

HCV Program

PIMC Hepatitis C Experience

- In mid 1980's began screening for HCV with STD screening
- First patients treated were those co-infected with HIV
- About 20 patients were treated prior to dedicated clinic
- Approximately 450 patients identified at time HCV clinic was opened
- About 50 patients per year identified since

Pharmacist's Role

- Pharmacist duties ***Case Management***
 - Med recommendation
 - DDI Screen, lab review, co-morbidities
 - Med acquisition
 - Medicare & Private Insurance vs. AHCCCS
 - New start counseling
 - 60 minute initial session
 - Regular follow up
 - Calls at 3-4 days, 10 days, lab results, PRN
 - Visits scheduled at new start counseling session
 - Lab monitoring
 - Baseline, weeks 2, 4, 8 , 12, 24, 36

Checklist

- ✓ HCV Genotype & Viral Load?
- ✓ History of HCV treatment?
- ✓ Are they actively using IV drugs?
- ✓ Are they actively drinking?
- ✓ Are they actively smoking?
- ✓ Does the patient have uncontrolled comorbidities?
- ✓ Is the patient vaccinated for hepatitis A and B?
 - ✓ Potential for HBV reactivation?
- ✓ Baseline labs done?
 - ✓ RAS Testing if considering grazoprevir/elbasvir?
- ✓ What insurance does the patient have?
- ✓ Is the patient ready to start treatment?

Pharmacy Screening Form

Name: _____ Chart # _____

Genotype: _____ Viral Load: _____ Dx Date: _____

Insurance Coverage: _____ Avella?: yes no

Member ID: _____ BIN: _____ PCN: _____

Prior Tx?: yes no PPI: yes no H2 Blocker: yes no

Apri Score: _____ Cirrhosis dx: yes no CTP Score: _____

Fibrosis Stage: _____ Fibrosis Score: _____ Date: _____

HAV: vax immune needs Hx of liver transplant: yes no

HBV: vax immune needs Chance of Reactivation? _____

Hx of Abuse: EtOH IVDU _____ Date last used: _____

HIV Co-infection: yes no UDS w/i past 30 days: yes no

Heart Failure Hx: yes no Serious Mental Illness: yes no

Ultrasound date: _____

Ultrasound results: Normal Abnormal

	Result	Date		Result	Date
AST			Plt		
ALT			INR		
ALP			SCr		
Alb			eGFR		

Notes:

Medication Requested: _____

Date Requested: _____ Key: _____

Counseling Checklist

Hepatitis C Medication Counseling Checklist

Print Materials:

- ☐ FDA Med Guide
- ☐ Side Effect Management
- ☐ Monitoring Timeline

HBV Status:

- ☐ Prior Infection
- ☐ Negative History

	✓ Completed
<u>When to Start Taking Medicine</u> <ul style="list-style-type: none"> • "Cushion" to prevent break in therapy • Start Sunday or Monday 	
<u>Importance of Adherence</u> <ul style="list-style-type: none"> • Drug resistance 	
<u>Methods to Improve Adherence</u> <ul style="list-style-type: none"> • Pill box, cell phone alarm, apps, text/email reminders (some drug manufacturers) 	
<u>Missed Doses</u> <ul style="list-style-type: none"> • Take as soon as remember • Skip if close to next scheduled dose, do not double dose 	
<u>Side Effects</u> <ul style="list-style-type: none"> • <u>Hep B</u> warning (verify HBV status above), liver damage, headache, fatigue, etc. 	
<u>Management of Side Effects</u> <ul style="list-style-type: none"> • Take at bedtime to "sleep through side effects" 	
<u>Drug Interactions</u> <ul style="list-style-type: none"> • Avoid OTCs (NSAIDs, PPIs, antacids) • APAP preferred (max 2 g/day) 	
<u>Storage Requirements</u> <ul style="list-style-type: none"> • Dry, room temperature 	
<u>Monitoring</u> <ul style="list-style-type: none"> • Viral load in 2 weeks (throw away anything that could contain traces of blood if undetectable) • Appointment in 4 weeks 	

Resources

- AASLD/IDSA Guidelines www.hcvguidelines.org
- IHS National - Brigg Reilly & Jessica Leston
- IHS-specific HCV ECHO
- UCSF HCV Warmline
- CDC www.cdc.gov/hepatitis/hcv
- VA www.hepatitis.va.gov
- University of Wisconsin modules & app
 - On-line curriculum, studies, calculators, lectures
 - <http://www.hepatitisc.uw.edu/>
- Other IHS facilities

Support from National Programs-treatment

- HCV in-person clinical training (one day, free, Albuquerque, one/month, up to four clinicians)
- Getting set up with ECHO telehealth program, or UCSF teleconsultations services. Any experience level welcome. Need not be treating to participate. ECHO provides CPE credits
- Clinical algorithms for HCV+ follow up

Support from National Programs-HCV case management

- Deploying HCV screening reminder/dialogue in EHR
- Sample standing protocol on HCV screening
- Sample HCV policy template
- Identifying historical HCV patients who need linkage to care
- Paneling HCV patients in iCare
- Sharing lessons learned on drug access/navigation
- Provide clinical webinar on HCV just for your Service Unit
- All other Q&A on clinical and admin concerns surrounding HCV services

Indian Health Services HCV and HIV Consultation Service

9am – 8pm EST, Monday - Friday

Hepatitis C mono- and co-infection consultation: (844) 437-4636

HIV consultation: (800) 933-3413

The Clinician Consultation Center (CCC) provides free, confidential, and timely expert HCV and HIV consultation to IHS clinicians of all experience levels and training backgrounds.

Advice is based on Federal treatment guidelines, current medical literature, and clinical best practices.

