



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>

Universal Screening	All adults once per lifetime & all pregnant women once per pregnancy
One-Time Screening	Under 18 with increased risk of HCV infection or exposure
Periodic Repeat Screening	Offered to all persons with increased risk of HCV infection
Annual Screening	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>

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

Umpqua Health Alliance HCV Case Management

- **NOTE:** As of 01/01/2023 Case Management and prior authorization are only required for non-preferred agents and HCV retreatment. Case Management is strongly encouraged for all UHA members being treated with a DAA.
- The UHA Hepatitis C Case Manager Is Available to Assist with:
 - * 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
- For treatment requiring prior authorization (non-preferred agents or retreatment) the case management referral form will be used to initiate the prior authorization AND case management.
 - For questions: contact <https://www.umpquahealth.com/case-management/>
 - **Link to Hep C Referral form:** <https://www.umpquahealth.com/pharmacy-services/>

STEP 6: SUBMIT PRESCRIPTION TO SPECIALTY PHARMACY

- Prescriptions must be sent to UHA's specialty pharmacy service, MedImpact Direct Specialty Hub, by faxing their prescription form to 888-807-5716. The medications will be delivered to the member via mail.
- **Link to specialty pharmacy form:** <https://www.medimpactdirect.com/documents/MedImpactDirect-Specialty-Referral-Form.pdf>

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	GUIDELINES & RESOURCES
Hepatitis C Online https://www.hepatitisc.uw.edu/	AASLD/IDSA https://www.hcvguidelines.org/ https://www.hcvguidelines.org/treatment-naive/simplified-treatment-compensated-cirrhosis https://www.hcvguidelines.org/treatment-naive/simplified-treatment
ECHO https://connect.oregonechonetwork.org	Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/hepatitis/hcv/index.htm