

Guidance For Hepatitis C Treatment Monitoring

Monitoring Patients on Pegylated Interferon + Ribavirin ± Protease Inhibitor (*Boceprevir or Telaprevir*)

CPH

Clinical Public Health

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For more Hepatitis C information, look online at: hor <u>http://www/hepatitis.va.gov</u> http://seatitis.va.gov

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Labs/Test	Baseline	Wk 2	Wk 4	Wk 8	Wk 12	Wk 16	Wk 20	Wk 24	Wk 28	Wk 32	Wk 36	Wk 40	Wk 44	Wk 48	6 Months Post- Treatment
CBC with differential	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
ALT/AST	x		х		x			x		x		х		x	x
T. Bili	x		x x As Clinically Indicated												
Albumin, PT/INR	x	As Clinically Indicated													
Electrolytes-chem panel	x							x						x	x
Creatinine	x				x			x			x			x	x
тѕн	x				x			x			x			x	x
Glucose	x				x			x			x			x	x
Uric acid (if on telaprevir)	x	x	х	x	x			x						x	x
Pregnancy test in women of childbearing age	x		х	x	x	x	x	x	x	x	x	x	x	x	x
Depression screening	x		х	х	x	x	x	x	x	х	x	x	x	x	x
Clinical evaluation	х	x x x Every 4-8 weeks based on patient tolerance and response to treatment x x													
May increase frequency of above tests/exams for patients with significant drops in blood counts, renal insufficiency, diabetes, cirrhosis or other indications															
HCV Genotype	х														
HCV RNA, PCR (Quant)	x	x Follow Algorithm for additional HCV PCR timepoints while on therapy													
ні	x														
HAV Ab (total)	x														
HBsAg, HBsAb, Anti-Hep B Core (total)	x														
ECG (if pre-existing cardiac disease)	x														
Psychiatric and substance use screening	х	Check periodically while on antiviral therapy if indicated													
Eye exam for retinopathy in patients with diabetes or hypertension	х	As Clinically Indicated													
	Additional tests for consideration at baseline														
Liver biopsy	x														
Eye exam for patients without risk factors for retinal disease	x	Check periodically while on antiviral therapy and as needed with any visual complaints													
Serum ferritin, iron studies	x														
ANA	x														
Urine drug screen	x					Check	periodica	lly while o	n antivira	l therapy i	findicated				

*** Note: This is meant to provide general guidance, not mandatory requirements. ***