

UNIVERSITY PHYSICIANS HEALTH PLANS
(University Family Care)

PHARMACY REFERRAL GUIDELINE

HEPATITIS C: TREATMENT IN ADULTS

1. Pretreatment Assessment
 - a. Necessary
 - i. Medical history, including complications of liver disease, presence of significant extrahepatic disease, and symptoms of chronic HCV that may diminish quality of life
 - ii. Psychiatric history, including past or ongoing psychiatric and substance use disorders
 - iii. Screening for depression and alcohol use
 - iv. Previous antiviral therapies and response
 - v. Biochemical markers of liver injury and assessment of hepatic synthetic function, including serum ALT, serum albumin, serum bilirubin (particularly direct bilirubin), and prothrombin time
 - vi. Quantitative HCV RNA measurement by PCR or bDNA
 - vii. HCV genotype
 - viii. Hb, Hct, WBC with differential, and platelet count
 - ix. TSH
 - x. Pregnancy test (necessary for women with childbearing potential)
 - xi. ANA
 - b. Highly Recommended
 - i. Liver biopsy to stage the severity of liver disease (especially in patients with genotype 1 infection)
 - ii. Screen for antibody to HAV and HBV and immunize if negative.
2. Contraindications to Therapy
 - a. Life determining extrahepatic disease (malignancy, unstable angina, severe COPD)
 - b. Clinically decompensated liver disease, i.e. ascites, encephalopathy, bleeding varices.
 - c. Autoimmune disorders such as rheumatoid arthritis. Can be used in psoriatic patients but disease will get worse.

- d. Pregnancy or unwillingness to use adequate birth control

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- e. Documented serious nonadherence to prior medical treatment or failure to complete HCV disease evaluation appointments and procedures
- f. Inability to self-administer or to arrange appropriate administration of parenteral medication
- g. Severe uncontrolled psychiatric disease, particularly depression with current suicidal risk
- h. Recent illicit injection drug use without substance use disorder treatment
- i. Ongoing alcohol abuse

3. Treatment

- a. Genotype 1
 - i. Peginterferon alfa-2a (Pegasys®) 180 mcg weekly
Or
Peginterferon alfa-2b (PEG-Intron®) 1.5 mcg/kg weekly
 - ii. Ribavirin weight based dosing
- b. Genotypes 2 and 3
 - i. Peginterferon alfa-2a (Pegasys®) 180 mcg weekly
Or
Peginterferon alfa-2b (PEG-Intron®) 1.5 mcg/kg weekly
 - ii. Ribavirin weight based dosing

4. Duration of Treatment

- a. Genotype 1
 - i. Recheck qualitative HCV RNA at 12 weeks. If negative, continue therapy for a total of 48 weeks. If positive, discontinue therapy.
- b. Genotypes 2 and 3
 - i. Recheck qualitative HCV RNA at 12 weeks. If negative, continue therapy for a total of 24 weeks. If positive, discontinue therapy.

5. Guidelines for Dosage Reduction
 a. Peginterferon or Standard Interferon

| Parameter | Recommendation |
|-----------------------------|---|
| Neutrophils | |
| < 0.50 x 10 ⁹ /L | Peginterferon alfa-2a: reduce dose by 25% and reevaluate; peginterferon alfa-2b: reduce dose by 50% and reevaluate; standard IFN alfa: reduce dose by 50% and reevaluate |
| Platelets | |
| < 50 x 10 ⁹ /L | Peginterferon alfa-2a: reduce dose by 50% until resolution and reevaluation; peginterferon alfa-2b: discontinue until resolution and reevaluation; standard IFN alfa: reduce by 50% and reevaluate |
| < 25 x 10 ⁹ /L | Peginterferon alfa-2a: discontinue until resolution and reevaluation; standard IFN alfa: discontinue until resolution and reevaluation |

Abbreviations: IFN = interferon; WBC = white blood cell count

b. Ribavirin

| Parameter | Recommendation |
|-------------|--|
| Hb | |
| < 10.0 g/dL | Decrease 200 mg/day in two divided doses. If no improvement, consider use of weekly EPO. |
| < 8.5 g/dL | Discontinue until resolution and reevaluation |

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