



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

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- 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

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- 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?

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

AASLD HCV Guidelines.

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

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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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# 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 mm<sup>3</sup>, etc)
    - *Prior* liver biopsy showing cirrhosis
      - Liver biopsy is not required

AASLD HCV Guidelines.

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

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# Who Is NOT Eligible for Simplified Monitoring for Patients with Cirrhosis

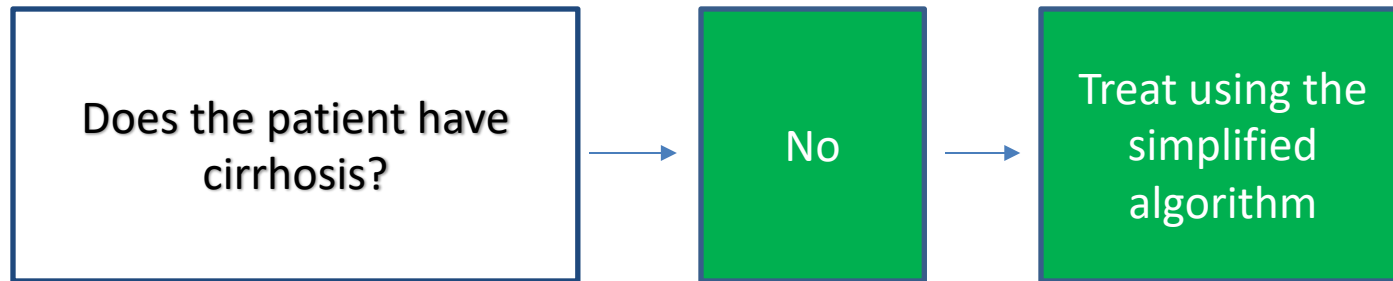
- Patients with any of the following:
  - Current or prior episode of decompensation cirrhosis defined as CTP scores  $\geq 7$  (ascites, hepatic encephalopathy, total bilirubin  $> 2$  mg/dL, albumin  $\leq 3.5$  g/dL, or INR  $\geq 1.7$ )
  - Prior HCV treatment
  - End stage renal disease
  - HBsAg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

AASLD HCV Guidelines.

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

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# General Approach to HCV Treatment



## 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/m<sup>2</sup>)
- 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](http://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**

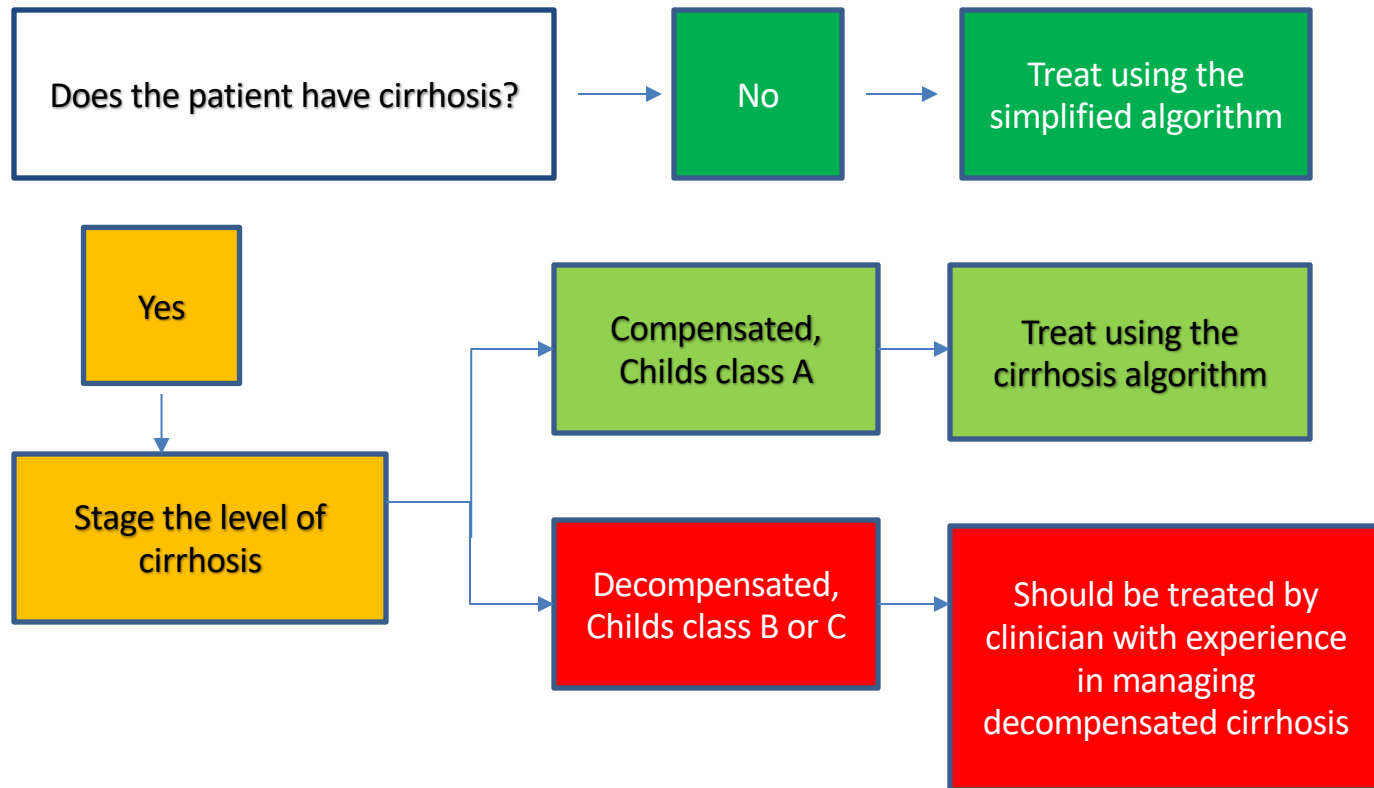
OR

**(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*

# 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>

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### Baseline Labs

- CBC
- Chem7
- LFTs/HFP
- HCV RNA and GT
- Anti-HAV
- Anti-HBc (igG or total)
- Anti-HBs
- HBsAg
- Anti-HIV
- PT/INR (only if presumed cirrhosis)



# HCV On-Treatment Monitoring\*

EOT: End of Treatment, TW: Treatment Week, \*Does not apply to patients on DAA therapy plus ribavirin

Simplified:

8 or 12 weeks

EOT

12 weeks

HCV RNA  
LFTs/HFP

8 Week Non-Simplified:

8 weeks

EOT

12 weeks

HCV RNA  
LFTs/HFP

TW4:

TW8:

LFTs/HFP

LFTs/HFP

12 Week Non-Simplified:

12 weeks

EOT

12 weeks

HCV RNA  
LFTs/HFP

TW4:

TW8:

TW12:

LFTs/HFP

LFTs/HFP

LFTs/HFP

# What About On-Treatment HCV Viral Loads?

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- 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>

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# 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



# Indian Country ECHO HCV

End of Presentation

Questions?



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