

# Uniform New Mexico HCV Checklist

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

1. **DIAGNOSIS:**  Chronic Hepatitis C Infection, Genotype\_\_\_\_ (attach results) or  pending

HCV RNA Level (any time prior to starting antiviral therapy): Level: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (attach results)

2. **ADDITIONAL REQUIRED LABS (within 6 months of request- please attach results)**

AST,  ALT,  Bilirubin,  Albumin,  INR,  Platelet count,  Hemoglobin,  Creatinine

3. **Documentation of (no time frame specified):**

HBsAg,  anti-HBs,  anti-HBc (IgG or total)  anti-HAV (IgG or total),  HIV screen

4. **LIVER ASSESSMENT:**

a. **FIBROSIS/CIRRHOSIS ASSESSMENT:**

Non-cirrhotic  Cirrhotic (if cirrhotic, complete sections b and c below)  HCC (hepatocellular carcinoma)

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)

c. **For patients with cirrhosis:**

**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) or HCC, it is recommended that treatment be co-managed with a specialist and that referral for transplant be strongly considered.

5. **HCC (hepatocellular carcinoma)?**  No  Yes If yes, patient should be managed with a specialist

6. **LIVER TRANSPLANT?**  No  Yes (If yes, check one):  Transplant date \_\_\_\_\_  Being considered for transplant

7. Is patient **TREATMENT EXPERIENCED?**  No If no, go to 8.  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?  Non-response (HCV RNA remained detectable after complete treatment course)  Reinfection (SVR followed by detectable HCV RNA or GT different than previously documented)  Unknown

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

8. **REQUESTED MEDICATION(S)**

Drug: \_\_\_\_\_ Dose: \_\_\_\_\_ Duration: \_\_\_\_\_ weeks

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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.

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

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

10. **Important Additional Recommendations:**

- (1) If patient has a current substance use disorder, consider referral to addiction specialist for counseling and treatment.
- (2) Hepatitis A and Hepatitis B vaccination series should be initiated if not already completed (and patient non-immune).
- (3) 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><b>*Child-Turcotte-Pugh Class obtained by adding score for each parameter (total points)</b>                      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>			