

UNIVERSITY PHYSICIANS HEALTH PLANS

(Maricopa Health Plan)

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
- 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

Approved by the Pharmacy and Therapeutics Committee 2/06; Revised and approved by the Pharmacy and Therapeutics Committee 9/08; Reviewed 6/06, 1/08, 5/09