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. See page 2 re: follow up after treatment.

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] ❑ Syphilis screening ❑ 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.

Step 3 Write Prescription and Start Treatment

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/

- ❑ **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.

[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 (SVR 12) is proof of cure of hepatitis C. If patient does not think they will be able to return 12 weeks after treatment completion, you can draw HCV RNA, LFTs 4 weeks after treatment completion (SVR 4). SVR 4 has been shown to correlate with SVR12 (PPV 99%).**
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.