**SCREENING FOR ADULT PATIENTS**

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

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**SCREEN FOR CIRRHOSIS**

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**TRANSIENT ELASTOGRAPHY**

(If available, if not... Proceed!)

**kPa < (12.5)**

APRI < (2), and FIB-4 < (3.25)

(no cirrhosis)

**TREAT**

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

SVR12

**HCC SURVEILLANCE**

(N/A)

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**kPa ≥ (12.5)**

cirrhosis

APRI ≥ (2), or FIB-4 ≥ (3.25)

(cirrhosis, non-decomp)

Screen For HCC – U/S + AFP  
(if not avail, do not delay treatment)

(-) HCC  
(or no U/S)

(+)-HCC

Specialist

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**SVR12**

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Post-treatment HCC Surveillance  
every 6 months

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**U/S:** Ultrasound  
**HCC:** Hepatocellular Carcinoma  
**HX:** Patient History  
**kPa:** kilopascal

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**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

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*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.*

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This clinical guideline was prepared by the Office of Public Health on behalf of the Louisiana Test and Treat Panel. It does not reflect official Louisiana Medicaid reimbursement policy and should not be construed to limit or guarantee Medicaid reimbursement of services.
**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 bilirubin 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

HepBs Ag-

↓

HepBc Ab+/HepBs Ab+
or HepBc Ab-/HepBs Ab+
(Immune)

↓

No on treatment monitoring

↓

HepBc Ab+ and HepBs Ab-
(possible resolved infection)

↓

Check HBV DNA

↓

If + refer to ID/GI/hepatologist

↓

Check hepatic function
4 weeks after starting treatment

↓

HepBc Ab- and HepBs Ab-

↓

No on treatment monitoring, give vaccine
POST TREATMENT
ALGORITHM

All HCV patients

Stage 0,1,2,3 fibrosis (pre-treatment staging)
SVR12 and hepatic function @ 12 weeks after treatment

If HCV RNA is negative and liver tests normal no additional followup needed

If HCV RNA positive and/or liver tests abnormal refer to GI/hepatologist

Stage 4 fibrosis (cirrhosis)
SVR12 and hepatic function @ 12 weeks after treatment

Refer to GI/Hepatology

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