



# 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	<b>If hepatic complications present consult with a hepatologist, gastroenterologist, or infectious disease specialist.</b>
<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 &amp; 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 <b>consult with a hepatologist, gastroenterologist, or infectious disease specialist</b>
<i>Medication Review</i>	Med reconciliation; drug-drug interactions	University of Liverpool free interaction checker <a href="https://www.hep-druginteractions.org/">https://www.hep-druginteractions.org/</a>
<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 Naive 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/>
- Prescriptions must be sent to UHA's specialty pharmacy, US Bioservices, by faxing their prescription form to 888-418-7246. Link to form: [https://www.usbioservices.com/-/media/assets/usbioservices/rx-forms/200615\\_rf\\_hepatitisc\\_01\\_fillable.pdf](https://www.usbioservices.com/-/media/assets/usbioservices/rx-forms/200615_rf_hepatitisc_01_fillable.pdf). The medications will be delivered to the member via mail.
- *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>