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

Immediately prior: ___ Pregnancy test (if applicable)
___ Uric Acid (only if ribavirin to be given)

Acceptable within 3 months:
___ CBC (without diff)
___ HBV DNA (if HBcAb+)[1]
___ HCV RNA
___ Hepatic Function Panel and eGFR[2]
___ PT/INR

Acceptable within 6 months:
___ AFP

Acceptable within 1 year:
___ Serum fibrosis test (FibroTest-Quest or Fibrosure-LabCorp) or FibroScan
___ Vitamin D 25OH (consider and treat if deficient)
___ Genotype (not necessary with pangenotypic treatments; however, consider if patient has cirrhosis, past treatment failure or concern for reinfections)
___ 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 footnote[3] 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 DNA[1]

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

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

___ LFTs (as clinically indicated)
___ Pregnancy test
___ HBV DNA[1]

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 DNA[1]

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.

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.

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.

Mavyret™ (Glecaprevir/Pibrentasvir) 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 glecaprevir combined in three tablets with pibrentasvir (Mavyret™) for the treatment of chronic (lasting 6 months or longer) hepatitis C genotypes 1, 2, 3, 4, 5, and 6.

PREGNANCY & BREASTFEEDING WARNING

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

You must stop using ethinyl estradiol-containing medicines (e.g. some birth control pills) before you start treatment with Mavyret™. If you use these medicines as a method of birth control, you will need to change to another method of birth control during treatment with Mavyret™, and for 2 weeks after finishing treatment with Mavyret™. Progestin-only contraceptives (e.g. mini pill, Depo shot, Nexplanon™) are safe to use during treatment with Mavyret™.

PLEASE NOTE:

You must let your medical, mental health, dental providers, and pharmacist(s) know that you are taking Mavyret™ prior to starting any new medications. You must let your primary care provider 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 Mavyret™. 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.

If you have moderate or decompensated (severe) liver disease or have ever had liver decompensation you should not take Mavyret.

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:

____ Mavyret™ will be given for 8 weeks if:

□ You have not been previously treated for hepatitis C and do not have cirrhosis or have compensated (mild) cirrhosis (any genotype).

□ You have genotype 1, 2, 4, 5, or 6; do not have cirrhosis and were previously treated with a regimen containing interferon, peginterferon, ribavirin and/or sofosbuvir, but no prior treatment experience with a NS5A inhibitor or NS3/4A protease inhibitor.

____ Mavyret™ will be given for 12 weeks if:

□ You have genotype 1 with no or compensated (mild) cirrhosis and were previously treated with an NS3/4A protease inhibitor without prior treatment with an NS5A inhibitor.

□ You have genotype 1, 2, 4, 5, or 6; have compensated (mild) cirrhosis and were previously treated with a regimen containing interferon, peginterferon, ribavirin, or sofosbuvir, but no prior treatment experience with a NS5A inhibitor or protease inhibitor.

____ Mavyret™ will be given for 16 weeks if:

□ You have genotype 1 with no or compensated (mild) cirrhosis and were previously treated with an NS5A inhibitor without prior treatment with an NS3/4A protease inhibitor.

□ You have genotype 3; with no or compensated (mild) cirrhosis and were previously treated with a regimen containing interferon, peginterferon, ribavirin, or sofosbuvir, but no prior treatment experience with a NS5A inhibitor or NS3/4A protease inhibitor.

TREATMENT MEDICATIONS AND SIDE EFFECTS

Mavyret™ is 3 tablets containing a total daily dose of glecaprevir 300mg and pibrentasvir 120mg. You will take Mavyret™ once daily by mouth with food. Store the medication at room temperature. Do not miss or skip any doses.

If you miss a dose, take the missed dose as soon as possible that same day. Take the next day's dose at your usual time. **Exception: If it is less than 6 hours before the next time you are to take Mavyret™ then skip the missed dose. Take the next dose at your usual time. This will leave you an extra dose at the end of your treatment. Continue taking a single Mavyret™ dose daily (3 tablets each day) until all of your medication is gone.

The most common side effects seen in clinical trials were: headache (≈18%) and tiredness (≈15%).

- **For persons who inject drugs, diarrhea (6%) and nausea (6%) were observed, also.**
- **For persons on medication-assisted treatment (Suboxone®, Sublocade®, naltrexone/Vivitrol®, headache (15%), fatigue (12%), nausea (11%), and diarrhea (6%) were observed.**

The following lists are not all inclusive. Medications that are inhibitors or inducers of: P-gp, BCRP, OATP1B1/3, and CYP3A, CYP1A2, and UGT1A1 are not recommended.

Tell your healthcare provider if you are taking any of the following medicines, as they are contraindicated with Mavyret™:

- Rifampin (Rifadin®, Rifamate®, Rifater®, Rimactane®)
- Atazanavir (Reyataz®, Evotaz™)

Tell your healthcare provider if you are taking any of the following medicines, as they are not recommended to be used with Mavyret™:

- Carbamazepine (Carbatrol®, Equetro®, Tegretol®, Tegretol® XR)
- Ethinyl estradiol-containing medications; combination birth control pills or patches, such as Lo Loestrin™ FE, Norinyl™, Ortho Tri-Cyclen Lo™, Ortho Evra™; hormonal vaginal rings such as NuvaRing®; hormonal replacement therapy medicine Fem HRT™.
- St. John's wort (Hypericum perforatum) or a product that contains St. John's wort
- Efavirenz (ATRIPLA®, Sustiva®); Tipranavir (Aptivus®); Darunavir (Prezista®, Prezcobix®); Lopinavir (Kaletra®); Ritonavir (Norvir®)
- Cyclosporine (Gengraf®, Neoral®, Sandimmune®)
- Atorvastatin (Lipitor®, Caduet®), Lovastatin (Mevacor®, Altoprev®), Simvastatin (Zocor®, Vytorin®)

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

- Cholesterol lowering medications: Pravastatin (Pravachol®), Rosuvastatin (Crestor®), Fluvastatin (Lescol®), Pitavastatin (Livalo®)
- Digoxin (Lanoxin™, Lanoxicaps®)
- Dabigatran etexilate (Pradaxa®)
- 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/Studies:

Persons with genotype 1, 2, 4, 5, or 6 who did not have cirrhosis were given Mavyret™ for 8 weeks:

- Those with genotype 1 had a 99% (348/351) response rate. (ENDURANCE-1)
- Those with genotype 2 had a 98% (193/197) response rate. (SURVEYOR-2)
- Those with genotype 4 had a 93% (43/46) response rate. (SURVEYOR -2)
- Those with genotype 5 had a 95% (21/22) response. (SURVEYOR -2/ ENDURANCE-5)
- Those with genotype 6 had a 100% (65/65) response. (SURVEYOR -2/ ENDURANCE-5)

Persons with genotype 1, 2, 3, 4, 5, or 6 who were treatment naïve (never treated before) with compensated (mild) cirrhosis were given Mavyret™ for 8 weeks:

- Those with genotype 1 had a 98% (226/231) response rate. (EXPEDITION-8)
- Those with genotype 2 had a 100% (26/26) response. (EXPEDITION-8)
- Those with genotype 3 had a 95% (60/63) response rate. (EXPEDITION-8)
- Those with genotype 4 had a 100% (13/13) response. (EXPEDITION-8)
- Those with genotypes 5 or 6 had a 100% (1/1, 9/9) response. (EXPEDITION-8)

Persons with genotype 3 who were treatment naïve (never treated before) and did not have cirrhosis were treated with Mavyret™ for 8 weeks and had a 94.9% (149/157) response rate. (ENDURANCE-3)

Those with genotype 3 with or without cirrhosis, previously treated with regimens containing interferon, peginterferon, ribavirin and/or sofosbuvir were given Mavyret™ for 16 weeks and had a 96% (66/69) response rate. Those without cirrhosis had a 95% (21/22) response rate and those with had a 96% (45/47) response rate. (SURVEYOR-2)

Persons with genotype 1 with no or compensated cirrhosis, previously treated with an NS5A inhibitor without prior treatment with an NS3/4A protease inhibitor were given Mavyret™ for 16 weeks and had a 94% (16/17) response rate. (MAGELLAN-1)

Persons with genotype 1 with no or compensated cirrhosis, previously treated with an NS3/4A protease inhibitor without prior treatment with an NS5A inhibitor were given Mavyret™ for 12 weeks and had a 92% (23/25) response rate. (MAGELLAN-1)

Persons who identified with current or recent injecton of drugs, treatment response rate was 89%.

Persons who identified with past injection drug use (not current/recent use), had a 98% response rate.

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.

Mavyret™ (Glecaprevir/Pibrentasvir) Treatment Medication

- Take all 3 pink oblong tablets at the same time every day with food.
- The generic name for **Mavyret™** is glecaprevir 100mg and pibrentasvir 40mg. The total daily dose is glecaprevir 300mg and pibrentasvir 120 mg.

Pick up refills for **Mavyret™** 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

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

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).