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, ☐ 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:**
   REQUIRED LAB (within 6 months of request-please attach results)
   ☐ INR
   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? ☐ Unknown ☐ Non-response (HCV RNA remained detectable after complete treatment course) ☐ Reinfection (SVR followed by detectable HCV RNA **or** GT different than previously documented)

   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

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.

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 Criterias	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 International normalized ratio	 <4 <1.7	 4-6 1.7-2.3	 >6 >2.3

***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)