



STEP-WISE APPROACH TO INITIATING HEPATITIS C VIRUS (HCV) TREATMENT IN PRIMARY CARE SETTINGS

STEP 1: PATIENT SCREENING

Testing Recommendations for HCV Infection <https://www.hcvguidelines.org/evaluate/testing-and-linkage>

<i>Universal Screening</i>	All adults once per lifetime & all pregnant women once per pregnancy
<i>One-Time Screening</i>	Under 18 with increased risk of HCV infection or exposure
<i>Periodic Repeat Screening</i>	Offered to all persons with increased risk of HCV infection
<i>Annual Screening</i>	Recommended for persons who inject drugs, HIV-infected men who have unprotected sex with men, men who have sex with men taking pre-exposure prophylaxis (PrEP)

STEP 2: DIAGNOSTIC TESTING

Order HCV Antibody with Reflex to RNA Testing.

Interpretation of Results of Tests for HCV infection <https://www.cdc.gov/hepatitis/hcv/labtesting.htm>

- If HCV Antibody is non-reactive, then no further action required
- If HCV Antibody is reactive, but HCV RNA is not detected, then no further action required in most cases
- If HCV Antibody is reactive, AND HCV RNA is detected, then proceed to step 3

STEP 3: PRE-TREATMENT ASSESSMENT

Recommended Assessments Prior to Starting DAA therapy <https://www.hcvguidelines.org/evaluate/monitoring>

<i>Rule out Decompensated Cirrhosis</i>	FIB-4 score; CTP score	If hepatic complications present consult with a hepatologist, gastroenterologist, or infectious disease specialist.
<i>Determine baseline details of HCV infection</i>	HCV viral load	Genotyping recommended for cirrhotic patients if not prescribing a pangenotypic DAA regimen.
<i>HBV & HIV Status</i>	HBsAg; HBsA; HBcA	Recommended that specialist be consulted prior to treatment for patient with documented HIV or HBV coinfection
<i>HCV Treatment Experience</i>	Patient history	>4 weeks of prior treatment consult with a hepatologist, gastroenterologist, or infectious disease specialist
<i>Medication Review</i>	Med reconciliation; drug-drug interactions	University of Liverpool free interaction checker https://www.hep-druginteractions.org/
<i>Laboratory Testing</i>	CBC, ALT, AST, eGFR	Complete within three months of treatment initiation. Pregnancy testing also recommended.
<i>Comorbid conditions</i>	Patient history	Treatment is not medically appropriate for patients with a life expectancy of less than 1 year.

STEP 4: DIRECT ACTING ANTIVIRAL (DAA) DRUG SELECTION

Treatment Naïve Patient Without Cirrhosis <https://www.hcvguidelines.org/treatment-naive/simplified-treatment>

- Glecaprevir (300 mg) / pibrentasvir (120 mg) (Mavyret) to be taken with food for a duration of 8 weeks
- Sofosbuvir (400 mg) / velpatasvir (100 mg) for a duration of 12 weeks

Treatment Naïve Patient With Compensated Cirrhosis

<https://www.hcvguidelines.org/treatment-naive/simplified-treatment-compensated-cirrhosis>

- **Genotype 1-6**
Glecaprevir (300 mg) / pibrentasvir (120 mg) to be taken with food for a duration of 8 weeks
- **Genotype 1, 2, 4, 5, or 6**
Sofosbuvir (400 mg) / velpatasvir (100 mg) for a duration of 12 weeks
- **Genotype 3 (requires baseline NS5A resistance-associated substitution (RAS) testing)**
Without Y93H: Sofosbuvir (400 mg) / velpatasvir (100 mg) for a duration of 12 weeks
With Y93H: Refer to HCV guidelines for treatment recommendations.



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STEP 5: COORDINATE CASE MANAGEMENT

Case Management Requirements of Oregon Health Authority (OHA)

All members with coverage through Oregon Medicaid or a CCO (such as UHA) must be offered case management at the start of HCV treatment with goals including:

- * Adherence to medication regimen
- * Mitigation of barriers to treatment
- * Support for patients and provider
- * Compliance with viral load testing
- * Collection of data for state program evaluation
- * Prevention of treatment interruption or delay

Umpqua Health Alliance

The UHA Hepatitis C Case Management Referral Form must be completed and faxed to 541-229-8081
<https://www.umpquahealth.com/case-management/>

STEP 6: INITIATE PRIOR AUTHORIZATION REQUEST

Prior authorization for DAA treatment will be required by most insurance plans.

UHA prior authorization criteria and the specific Hepatitis C Prior Authorization Form are available online:
<https://www.umpquahealth.com/pharmacy-services/>

NOTE: Commercial insurance plans and Medicare Part D provider may have different approval requirements.

STEP 7: FOLLOW UP TESTING

Monitoring Patients During Treatment

- Patients taking diabetes medications: monitor for hypoglycemia
- Patients taking warfarin: monitor INR for subtherapeutic anticoagulation
- No laboratory monitoring is required for other patients during treatment

Post Treatment Testing (12 weeks after therapy completion)

- SVR & hepatic function panel: Completed to confirm HCV RNA is undetectable and transaminase normal.
 - SVR achieved: No liver-related follow up required for noncirrhotic patients who achieve SVR: advise alcohol abstinence and counsel regarding risk behavior avoidance
 - SVR not achieved: Refer to specialist to evaluate re-treatment option

ADDITIONAL RESOURCES

TRAINING OPPORTUNITIES

Hepatitis C Online

<https://www.hepatitisc.uw.edu/>

ECHO

<https://connect.oregonechonetwork.org>

GUIDELINES & RESOURCES

AASLD/IDSA

<https://www.hcvguidelines.org/>

<https://www.hcvguidelines.org/treatment-naive/simplified-treatment-compensated-cirrhosis>

<https://www.hcvguidelines.org/treatment-naive/simplified-treatment>

Centers for Disease Control and Prevention (CDC)

<https://www.cdc.gov/hepatitis/hcv/index.htm>