

# HEPATITIS C CARE

## DIAGNOSIS

Hepatitis C diagnosis is confirmed after a HCV antibody test is followed up by detectable HCV RNA. If an HCV antibody test is positive and then HCV RNA is not detected, patient has a history of hepatitis C, but does not have active/current infection.

Obtain LFTs, AFP every 6 months and CBC yearly as long as patient has hepatitis C. Treatment is recommended for active infection.

## WHO/WHEN TO TREAT

Treatment is recommended for all adults diagnosed with active hepatitis C confirmed by HCV RNA. Children with hepatitis C over the age of 3 years can be treated, too.

## FREQUENTLY USED DRUGS

Mavyret (Glecaprevir/Pibrentasvir) – All genotypes. Treatment naïve adults without cirrhosis or with compensated cirrhosis - 3 tablets taken at the same time daily for 8 weeks. Consult Liver Disease specialist if patient has cirrhosis as Mavyret should not be given to persons with decompensated cirrhosis (CTP score >6).

Epclusa (Sofosbuvir/Velpatasvir) – All genotypes. Treatment naïve adults without cirrhosis or with compensated cirrhosis – 1 tablet daily for 12 weeks.

For pediatric treatment, please consult Liver Disease Specialist.

## RETREATMENT

Consult Liver Disease Specialists before retreatment.

## LABS BEFORE TREATMENT

Immediately prior: Pregnancy test

Pre treatment labs, preferably within 3 months: CBC, LFTs and eGFR, HCV RNA, AFP, HIV, HBsAg. Obtain PT/INR (cirrhosis only).

Fibrosis staging: Calculate FIB-4\*. Obtain serum fibrosis test - FibroSure (LabCorp), FibroTest (Quest) if FIB-4  $\geq 1.45$  or obtain FibroScan (imaging done at ANMC Liver Clinic or in Liver Field Clinic) **if** FIB-4 result is indeterminate.

Check Hepatitis A and B immunization status, vaccinate if needed.

## LABS DURING TREATMENT

Not required. Done at provider's discretion. Consider monitoring LFTs monthly if elevated significantly prior to treatment. Consider checking HCV RNA at week 4 or end of treatment if unsure if patient taking medication consistently.

## FOLLOW UP AFTER TREATMENT

3 months post treatment completion – HCV RNA to test for sustained virologic response (SVR) aka cure, LFTs, AFP. Be sure to instruct patient about HCV risks and prevention of reinfection. Link persons who inject drugs with harm reduction supplies/services.

If cirrhosis pretreatment – RUQ US and AFP every 6 months.

Cirrhosis – LFT, AFP every 6 months, CBC and PT/INR yearly and Liver clinic visit yearly

## GOT A QUESTION? WHO TO CALL

Liver Disease & Hepatitis Program – Call 907-729-1560 and ask for a nurse or provider.

For more information and treatment forms, visit our website: [www.anthc.org/hep](http://www.anthc.org/hep)

\*For APRI, FIB-4 calculations, go to: [www.hepatitisc.uw.edu/page/clinical-calculators/](http://www.hepatitisc.uw.edu/page/clinical-calculators/)