

# Hepatitis C Treatment Checklists

## Prior to Treatment

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

Acceptable within \_\_\_ CBC (without diff)  
3 months: \_\_\_ HBV DNA (if HBcAb+)<sup>2</sup>  
\_\_\_ HCV RNA  
\_\_\_ Hepatic Function Panel and eGFR<sup>1</sup>  
\_\_\_ PT/INR

### Miscellaneous:

\_\_\_ Hepatitis A screening  
\_\_\_ Hepatitis B screening  
\_\_\_ AUDIT-C  
\_\_\_ PHQ-9 baseline

Acceptable within \_\_\_ AFP  
6 months:

Acceptable within \_\_\_ Vitamin D 25OH (consider and treat if deficient)  
1 year: \_\_\_ Genotype  
\_\_\_ HIV screening  
\_\_\_ A1C or Fasting Glucose  
\_\_\_ FibroScan (or serum fibrosis test)

Anytime prior: \_\_\_ Hepatitis B core antibody & surface antigen  
\_\_\_ NS5a RAS (If failed prior DAA treatment or if cirrhotic genotype 3 & treating with Epclusa)

## Monitoring During Treatment

- If taking ribavirin, see footnote<sup>1</sup> 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
- Counsel about pregnancy risks of HCV medications

### **Week 4**

\_\_\_ HCV RNA (consider if concern for medication adherence or retreatment)  
\_\_\_ LFTs (as clinically indicated)  
\_\_\_ Pregnancy test  
\_\_\_ HBV DNA<sup>2</sup>

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

\_\_\_ LFTs  
\_\_\_ Pregnancy test  
\_\_\_ HBV DNA<sup>2</sup>  
\_\_\_ HCV RNA (consider if concern for medication adherence or retreatment)

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 kPa & CAP <274, no FS needed at SVR12
- If pretreatment FS score was >7kPa or CAP  $\geq$ 274, do FS and then if:
  - <9.6 at pre-tx and <9.6 at SVR12 & CAP <274, discharge from Liver Clinic.
  - <9.6 at pre-tx and <9.6 at SVR12 & CAP  $\geq$ 274, refer back to PCP with recommendation to repeat FibroScan in 3 years.
  - $\geq$ 9.6 at pre-tx, see 1 year post treatment and follow 1 year guidance below.
- If CAP is  $\geq$ 274 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/ $\geq$ 8.4kPa). If CAP is  $\geq$ 274 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 |

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## 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.