SUMMARY

Goals

✓ Identify Hepatitis C (HCV) infected patients
✓ Monitor all HCV patients for signs of cirrhosis
✓ Use most appropriate HCV treatment regimen based on AASLD/IDSA* guidelines
✓ Monitor patients on treatment and stop treatment when indicated (futility rules)
✓ Goal of HCV antiviral treatment is to achieve a sustained virologic response (SVR) – cure

ALERTS

HCV TREATMENT

- HCV treatment requires submission of an electronic HCV Treatment Selection Review Request (TSR) within Electronic Health Record System (EHRS) for appropriate regimen selection.
- Do not initiate HCV treatment without an appropriate regimen selection from the HQ HCV Central Treatment Team.

CIRRHOTICS

- Screen for hepatocellular carcinoma and varices – patients require continued screening even after HCV treatment
- Identify and manage decompensated cirrhosis

TREATMENT

Patient Selection

- AASLD/IDSA* recommends treatment for all patients with chronic HCV infection, except those with life expectancies < 12 months that cannot be remediated by treating HCV, by liver transplantation, or by other directed therapy.
  - Unless there is a medical contraindication, all patients with chronic HCV are treatment candidates if they desire treatment and are willing to adhere to a medication and monitoring plan.
- AASLD/IDSA* notes that there are factors that impact the access to HCV medications and the ability to deliver HCV treatment to patients. Strategies for prioritizing HCV treatment based on AASLD/IDSA* guidance are discussed on page 5.
- HCV evaluation and treatment is generally not initiated in reception centers. When indicated, HCV treatment will begin after the patient has transferred to a mainline institution.

Treatment

- The recommended medication regimen depends on genotype and many clinical factors including the presence or absence of cirrhosis, co-infection with Human Immunodeficiency Virus (HIV) or Hepatitis B Virus (HBV), other comorbidities and any history of prior treatment.
- The FDA is approving new medications frequently and treatment regimens are changing rapidly as the new agents are being released. For this reason, all patients should be referred to the HCV Central Treatment Team at HQ for selection of most appropriate treatment regimen by submitting a HCV Treatment Selection Review Request (TSR). (see page 7).

MONITORING

ALL CHRONIC HCV INFECTED PATIENTS:

- Annual clinical assessment: Consider labs including CBC, CMP, PT/INR every 12 months to assess progression of liver disease. Determine FIB4 (see page 4) annually. Calculate Child-Pugh score (see page 6) as indicated.
- Vaccines: Offer and document Hepatitis A Virus (HAV), HBV, and pneumococcal (PPSV23 once; after age 65, PCV13 followed by second PPSV23 1 year later). Encourage annual influenza vaccination.

HCV PATIENTS RECEIVING ANTIVIRAL THERAPY:

- See page 7 regarding intervals for CBC, CMP, HCV viral load.
- Clinic visits are recommended as clinically indicated during treatment. At each visit, ensure medication
adherence, and monitor for adverse events and potential drug-drug interactions with newly prescribed medications.

- Education and monitoring of HCV treatments should be managed using the Complete Care Model. Patients receiving HCV treatment are listed on the Daily Care Team Huddle Report and these patients are to receive education, care coordination, and follow up from the primary care team LVNs, RNs, PCPs, and Case Manager.

**CHRONIC HCV INFECTED PATIENTS WITH ADVANCED LIVER DISEASE:**

[Metavir score F3 or F4 (liver stiffness kPa ≥ 9.5 or Liver Stiffness Score F3 or F4 on Fibroscan)]:

- Ultrasound every 6 months to screen for hepatocellular carcinoma. **Continue Hepatocellular carcinoma (HCC) screening after HCV treatment.**
- See CCHCS ESLD Care Guide.

*American Association for the Study of Liver Diseases, Infectious Diseases Society of America