Information contained in the Care Guide is not a substitute for a health care professional’s clinical judgment. Evaluation and treatment should be tailored to the individual patient and the circumstances. Furthermore, using this information will not guarantee a specific outcome for each patient.
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
- Complete pretreatment labs and imaging with a FibroScan (if FIB-4 is ≥ 1.45 and < 3.25) and/or Liver Ultrasound (if F4 cirrhosis) within 180 days of establishing a diagnosis of chronic HCV.
- Initiate HCV treatment within 90 days of completing the pretreatment evaluation or as soon as possible based on operational considerations and the patient’s parole date.
- Annual retesting for HCV is recommended for all patients with a history of HCV that was treated or self-cleared by checking an HCV viral load.*
- Consider periodic sexual health screening and risk reduction counseling and education for all patients identified with active HCV as part of their overall health due to the risk of acquiring HCV through sexual contact.

*Consider periodic retesting of all other patients if they have a history of injection or inhalation drug use or symptoms/signs of acute hepatitis (right upper quadrant abdominal pain, nausea, vomiting, jaundice, or transaminitis) by checking an HCV Antibody with reflex to viral load and genotype.

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.

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 an HCV 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-Turcotte-Pugh (CTP) score (see page 6) as indicated.
- Vaccines: Offer and document Hepatitis A Virus (HAV), HBV, and pneumococcal (PPSV23 once 19-64 years and all > age 65 years, consider PCV13 also for > 65 years if immunocompetent but comorbid
conditions present, or smokers; followed by second PPSV23 1 year later. See CDC website for complete guidance). Encourage an annual influenza vaccination.

- All patients with acute and chronic HCV should be evaluated for underlying co-morbid substance use disorder (See CCHCS Substance Use Disorder Care Guide).

**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 Managers.

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

- Liver ultrasound every 6 months to screen for hepatocellular carcinoma. **Continue Hepatocellular carcinoma (HCC) screening after HCV treatment.**
- See CCHCS Advanced Liver Disease Care Guide.
- Patients with Chronic HCV but without advanced liver disease do not require a baseline ultrasound or HCC screening.
- Annual rescreening of patients successfully treated for HCV is recommended with an HCV viral load (Hepatitis C RNA, Quant, PCR 35645)

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