SIMPLIFIED HEPATITIS C TREATMENT CHECKLIST

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

Fibrosis assessment:

- ❑ Send for FibroScan or obtain serum fibrosis test if FIB-4 > 1.45 to ≤ 3.25
- ❑ If: FIB- 4 > 3.25, or liver biopsy showed cirrhosis or FibroScan ≥ 12.8kPa or a serum fibrosis test (FibroTest-Quest or Fibrosure-LabCorp) indicates cirrhosis, or there is clinical evidence of cirrhosis, refer to Liver Clinic for cirrhosis evaluation and follow up. Those with compensated cirrhosis, i.e. CTP ≤ 6 [see **Step 3 below** for CTP calculation] can still receive Simplified Treatment in Primary Care. Consult Liver Clinic for treatment recommendations.

Step 2. Complete Pretreatment Labs & Assessment:

Labs	
Immediately Prior:	❑ Pregnancy Test
Acceptable within 3 mos if cirrhosis or 6 mos if no cirrhosis:	❑ CBC ❑ Hepatic function panel and eGFR ❑ PT/INR (only needed if cirrhosis)
Acceptable within 6 months:	❑ HCV RNA ❑ AFP
Anytime prior:	❑ Genotype (not necessary with pangenotypic treatment but consider if patient has cirrhosis and planning to treat with Sofobuvir/Velpatasvir (Epclusa) ❑ HIV antigen/antibody[1] ❑ Hepatitis B surface antigen[1]

Step 3: For those with cirrhosis, calculate Child-Turcotte Pugh (CTP) Score. https://www.hepatitisc.uw.edu/page/clinical-calculators/ctp

If CTP > 6, refer patient to Hepatology for treatment.

Step 4: Patient Assessment

(See **Health Summary** for more detailed information on pre-treatment assessment)

- ❑ For those with advanced fibrosis/cirrhosis, physical exam for signs of liver disease: icterus, jaundice, ascites, spider angioma, gynecomastia, palmar erythema, caput medusa
- ❑ Hepatitis A vaccine status (if unknown: draw HAV antibody total IgG), vaccinate if not immune
- ❑ Hepatitis B vaccine status (if unknown: draw HBcAb & HBsAb), vaccinate if not previously vaccinated and not immune). If full hepatitis B vaccine series has been given previously, no need to vaccinate if HBsAb is negative. If HBcAb is positive, no need to vaccinate (patient is immune.
- ❑ Review drug-drug interactions: www.hep-druginteractions.org
- ❑ Have patient complete Audit-C & PHQ-9 or other mental health screen and refer to Behavioral Health/Substance Use Treatment Program if indicated.
- ❑ If patient is actively injecting drugs, connect with harm reduction services.
- ❑ Counsel about pregnancy prevention (ethinyl estradiol not recommended with Mavyret)
- ❑ Review medication specific information packet with patient at Treatment Start

Step 5: Identify insurer and determine if Prior Authorization (PA) needed. If no PA needed, write prescription/start treatment. Note: Alaska Medicaid does not require PA for Mavyret)

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

If no insurance, link to patient assistance programs:
https://www.abbvie.com/patients/patient-assistance.html
https://www.gileadadvancingaccess.com/financial-support/uninsured

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

Monitoring During Treatment
❑ Consider in-person or telehealth/phone visit as clinically indicated during treatment to ensure medication adherence, monitor for adverse events and potential drug-drug interactions, especially with newly prescribed medications.
❑ Lab monitoring not required but can be considered if clinically indicated.
❑ 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.
❑ 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 12 weeks after treatment completion to test 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
For patients determined pretreatment to have no-moderate fibrosis (F0-F2) including patients with FIB-4 ≤ 1.45, no liver specific follow-up is necessary.
For those determined pretreatment to have advanced fibrosis (F3): ❑ RUQ US & AFP q 6 months; yearly CBC, LFTs, & AFPs ❑ Liver Clinic appointment and FibroScan every 2 years.
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.
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 Hepatology or other 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 advanced fibrosis/cirrhosis to abstain from alcohol to avoid progression of liver disease.