

Uniform New Mexico HCV Checklist for Centennial Care Revision Date 12/15/2017

PATIENT NAME: _____ DOB: _____

1. **DIAGNOSIS:** Chronic Hepatitis C Infection, Genotype _____ Subtype (if applicable) _____ (attach results), HCV RNA Level within the past 6 months: Level: _____ Date: ____/____/____ (attach results)

2. **ADDITIONAL REQUIRED LABS (within 3 months of request- please attach results)**

AST, ALT, Bilirubin, Albumin, INR, Platelet count, Hemoglobin, Creatinine.
Also document HBSAg, anti-HBs, anti-HBc

3. **LIVER ASSESSMENT:** There are seven stages of liver changes in chronic HCV infection – no liver fibrosis (F0), increasing levels of fibrotic change (F1, F2 and F3), cirrhosis (F4), decompensated cirrhosis and hepatocellular carcinoma.

a. **FIBROSIS/CIRRHOSIS ASSESSMENT:** (provide information using at least one of the following methods)

Indirect markers:

APRI _____

$$\text{APRI} = \frac{\text{AST Level}}{\text{AST Upper Limit of Normal}} \times 100$$

$$\text{FIB-4} = \frac{\text{Age (years)} \times \text{AST (U/L)}}{\text{Platelet Count (10}^9\text{/L)} \times \sqrt{\text{ALT (U/L)}}}$$

Imaging Study: Method Used: _____ Attach results

b. Does the patient have history, physical exam, laboratory, or radiographic imaging consistent with **decompensated cirrhosis** (i.e. ascites, encephalopathy, bleeding varices, etc.)?
No Yes (attach relevant results and notes)

Child-Pugh Score (circle one): Class A (CTP 5-6) B (CTP 7-9) C (CTP 10-15) *See table on page 2 for calculation method*
If patient has decompensated liver disease (Child-Pugh B or C), it is recommended that treatment be co-managed with a gastroenterologist, infectious disease specialist or hepatologist, and that referral for transplant be strongly considered.

4. **LIVER TRANSPLANT** No Yes (If yes, check one): Transplant date _____ Being considered for transplant

5. Is patient **TREATMENT EXPERIENCED**? No If no, go to 6. Yes If yes, complete a – c below. If treatment experienced with Direct Acting Antivirals (DAA), also complete question d.

a. List regimen(s) patient has received in past including year and duration of therapy:

b. Did patient complete treatment regimen(s)? Unknown Yes No If "No," reason for discontinuation:

c. What was patient's response to therapy? Unknown Relapse (post treatment SVR, then elevated HCV RNA level some time later) Non-response (HCV RNA remained detectable after complete treatment course)

d. Have you reviewed the case with Project ECHO? Yes No If no, health plan may require Project ECHO consultation.

6. **RESISTANCE TESTING** (please attach results, if applicable)

Does patient have genotype 1a and Zepatier will be prescribed? No Yes If yes, order NS5A

7. **REQUESTED MEDICATION(S)**

Drug: _____ Dose: _____ Duration: _____ weeks

Drug: _____ Dose: _____ Duration: _____ weeks

I am agreeable to approval and use of alternative drug(s), dose(s) and/or duration(s) based on current AASLD/IDSA guidance. Please have health plan contact me with recommendations.

Comments: _____

NOTE: If you are submitting a request for treatment that is not recommended in the AASLD/IDSA guidance, please submit supporting medical literature.

8. **ADHERENCE POTENTIAL** I attest my belief that this patient is capable of full adherence to the above treatment

SEE ADDITIONAL RECOMMENDATIONS ON PAGE 2

9. Important Additional Recommendations:

- (1) If patient has alcohol or illicit drug abuse history, please refer patient to addiction specialist for counseling and treatment
- (2) HIV and Hepatitis A screening including HAV Ab should be performed.
- (3) Hepatitis A and Hepatitis B vaccination series should be initiated if not already completed (and patient non-immune).
- (4) Patients being considered for retreatment after failure of initial treatment with all-oral therapy should be considered for presentation to Project ECHO (attach notes).

Child-Turcotte-Pugh Classification for Severity of Cirrhosis			
Clinical and Lab Criteria	Points*		
	1	2	3
Encephalopathy	None	Mild to moderate (grade 1 or 2)	Severe (grade 3 or 4)
Ascites	None	Mild to moderate (diuretic responsive)	Severe (diuretic refractory)
Bilirubin (mg/dL)	< 2	2-3	>3
Albumin (g/dL)	> 3.5	2.8-3.5	<2.8
Prothrombin time Seconds prolonged	<4	4-6	>6
International normalized ratio	<1.7	1.7-2.3	>2.3
<p>*Child-Turcotte-Pugh Class obtained by adding score for each parameter (total points) Class A = 5 to 6 points (least severe liver disease) Class B = 7 to 9 points (moderately severe liver disease) Class C = 10 to 15 points (most severe liver disease)</p>			