CHECKLIST: PRE-DAA ASSESSMENT

MEDICAL HISTORY
- Previous HCV treatment guides choice and duration of therapy
- History of hepatic decompensation warrants referral to a liver disease specialist
- History of renal disease may influence choice of regimen
- Medication history and current medications, including OTC and herbal products, may guide choice of DAA therapy
- Pregnancy status and plans: 1) HCV treatment is deferred during pregnancy; 2) Birth control use is essential during HCV treatment and for 6 months after treatment if patients are receiving RBV
- HIV infection: 1) If HIV infection is confirmed, offer patient ART; 2) If the patient is being treated with ARVs, assess potential drug-drug interactions; 3) Presence of HIV infection may influence fibrosis assessment modality, choice of treatment, duration, and monitoring
- History of infection and vaccination status:
  - HAV: Obtain HAV antibody (IgG or total)
  - HBV: Obtain HBsAg, anti-HBs, and anti-HBc (total)
  - Administer PPSV23 vaccine as follows:
    - All patients with cirrhosis, which is associated with increased susceptibility to bacterial infections
    - As indicated by the CDC/ACIP Recommended Immunization Schedule for Adults Aged 19 Years and Older
  - Annual influenza vaccine
- Cardiac status may influence choice of RBV-containing regimen, RBV dosing, or CBC monitoring frequency

PHYSICAL EXAM
- Presence of signs that suggest cirrhosis or decompensated cirrhosis and may require additional evaluation and management or treatment: ankle edema, abdominal veins, jaundice, palmar erythema, gynecomastia, spider telangiectasia, ascites, encephalopathy, asterixis
- Presence of signs related to extrahepatic manifestations of HCV, such as porphyria cutanea tarda, vasculitis, or lichen planus, may increase urgency of HCV treatment and may require additional evaluation and treatment needs
- Liver size by palpation or auscultation for hepatomegaly or splenomegaly, as well as tenderness or hepatic bruits, may suggest severity of liver disease and may require additional evaluation

LAB TESTING
- HCV RNA quantification confirms active HCV infection and determines HCV viral load
- Genotype/subtype guides choice of regimen
- CBC, from which low platelets (<140,000 platelets/μL) suggest cirrhosis and portal hypertension; anemia may necessitate choice of a regimen that does not contain RBV
- Serum electrolytes with creatinine showing marked electrolyte abnormalities may suggest decompensated cirrhosis (e.g., hyponatremia); renal function will influence choice of regimen
- Hepatic function panel: Elevated direct bilirubin suggests decompensated cirrhosis; markedly elevated transaminases may suggest comorbidities
- INR, from which elevated results suggest decompensated cirrhosis
- Pregnancy test for all women of childbearing potential: If pregnant, suggest treatment deferral
- HAV antibodies (IgG or total) are obtained; administer the full HAV vaccine series in patients not immune to HAV
- HBV antibodies (HBsAg, anti–HBs, and anti–HBc [total]) are obtained and the HBV vaccine series (0, 1, and 6 months) is given to HBV-susceptible patients (negative for all serologies)
  - In patients with positive HBsAg, perform HBV DNA testing to assess for active HBV infection
  - If HBV DNA is detectable, care providers new to HCV treatment should consult a liver disease specialist regarding treatment for HBV and HCV
- HIV test if status is unknown
- Urinalysis, from which protein may suggest extrahepatic manifestation of HCV
- Fibrosis serum markers are obtained if patient not previously evaluated by biopsy or FibroScan