

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+)²
 HCV RNA
 Hepatic Function Panel and eGFR¹
 PT/INR
- Within 6 months: 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 Eplclusa)

Miscellaneous:

- Hepatitis A screening
 Hepatitis B screening
 AUDIT-C
 PHQ-9 baseline
 FibroScan (FS)
 Consent to Study

Monitoring During Treatment

- If taking ribavirin, see footnote¹ 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
- Counseling about pregnancy risks of HCV medications

Week 4

- HCV RNA (consider if concern for medication adherence)
 LFTs (as clinically indicated)
 Pregnancy test
 HBV DNA²

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

- LFTs (as clinically indicated)
 Pregnancy test
 HBV DNA²

- 1- 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.
- 2- 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.

Hepatitis C Post-Treatment Checklists

Treated through our clinic:

3 months post-tx (SVR12):

- Labs: HCV RNA, LFTs, HBV DNA [if HBcAb+]. If preTx fibrosis \geq F3 do CBC & AFP [if due]
- AUDIT-C
- Liver Clinic Appointment (Consent to Study if not already done)
- If pretreatment FS score was \leq 7 & CAP <248, no FS needed at SVR12
- If pretreatment FS score was >7kPa or CAP \geq 248, do FS and then if:
 - <9.5 at pre-tx and <9.5 at SVR12 & CAP <248, discharge from Liver Clinic.
 - <9.5 at pre-tx and <9.5 at SVR12 & CAP \geq 248, refer back to PCP with recommendation to repeat FibroScan in 3 years.
 - \geq 9.5 at pre-tx, see 1 year post treatment and follow 1 year guidance below.
- If CAP is >248 add patient to NAFLD data base

6 months post-tx:

- Advanced Fibrosis or Cirrhosis: RUQ US & AFP [if due]

1 year post-tx if Gilead:

- Gilead for 5 years: FibroScan only if pretx FS score was >7kPa (no charge for those with moderate fibrosis/<9.5kPa). If CAP is \geq 248 add patient to NAFLD registry. Do in Anchorage or at Field Clinic

1 year after treatment and beyond if pretreatment fibrosis score:

- | | |
|--|--|
| • F3 (Advanced Fibrosis) | • F4 (Cirrhosis) |
| ○ Labs: CBC, LFTs, AFP | ○ Labs: CBC, AFP, CMP, PT/INR |
| ○ AUDIT-C | ○ AUDIT-C |
| ○ RUQ US & AFP q 6 months | ○ RUQ US & AFP q 6 months |
| ○ Liver Clinic Appointment and FibroScan q 2 years | ○ Yearly Liver Clinic Appointment |
| | ○ FibroScan at the discretion of the Liver Clinic provider |

Treated outside ANMC:

3 months post-tx:

- HCV RNA (to test for cure), AFP (if advanced fibrosis or cirrhosis and more than 6 months since last result), HBV DNA [if HBcAb+]

6 months post-treatment:

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

1 year post-treatment:

- Zero to minimal scarring (F0-F2): F/U with PCP.
- Advanced Fibrosis/cirrhosis (F3 & F4): RUQ US & AFP q 6 months; yearly CBC, LFTs (if F3), CMP (if F4). Liver Field Clinic appointment yearly if F4, every 2 years if F3. FibroScan every 2 years if F3 and at discretion of provider if F4. FibroScan to be done at Field Clinic.