**HCC SURVEILLANCE**

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

*cirrhosis (no cirrhosis)*

**(+)HCC**

- **TREAT**
  - **HCC SCREENING** → (N/A)
  - **kPa < (12.5)**
    - APRI < (2), and FIB-4 < (3.25)
      - (no cirrhosis)
    - APRI ≥ (2), or FIB-4 ≥ (3.25)
      - (cirrhosis, non-decomp)
  - **kPa ≥ (12.5)**
    - cirrhosis

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

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

- **HCC SURVEILLANCE** → (N/A)
  - Post-treatment HCC Surveillance every 6 months

- **Screening for HCC**
  - Specialist
  - **TREAT with generic epclusa**
    - sofosbuvir/velpatasvir 400 mg/100 mg
    - SVR12

*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.
PRESIDENT

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

Decompensated cirrhosis refer to GI/hepatologist or MELD of > 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

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

Clinical evidence of cirrhosis
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 bilirubin elevated
• Platelet count <150K
• Cirrhosis on imaging
• Ascites
• Fibroscan ≥ 12.5
• APRI > 2
• Fib-4 > 3.25
• Fibrosure ≥ 0.75

Prevention — not required for starting treatment
• HAV vaccination if Hep A Ab-
• HBV vaccination if Hep Bs Ab-

* Prior DAA use applies to exclusively oral regimens only.
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
**POST TREATMENT ALGORITHM**

All HCV patients

- Stage 0,1,2,3 fibrosis (pre-treatment staging)
  - SVR12 and hepatic function @ 12 weeks after treatment
    - If HCV RNA is negative and liver tests normal no additional followup needed
    - If HCV RNA positive and/or liver tests abnormal refer to GI/hepatologist

- Stage 4 fibrosis (cirrhosis)
  - SVR12 and hepatic function @ 12 weeks after treatment
    - Refer to GI/Hepatology

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