

# 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

do not treat →

### 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)

not available

kPa ≥ (12.5)  
cirrhosis

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

APRI ≥ (2), or  
FIB-4 ≥ (3.25)

(no cirrhosis)

(cirrhosis, non-decomp)

HCC SCREENING → (N/A)

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

(-) HCC  
(or no U/S)

(+)HCC

TREAT

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

Treat with generic eplusa  
sofosbuvir/velpatasvir 400 mg/100 mg

Specialist

SVR12

SVR12

HCC SURVEILLANCE → (N/A)

Post-treatment HCC Surveillance  
every 6 months

- **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 Eplusa 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.

# 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

Fibrosis staging (in order of preferred):

Fibroscan

APRI & Fib-4

Fibrosure

Clinical evidence of cirrhosis

Decompensated cirrhosis refer to GI/hepatologist or MELD of  $\geq 15$

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

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)

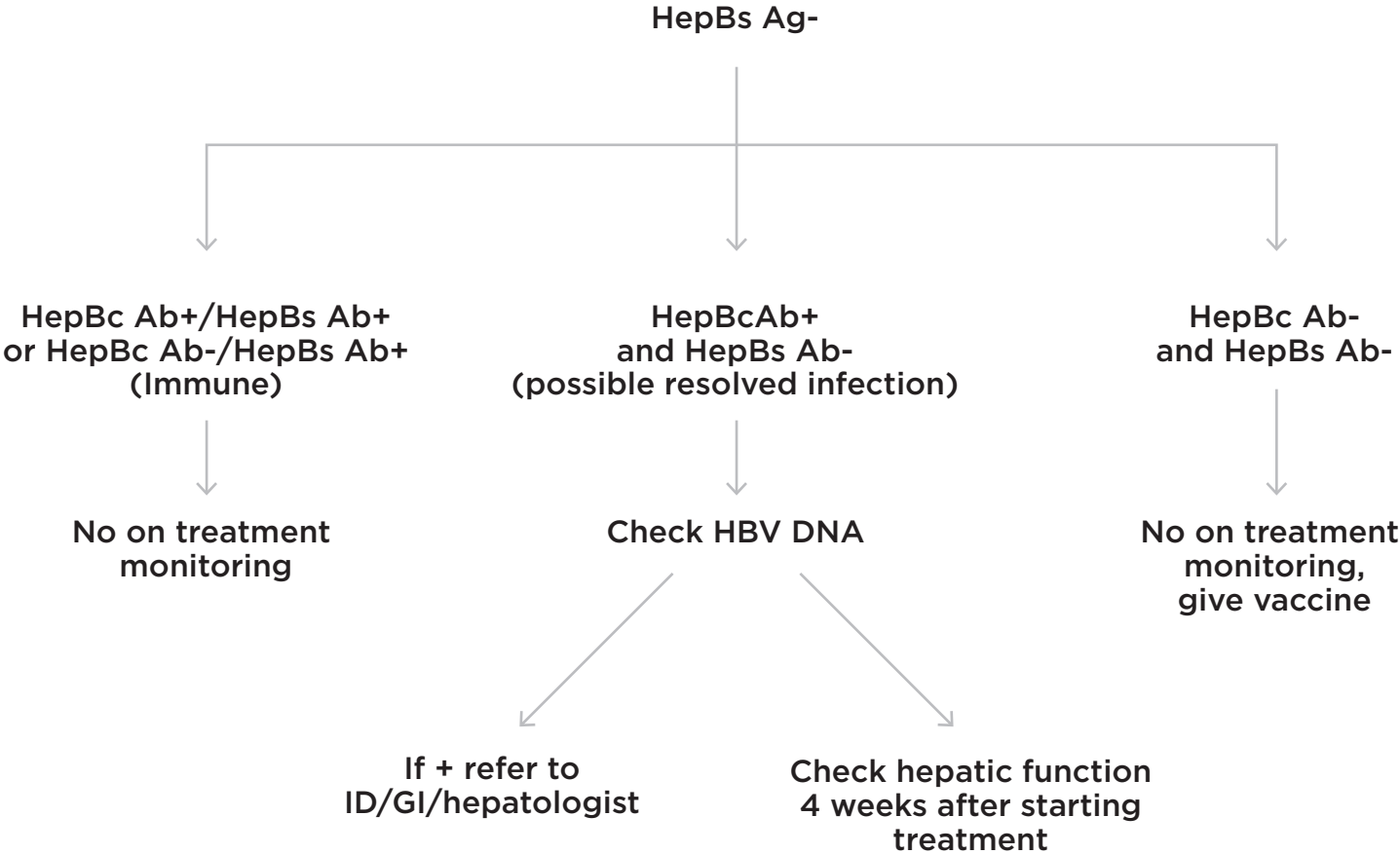
High suspicion for cirrhosis-refer to GI/hepatologist (not required for the starting treatment)

- Total billrubin elevated
- Platelet count <150K
- Cirrhosis on imaging
- Ascites
- Fibroscan  $\geq 12.5$
- APRI > 2
- Fib-4 > 3.25
- Fibrosure  $\geq 0.75$

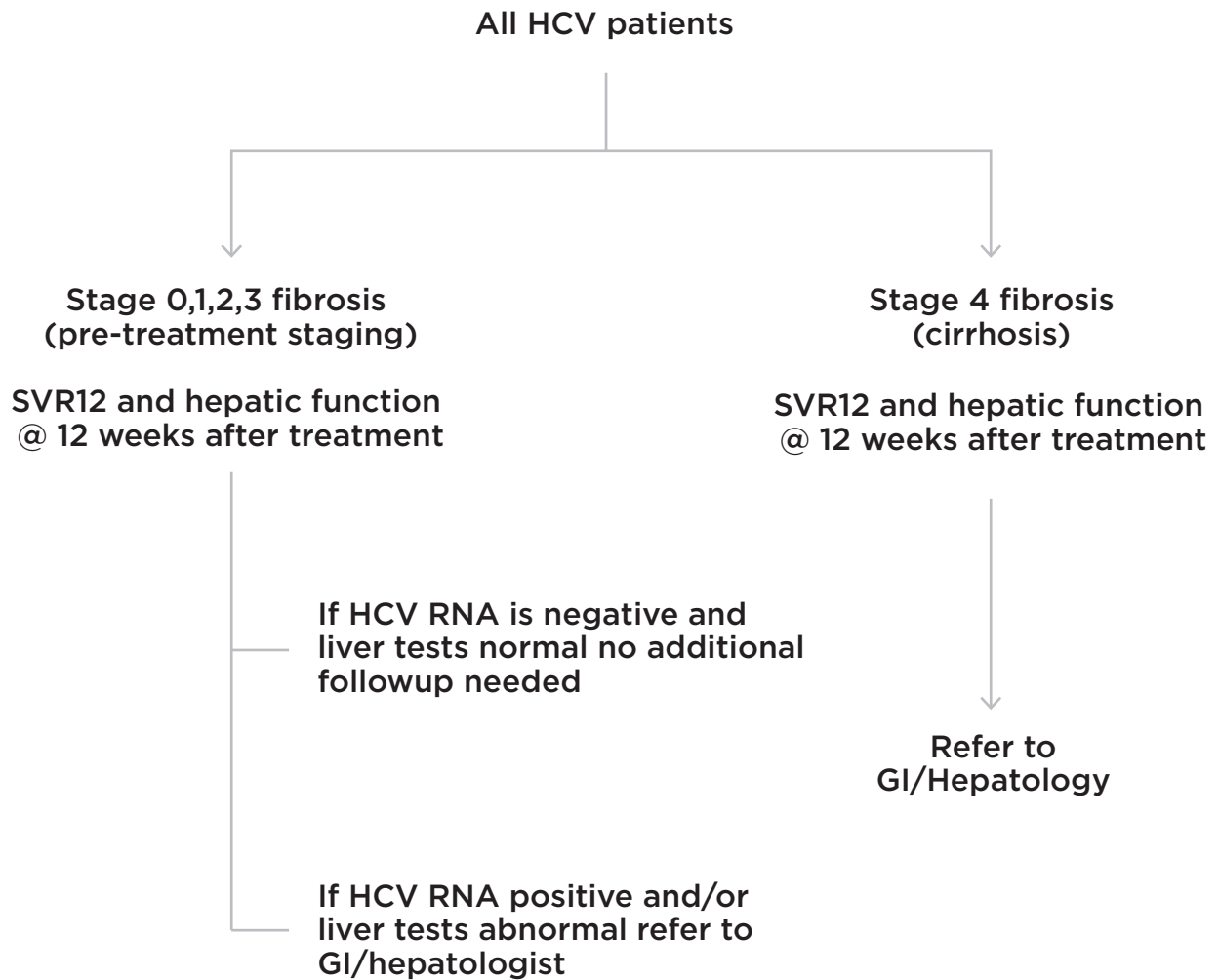
Prevention - not required for starting treatment

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

# ON TREATMENT ALGORITHM



# POST TREATMENT ALGORITHM



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