STREAMLINED POPULATION HEALTH SCREEN & TREAT ALGORITHM

SCREENING FOR ADULT PATIENTS*

HX, PE, Labs
(CMP, CBC, HIV, HepBs Ag, HepBc Ab total, HepBs Ab, HepA IgG, urine pregnancy test)
No genotyping

do not treat →

TO SPECIALIST IF:
- Prior DAAs*
- HIV(+)*, HBV(+), Pregnant
- Decompensated cirrhosis
  CTP B or C
  or MELD ≥ 15

SCREEN FOR CIRRHOSIS

TRANSIENT ELASTOGRAPHY (IF AVAILABLE, IF NOT... PROCEED!)

kPa < (12.5) → (no cirrhosis)

not available
- **APRI < (2), and FIB-4 < (3.25)** → (no cirrhosis)
- **APRI ≥ (2), or FIB-4 ≥ (3.25)** → (cirrhosis, non-decomp)

kPa ≥ (12.5) cirrhosis → (cirrhosis, non-decomp)

(cirrhosis, non-decomp) → Screen For HCC – U/S + AFP
(if not avail, do not delay treatment)

- **(-) HCC** (or no U/S) → TREAT
- **(+)HCC** → Specialist

TREAT

Treat with generic epclusa
sofosbuvir/velpatasvir 400mg/100mg x 12 weeks

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sofosbuvir/velpatasvir 400 mg/100 mg

SVR12

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HCC SURVEILLANCE → (N/A)

Post-treatment HCC Surveillance
every 6 months

- **U/S:** Ultrasound
- **HCC:** Hepatocellular Carcinoma
- **HX:** Patient History
- **kPa:** kilopascal
- **SVR12:** Sustained Virologic Resistance
- **PE:** Physical Exam
- **CTP:** Child-Turcotte-Pugh
- **DAA:** Direct Acting Antiviral
- **HBV:** Hepatitis B
- **AFP:** Alpha-Fetoprotein
- **MELD:** Model For End Stage Liver Disease

* Generic Epclusa is not indicated for pediatric patients who should be referred to ID/GI/hepatologist.
* Prior DAA use applies to exclusively oral regimens only.
* HIV+ patients may be referred to ID or experienced HCV provider.

PRE TREATMENT ALGORITHM

HCV confirmed with HCV viral load

No restrictions related to:
- Alcohol or drug use
- Fibrosis stage

Baseline history, physical and lab testing:

CMP, CBC, HIV, HepBs Ag, HepBc Ab total, HepBs Ab, Hep A IgG, urine pregnancy test

Decompensated cirrhosis refer to GI/hepatologist or MELD of ≥ 15

HIV + refer to ID or experienced HCV provider

HBsAg+ check HBV DNA and refer to ID/GI/hepatologist

If pregnant refer to ID/GI/hepatologist

*Prior DAA use refer to ID/GI/hepatologist

Fibrosis staging (in order of preferred):

Fibroscan

APRI & Fib-4

Fibrosure

Clinical evidence of cirrhosis

Liver lesion or decompensated cirrhosis refer to GI/hepatologist

If cirrhotic:

U/S and AFP every 6 months for HCC surveillance

(not required for starting treatment)

High suspicion for cirrhosis-refer to GI/hepatologist (not required for the starting treatment)

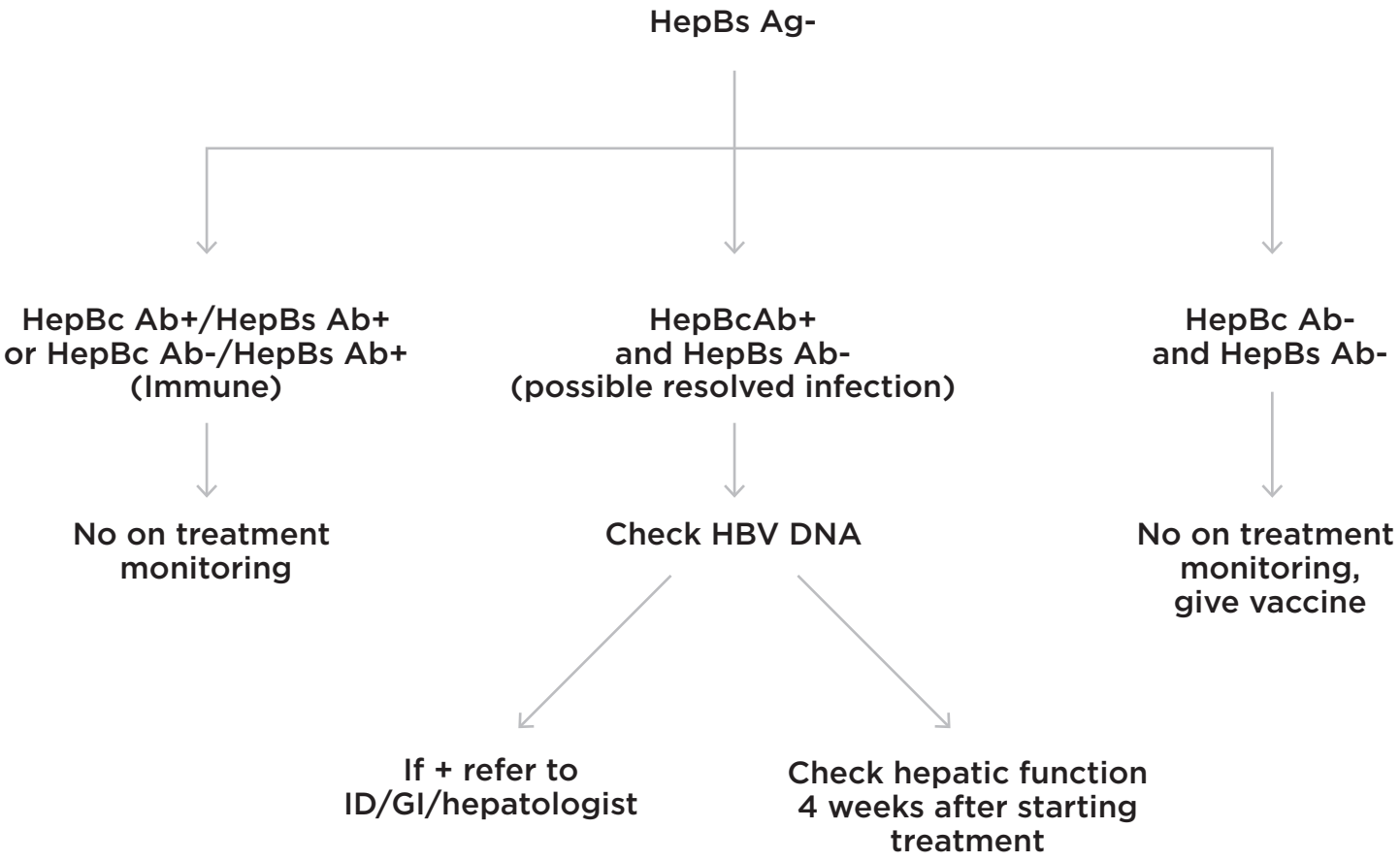
- Total billrubin elevated
- Platelet count <150K
- Cirrhosis on imaging
- Ascites
- Fibroscan ≥ 12.5
- APRI > 2
- Fib-4 > 3.25
- Fibrosure ≥ 0.75

Prevention - not required for starting treatment

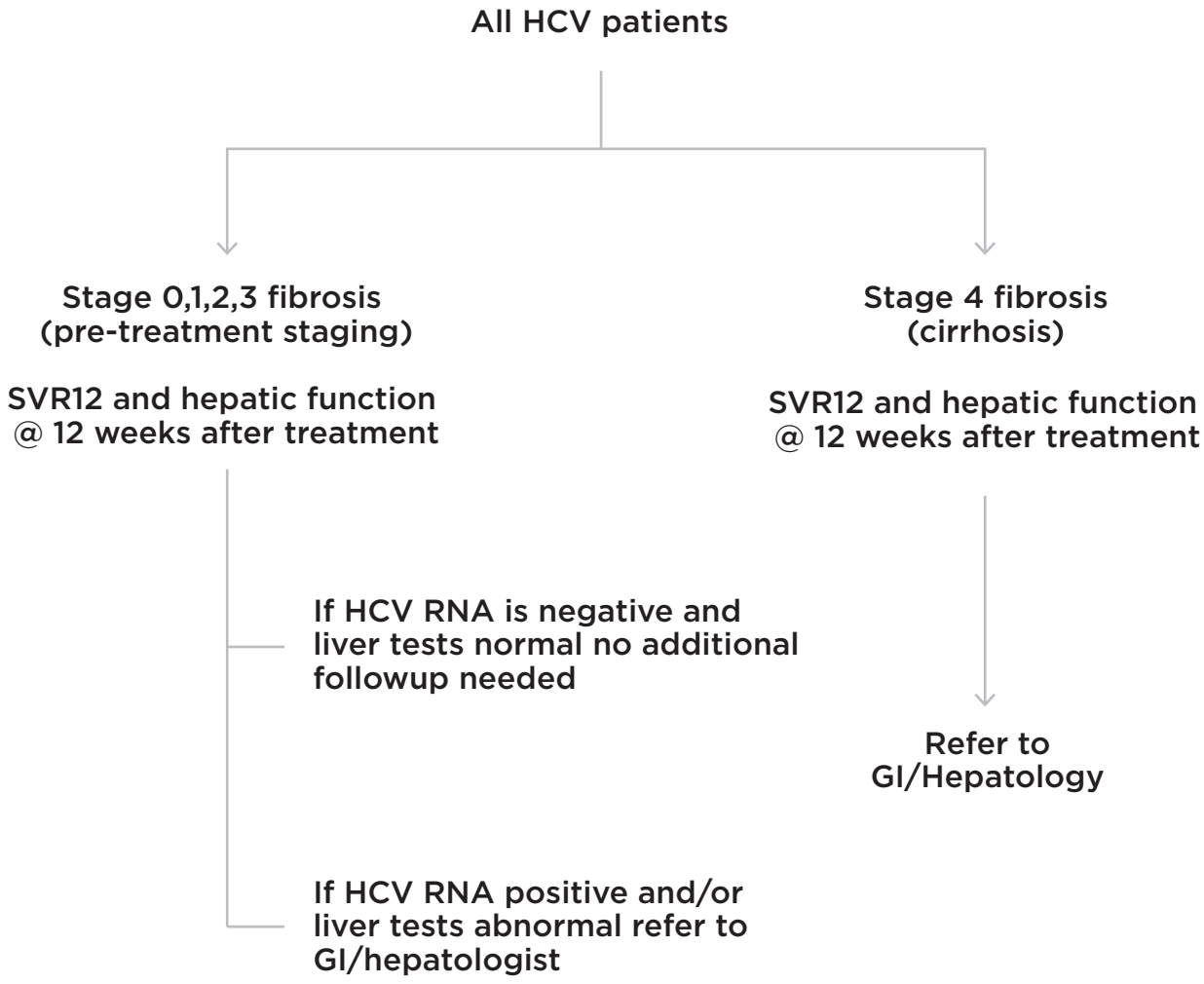
- HAV vaccination if Hep A Ab-
- HBV vaccination if Hep Bs Ab-

* Prior DAA use applies to exclusively oral regimens only.

ON TREATMENT
ALGORITHM



POST TREATMENT ALGORITHM



SVR12= HCV viral load negative 12 weeks after treatment; patient is considered cured.