SIMPLIFIED HEPATITIS C TREATMENT CHECKLIST

Step 1. Calculate FIB-4 https://www.hepatitisc.uw.edu/page/clinical-calculators/fib-4 and assess for cirrhosis

- ❑ If FIB-4 < 3.25 and no clinical signs of cirrhosis, proceed to Step 2. If: FIB- 4 > 3.25, or a liver biopsy indicates cirrhosis or FibroScan fibrosis score ≥ 12.5kPa or a serum fibrosis test (FibroTest-Quest or Fibrosure-LabCorp) indicates cirrhosis, or there is clinical evidence of cirrhosis, calculate CTP score: **https://www.hepatitisc.uw.edu/page/clinical-calculators/ctp .** Refer patient to Liver Clinic if CTP score > 6.

Step 2. Complete Pretreatment Labs & Assessment:

Labs	
Before beginning treatment:	❑ Pregnancy Test and counseling about pregnancy risk of HCV medication should be offered to women of childbearing age.
Acceptable within 6 mos if no cirrhosis or 3 months if cirrhosis:	❑ CBC ❑ Hepatic function panel and eGFR ❑ PT/INR (only needed if cirrhosis)
Acceptable within 6 months:	❑ AFP (recommended for Alaska Native patients with HCV due to higher rates of liver cancer)
Anytime prior:	❑ Quantitative HCV RNA ❑ HIV antigen/antibody ❑ Hepatitis B surface antigen[1] ❑ Genotype (only needed if patient has cirrhosis and planning to treat with Sofobuvir/velpatasvir (Epclusa)

- ❑ Review/record current medications, including OTC drugs and herbal/dietary supplements.
- ❑ Assess for drug-drug interactions at: www.hep-druginteractions.org
- ❑ In those with HIV, simplified treatment should not be used in those on TDF containing regimens with eGFR <60 ml/min because of need for additional monitoring.
- ❑ Educate patient about how to take medications, importance of adherence, and re: prevention of reinfection.
- ❑ Offer/link patients with ongoing substance use issues with harm reduction supplies.
- ❑ Persons with ongoing substance use issues SHOULD be treated for hepatitis C. Do not delay. You can use Audit-C & PHQ-9 or other mental health screening tools to determine if patient would benefit from referral to Behavioral Health/Substance Use Treatment Program; however, there is no HCV treatment contraindication if someone is drinking alcohol or using substances.

Step 3 Write Prescription

Treatment Options: Mavyet 3 tablets daily x 8 weeks or Epclusa 1 tablet daily x 12 weeks

- ❑ Identify insurer and determine if Prior Authorization (PA) needed. Note: Alaska Medicaid does not require PA for Simplified HCV Treatment**.**
- ❑ If no insurance, link to patient assistance programs:

https://www.abbvie.com/patients/patient-assistance.html
https://www.mysupportpath.com/

[1] - If HepB sAg+, patient is not eligible for simplified treatment. Consult with Hepatology specialist for treatment recommendations.

Adapted from AASLD/IDSA Hepatitis C Guidelines;
available at www.hcvguidelines.org

Monitoring During Treatment

- ❑ Instruct patients taking diabetes meds to monitor for hypoglycemia.
- ❑ Inform patients taking warfarin of the potential for changes in their anticoagulation status. Monitor INR for sub-therapeutic anticoagulation.
- ❑ No laboratory monitoring is required for other patients.
- ❑ An in-person or telehealth/phone visit may be scheduled, if needed, for patient support, assessment of symptoms, and/or new medications.
- ❑ Refer to Hepatology or other specialist, if worsening liver blood tests (e.g. bilirubin, AST, ALT); jaundice, ascites, or encephalopathy; or new liver-related symptoms.
- ❑ Instruct patient re: importance of follow up labs after treatment to assess for cure.

IMPORTANT!!! Test for Cure

- ❑ **12 weeks or more after treatment completed, obtain HCV RNA and LFTs. Negative HCV RNA at this time is proof of cure of hepatitis C.**

Monitoring After Treatment (for those who have achieved a cure)

- ❑ **If ALT/AST remain elevated, assess for other causes of liver disease, see Elevated LFTs Algorithm: https://www.anthc.org/wp-content/uploads/2022/05/Elevated-LFTs-Algorithm-Workup.pdf**

For those determined pretreatment to have cirrhosis (F4):

- ❑ RUQ US & AFP q 6 months; yearly CBC, CMP, AFP, PT/INR
- ❑ **Yearly Liver Clinic appointment. FibroScan to be done at discretion of provider.**

For those who did not have cirrhosis prior to treatment, no follow up necessary following assessment of cure.

- ❑ **Counsel persons with risk for HCV infection (ongoing IVDU, MSM having condomless sex) about risk reduction and obtain HCV RNA yearly to test for reinfection.**

Follow-Up for Patients Who Do Not Achieve Cure

- ❑ Refer patient to Liver Clinic or other liver disease specialist for evaluation for re-treatment
- ❑ If unable to retreat, assess for liver disease progression every 6-12 months with LFT, CBC and INR
- ❑ Counsel patients to avoid excess alcohol use and those with cirrhosis to abstain from alcohol to avoid progression of liver disease.