

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 eGFR²
___ 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 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)

- 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 DNA¹

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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