



Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health

HCV Treatment Monitoring: Keeping it Simple

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Presentation prepared by:
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Conflict of Interest Disclosure Statement

No relevant COI

Objectives

- List baseline laboratories recommended for HCV treatment evaluation
- Differentiate patients eligible for simplified monitoring
- Discuss HCV treatment monitoring recommendations

AASLD Guidance on HCV Treatment: Baseline Assessment

- Stage hepatic fibrosis
 - Does the patient have cirrhosis?
- Assess potential drug/drug interactions
- Educate patient about HCV medication

AASLD HCV Guidelines.

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

Accessed August 16, 2023

AASLD Guidance on HCV Treatment: Baseline Laboratories

- Baseline laboratories (within 6 months)
 - CBC
 - INR
 - Hepatic panel: albumin, total and direct bilirubin, ALT, AST, ALK phos
 - Estimated GFR
- Document (any time prior to start of treatment)
 - HCV RNA
 - Hepatitis B serologies: anti-HBc, anti-HBs, HBsAg
 - Anti-HIV

AASLD HCV Guidelines.

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What about HCV Genotype?

“if a nonpangenotypic DAA will be prescribed, then test for HCV genotype and subtype”

AASLD HCV Guidelines.

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Using the Simplified Treatment Algorithm

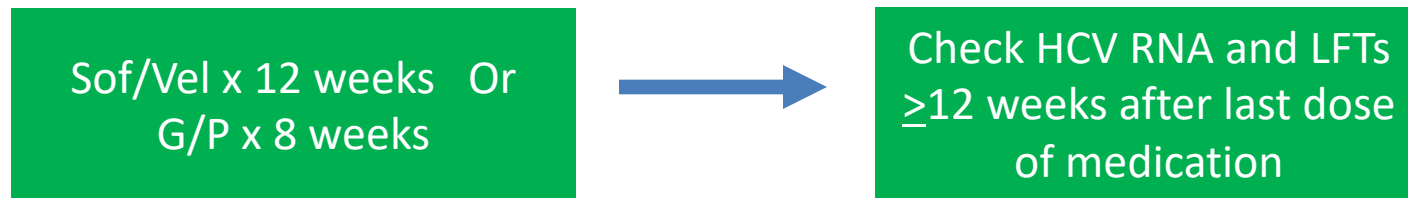
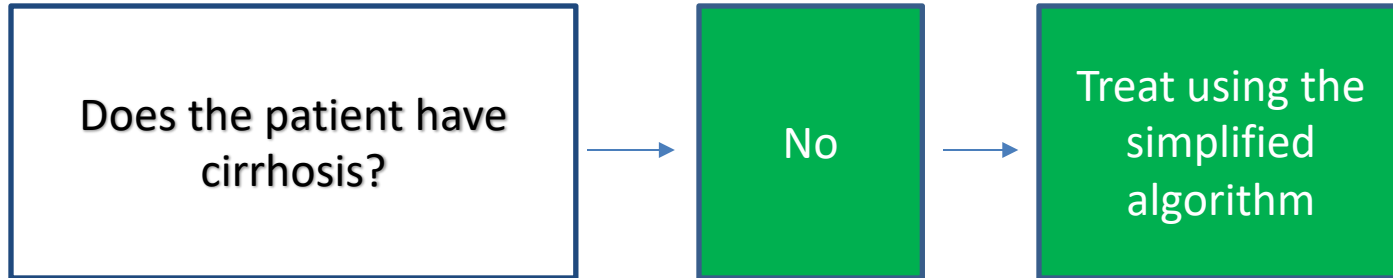
- Who is Eligible?
 - Adults with hepatitis C (any genotype) who do NOT have cirrhosis and have previously not received HCV treatment
- Who Is NOT Eligible?
 - Prior HCV treatment
 - Cirrhosis
 - HBsAg positive
 - Currently pregnant
 - Known or suspected hepatocellular carcinoma
 - Prior liver transplantation

AASLD HCV Guidelines.

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Accessed August 16, 2023

General Approach to HCV Treatment



Simplified Approach to Managing Patient with Cirrhosis

- Who is Eligible?
 - Adults with HCV who have compensated cirrhosis and have not previously been treated for HCV
 - Patients with a FIB-4 score >3.25 OR
 - Any of the following from previously performed test:
 - Transient elastography >12.5 kPa
 - Clinical evidence of cirrhosis (liver nodularity and/or splenomegaly on imaging, platelets <150,000 mm³, etc)
 - *Prior* liver biopsy showing cirrhosis
 - Liver biopsy is not required

AASLD HCV Guidelines.

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

Accessed Aug. 16, 2023

Who Is NOT Eligible for Simplified Monitoring for Patients with Cirrhosis

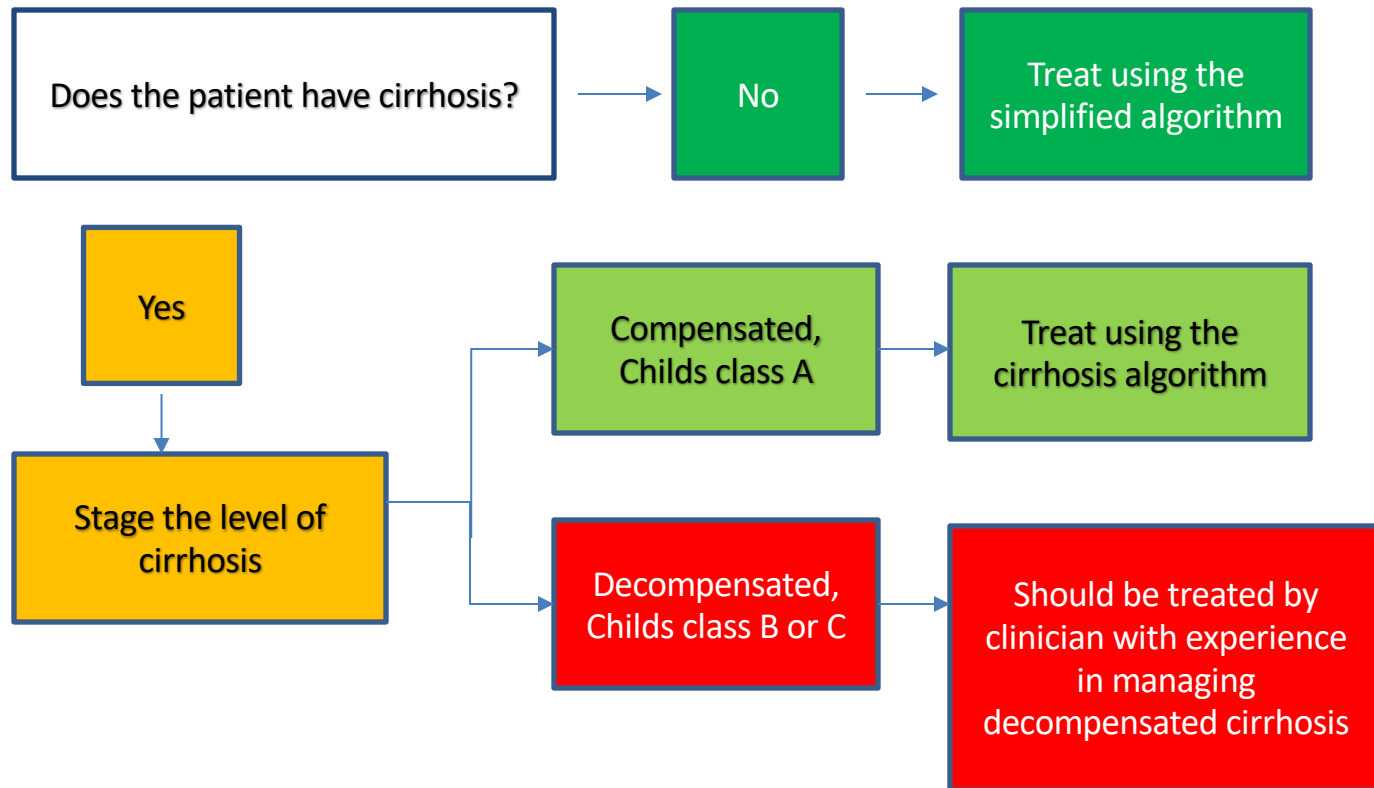
- Patients with any of the following:
 - Current or prior episode of decompensation cirrhosis defined as CTP scores ≥ 7 (ascites, hepatic encephalopathy, total bilirubin > 2 mg/dL, albumin ≤ 3.5 g/dL, or INR ≥ 1.7)
 - Prior HCV treatment
 - End stage renal disease
 - HBsAg positive
 - Current pregnancy
 - Known or suspected hepatocellular carcinoma
 - Prior liver transplantation

AASLD HCV Guidelines.

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

Accessed Aug. 16, 2023

General Approach to HCV Treatment



On-Treatment Monitoring for Patients with Cirrhosis

- *“Providers **may** order blood tests to monitor for liver injury during treatment because hepatic decompensation (eg, jaundice, etc) occurs rarely among patients with cirrhosis receiving HCV antiviral treatment”*

AASLD HCV Guidelines.

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

Accessed Aug. 16, 2023

What About On-Treatment HCV Viral Loads?

- Not recommended for most patients
- Exception: patients with 8-20 days of treatment interruptions to help guide management in these situations

AASLD HCV Guidelines.

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

<https://www.hcvguidelines.org/evaluate/monitoring#incomplete-adherence>

Accessed Aug. 16, 2023

Key Points

- Simplified treatment approach minimizes the need for on-treatment laboratory visits for most patients with HCV including patients without cirrhosis or those with compensated cirrhosis
 - Patients with compensated cirrhosis may benefit from q 4 week hepatic panel if clinically indicated
 - Patients who benefit from clinical visits for adherence or other purposes should continue to be seen
- All patients should have HCV RNA and hepatic panel repeated 12 weeks after last dose of HCV therapy to document HCV cure and to assess resolution of hepatic inflammation
 - Persistent elevation in hepatic enzymes after HCV cure warrants additional work-up for other causes of liver disease

Perform Baseline Assessment

Within 6 months:

1. CBC
2. Hepatic panel (albumin, AST, ALT, total & direct bilirubin)
3. Chem7
4. PT/INR

Documentation of:

1. HCV RNA and genotype
2. HIV Ab
3. HBsAg, anti-HBc (IgG or total), anti-HBs
4. HAV Ab (IgG or total)

Does this patient have:

- Prior HCV treatment
- Cirrhosis (on imaging or labs)
- ESRD (GFR \leq 30 ml/min/m²)
- HBsAg positivity
- Prior liver transplant
- Pregnancy
- Hepatocellular carcinoma (known or suspected)

YES

NO

STOP
Do not use this algorithm

Check for drug-drug interactions:
hep-druginteractions.org
Check current medications and any over-the counter products
Avoid herbals/supplements during HCV treatment
Patients on diabetic medications may develop symptomatic hypoglycemia

Counsel on avoiding pregnancy

Counsel on medication adherence and follow up with patient as clinically indicated

Counsel on avoiding acid suppressive therapy (especially important for Epclusa)

Start HCV Treatment

**(Mavyret)
G/P
x 8 wks**

OR

**(Epclusa)
SOF/VEL
x 12 wks**

Repeat HCV RNA and LFTs \geq 12 wks after end of treatment

If LFTs remain elevated after SVR, investigate for other causes of liver disease

Indian Country ECHO HCV

End of Presentation

Questions?



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