**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

  **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)**
  - APRI < (2), and FIB-4 < (3.25)
  - **(no cirrhosis)**

- **kPa ≥ (12.5)**
  - APRI ≥ (2), or FIB-4 ≥ (3.25)
  - **(cirrhosis, non-decomp)**

**TREAT**

- **(-) HCC** (or no U/S)
  - Screen For HCC – U/S + AFP
  - (if not avail, do not delay treatment)

- **(+HCC**

**TREAT**

- **Treat with generic epclusa**
  - sofosbuvir/velpatasvir 400mg/100mg x 12 weeks
  - **SVR12**

**HCC SURVEILLANCE** *(N/A)*

- **Post-treatment HCC Surveillance**
  - every 6 months

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- **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.

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.
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

Fibrosis staging (in order of preferred):
- Fibroscan
- APRI & Fib-4
- Fibrosure

Clinical evidence of cirrhosis

Liver lesion or decompensated cirrhosis refer to GI/hepatologist

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

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

Prevention - not required for starting treatment

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

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

* 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

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