshend-Bulson, APRN, FNP-C;
Annette Hewitt, APRN, FNP-C; Leah Besh, PA-C; Stephen Livingston, MD**

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. In some circumstances, it has been found that the treatment works better when given with ribavirin.

PREGNANCY & BREASTFEEDING WARNING

Ribavirin can harm an unborn child or breastfeeding infant. A woman must not get pregnant and a man must not father a child while taking ribavirin and for 6 months after treatment. You must **use 2 forms of birth control** when you take ribavirin and for 6 months after your last dose.

Acceptable Birth Control Methods:

- Birth control pills or other hormone containing birth control
- Male or female condom
- Spermicides (creams, films, foams, gels, and/or suppositories)
- Diaphragm or cervical cap
- Intrauterine device (IUD), Today® vaginal sponge

Unacceptable Birth Control Methods:

- Rhythm method or withdrawal

PLEASE NOTE:

You must let your medical, mental health, dental providers, and pharmacist(s) know that you are taking Epclusa® & ribavirin prior to starting any new medications. You must let Liver Clinic 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® & ribavirin. 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 2 weeks after treatment start and then monthly while you are taking the medication.

- At each visit blood will be collected.
- A pregnancy test will be done monthly for female patients of childbearing potential. If you are a woman and your treatment includes ribavirin it is recommended that you continue monthly home pregnancy testing for 6 months after treatment and notify your healthcare provider if you become pregnant. Female partners of males whose treatment includes ribavirin should do a monthly home pregnancy test during treatment and for 6 months after treatment completion and notify their health care provider if they become pregnant.
- 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. You may need to see your primary care provider more frequently if you are having side effects or problems related to the treatment.

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.**

Liver Clinic Provider, select the appropriate treatment regimen:

_____ Genotype 3 with compensated cirrhosis with pre-treatment NS5A resistance associated polymorphisms, Epclusa® & weight-based ribavirin (consider low initial dose [600 mg] and increase as tolerated) will be given for 12 weeks.

_____ Genotype 1, 2, 3, 4, 5, or 6 with decompensated cirrhosis (Child-Pugh Class B or C), Epclusa® & weight-based ribavirin (consider low initial dose [600 mg] and increase as tolerated) will be given for 12 weeks.

_____ Genotype 1, 2, 3, 4, 5, or 6 with decompensated cirrhosis (Child-Pugh Class B or C) and a history of past treatment failure with sofosbuvir- or NS5A-based treatment, Epclusa® & low initial dose ribavirin (600 mg, increase as tolerated) will be given for 24 weeks.

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 proton-pump inhibitors (once daily medications for indigestion, heartburn, or stomach ulcers) 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[®], Eptol[®], 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 Roloids[®], 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 Eplusa®.

- 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.

Ribavirin is a 200mg capsule or tablet. You will take ribavirin pills twice daily by mouth with food (dose is based on your weight). Ribavirin dose may be adjusted based on your tolerance of this medication. You should not miss/skip taking any pills. A common side effect is anemia. Anemia is a condition where the blood has a decreased number of red blood cells. This occurs more often in older persons taking ribavirin. Anemia can be serious in patients who have kidney problems. In patients who have coronary artery disease (narrowing of the blood vessels in the heart), anemia may make the problem worse, leading to chest pain or heart attack. If your provider believes you may have coronary artery disease, you will be tested for this and excluded from treatment if it is serious.

- Other common side effects include: headache, trouble sleeping, nausea, vomiting, weakness or lack of energy, shortness of breath, loss of appetite, itching, cough, muscle pain, swelling and pain in your joints (gout), depression, nervousness, and dizziness.
- Studies in animals have shown when ribavirin is given to pregnant females, death of the developing embryo or birth of deformed baby animals may result. It is expected that similar results as seen in the animal studies could occur in humans.

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 overall treatment response (cure) rate for Epclusa® and ribavirin given for 12 weeks was 94% for persons with hepatitis C genotypes 1, 2, 3, and 4 (no persons with genotype 5, 1 person with genotype 6) with decompensated cirrhosis (Child-Pugh B or C) who were never treated before or were treated in the past with peginterferon and ribavirin with or without a protease inhibitor (ASTRAL-4).

Persons with genotype 1a had a 94% (51/54) response rate; those with genotype 1b had a 100% (14/14) response rate.

Persons with genotype 2 had a 100% (4/4) response rate.

Persons with genotype 3 had an 85% (11/13) response rate.

Persons with genotype 4 had a 100% (2/2) response rate.

Persons with genotype 3 with pretreatment Y93H resistance associated polymorphisms (RAPs) treated for 12 weeks with Epclusa® had an 80% response rate. Those with compensated cirrhosis and pretreatment RAPs had a 67% response rate. It is expected that the sustained virologic response rate will improve with the addition of ribavirin.

Epclusa plus ribavirin was given for 24 weeks to patients with and without compensated cirrhosis who previously failed treatment with sofosbuvir plus an NS5A inhibitor with a response rate of 97% in persons with genotype 1, 93% in persons with genotype 2, and 78% in those with genotype 3. Based on these results, Epclusa with ribavirin is recommended for 24 weeks for persons with decompensated cirrhosis who previously failed treatment with sofosbuvir plus an NS5A inhibitor.

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 about treatment, contact the Liver Disease & Hepatitis Program @ 907-729-1560 or your primary care provider.

Epclusa® & Ribavirin Treatment Medications

You will be taking the following medications:

1. Epclusa® (sofosbuvir 400mg/velpatasvir 100mg)

Take ONE tablet by mouth daily, with or without food.

- An antacid that contains aluminum or magnesium hydroxide (such as Roloids®, 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®.

2. Ribavirin 200mg capsules

Take ____ capsules in the morning **with food** and ____ capsules in the evening **with food**. The earlier in the evening you take ribavirin, the less likely you will have sleep problems.

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

For Specialty Pharmacy refills, call: _____

On these dates: _____

Call _____ to schedule your family medicine treatment appointments, or if you have any other health concerns.

Call Liver Clinic (907-729-1560) if you feel you are having any significant side effects while taking these medications, or have any other questions about treatment.

*****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>



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>

You have completed your treatment for HCV, 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 HCV virus in your blood you are cured! Due: _____.

Your follow up plan after cure:

___ If you had zero to minimal scarring in your liver there is no need for you to continue being seen in Liver Clinic.

___ If you had advanced scarring of the liver you should have a CBC and LFTs annually and an AFP drawn and RUQ US every 6 months. Due: _____/_____.

You should be seen in Liver Clinic every 2 years. Due: _____.

___ If you had cirrhosis of the liver you should have a CBC, CMP, & PT/INR annually and an AFP drawn and RUQ US every 6 months. Due: _____/_____.

You should be seen in Liver Clinic every year. 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 HCV. It is possible to become re-infected. To prevent re-infection, avoid all blood – this includes not sharing needles, razors, toothbrushes, or nail clippers. If you inject drugs use a syringe service program (such as 4A's) to get free sterile needles, syringes and other supplies. Remember to practice safe sex.

The HCV antibody test will remain positive after you are cured. This is your immune system remembering that you had the virus. The test to see if you have HCV 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 foods with healthy fats (olives, avocados, nuts, etc.). Drink plenty of water; avoid soda and juices.

Drink coffee. Up to 3 cups per day of black, decaf or regular, coffee 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).