

## How to Document Diagnosis and Planning for Hepatitis C in EPIC

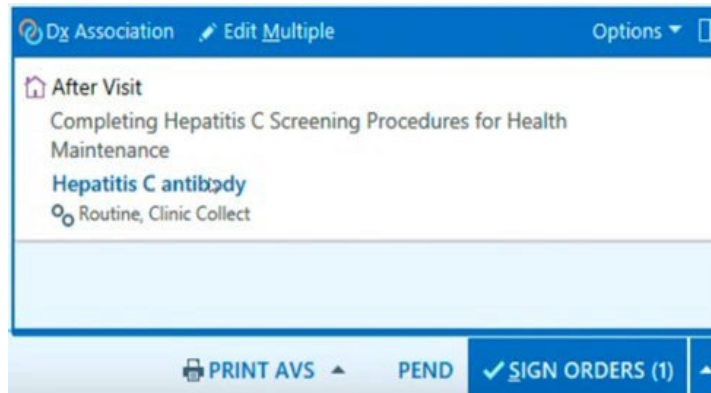
This job aid is for providers and clinical support staff involved in the diagnosis of hepatitis C and treatment planning for patients in the outpatient setting.

### How to order a hepatitis C screening

As of 2026, current U.S. national guidelines recommend universal HCV screening: screen all adults  $\geq 18$  years at least once and all pregnant persons during each pregnancy. If the patient has not been screened, see below for order placement.

To order a Hepatitis C Screening, do the following:

1. Open the patient's chart.
2. **Place order for HEPATITIS C ANTIBODY REFLEX**
3. Click **Dx Association**.
4. In the **Search for Diagnosis** field, enter *Hep C Screening*.
5. Click **Sign Orders**.



The screenshot shows the EPIC Dx Association window. The title bar includes "Dx Association", "Edit Multiple", and "Options". The main content area shows a search result for "Hepatitis C antibody" under the category "After Visit". The description is "Completing Hepatitis C Screening Procedures for Health Maintenance". The order type is "Routine, Clinic Collect". At the bottom, there are buttons for "PRINT AVS", "PEND", and "SIGN ORDERS (1)".

### Result Information

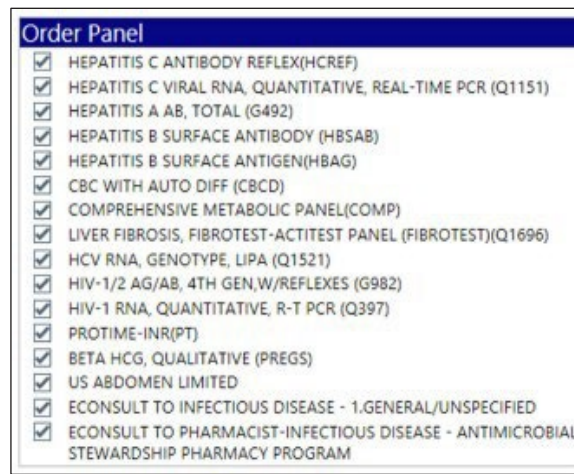
A reactive Hepatitis C Antibody Screen indicates that the patient has been exposed to Hepatitis C in the past. To confirm active infection, a **HEPATITIS C VIRAL RNA, QUANTITATIVE, REAL-TIME PCR (Q1151)** is required (in most labs it usually reflexes automatically following a positive screening).

## How to order a pre-treatment assessment for hepatitis C

Prior to initiating hepatitis C treatment, other assessments may be initiated using an order panel.

To add a pre-treatment assessment, do the following:

1. Click the preference list icon.
2. Under the Hep C panel, select the orders you want.



| Order Panel                         |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | HEPATITIS C ANTIBODY REFLEX(HCREP)   |
| <input checked="" type="checkbox"/> | HEPATITIS C VIRAL RNA, QUANTITATIVE, REAL-TIME PCR (Q1151)                             |
| <input checked="" type="checkbox"/> | HEPATITIS A AB, TOTAL (G492)   |
| <input checked="" type="checkbox"/> | HEPATITIS B SURFACE ANTIBODY (HBSAB)   |
| <input checked="" type="checkbox"/> | HEPATITIS B SURFACE ANTIGEN(HBAG)  |
| <input checked="" type="checkbox"/> | CBC WITH AUTO DIFF (CBCD)  |
| <input checked="" type="checkbox"/> | COMPREHENSIVE METABOLIC PANEL(COMP)  |
| <input checked="" type="checkbox"/> | LIVER FIBROSIS, FIBROTEST-ACTITEST PANEL (FIBROTEST)(Q1696)                            |
| <input checked="" type="checkbox"/> | HCV RNA, GENOTYPE, LIPA (Q1521)  |
| <input checked="" type="checkbox"/> | HIV-1/2 AG/AB, 4TH GEN,W/REFLEXES (G982)   |
| <input checked="" type="checkbox"/> | HIV-1 RNA, QUANTITATIVE, R-T PCR (Q397)  |
| <input checked="" type="checkbox"/> | PROTIME-INR(PT)  |
| <input checked="" type="checkbox"/> | BETA HCG, QUALITATIVE (PREGS)  |
| <input checked="" type="checkbox"/> | US ABDOMEN LIMITED   |
| <input checked="" type="checkbox"/> | ECONSULT TO INFECTIOUS DISEASE - 1.GENERAL/UNSPECIFIED                                 |
| <input checked="" type="checkbox"/> | ECONSULT TO PHARMACIST-INFECTIOUS DISEASE - ANTIMICROBIAL STEWARDSHIP PHARMACY PROGRAM |

3. Click **Accept**.

Treatment plans are initiated by clinics staff following completion of additional assessments. Based on assessment and screening results, patients may need to be referred to another department for treatment.

### Which patients should be referred to Infectious Disease or Gastroenterology?

Patients should be referred to Infectious Disease or Gastroenterology if they have one of the following:

- Positive hepatitis B surface antigen
- Positive hepatitis B core antibody
- Prior hepatitis C treatment
- Liver cirrhosis
- Current pregnancy
- Known or suspected hepatocellular carcinoma
- Prior liver transplantation

**NOTE:** A referral to Infectious Disease or Gastroenterology is not limited to these conditions.

## How to assess for liver fibrosis

Assessments for liver fibrosis are necessary to determine if patients can be treated in primary care settings. The assessments are available in the Hepatitis C order panel.

If the patient has an FIB-4 that is more than 3.25 or the liver fibrosis test is more than F2, a referral to Infectious Disease or a referral to Gastroenterology are recommended.

Liver biopsy is not always required, provided that one of the following assessments is used:

- LIVER FIBROSIS, FIBROTEST-ACTITEST PANEL (FIBROTEST) (Q1696)
- Fibrosis-4 Calculator

### Fibrosis-4 (FIB-4) Calculator

The Fibrosis-4 score helps to estimate the amount of scarring in the liver. Enter the required values to calculate the FIB-4 value. It will appear in the oval on the far right (highlighted in yellow).

Age (years) 59 x AST Level (U/L) 37

FIB-4 =  $\frac{\text{Age (years)} \times \text{AST Level (U/L)}}{\text{Platelet Count (10}^9\text{/L)} \times \sqrt{\text{ALT (U/L)}}}$  = 1.45

Platelet Count (10<sup>9</sup>/L) 248 x  $\sqrt{\text{ALT (U/L) 37}}$

Interpretation:

Using a lower cutoff value of 1.45, a FIB-4 score <1.45 had a negative predictive value of 90% for advanced fibrosis (Ishak fibrosis score 4-6 which includes early bridging fibrosis to cirrhosis). In contrast, a FIB-4 >3.25 would have a 97% specificity and a positive predictive value of 65% for advanced fibrosis. In the patient cohort in which this formula was first validated, at least 70% patients had values <1.45 or >3.25. Authors argued that these individuals could potentially have avoided liver biopsy with an overall accuracy of 86%.

## How to develop treatment planning for hepatitis C

To develop a treatment plan for hepatitis C, do the following:

1. Open the patient's chart.
2. In the **This Visit** sidebar, click the banner for medication reconciliation.
3. Complete outside medication reconciliation for the patient.
4. Click **Accept**.
5. Review the simplified treatment regimen.
  - a. In an internet browser, enter <https://www.hcvguidelines.org/>.
  - b. Use the American Association for the Study of Liver Diseases (AASLD)/ Infectious Diseases Society of America (IDSA) Guidelines to determine if

this plan is necessary for the patient.

6. Review drug interactions with the two hepatitis C drugs commonly used (Epclusa and Mavyret).
  - a. In an internet browser, enter <https://www.hep-druginteractions.org>.
  - b. Determine interactions for patient medication with Epclusa and Mavyret.

| HEP Drugs   | Co-medications   | Drug Interactions  |
|---|--|--|
| <input type="text" value="epclus"/>   | <input type="text" value="Search co-medications..."/>            | <input type="checkbox"/> Check HEP/HEP drug interactions |
| <input checked="" type="radio"/> A-Z <input type="radio"/> Indication <input type="radio"/> Trade | <input checked="" type="radio"/> A-Z <input type="radio"/> Class | Drug Interactions will be displayed here                 |
| <input checked="" type="checkbox"/> Glecaprevir/Pibrentasvir                                      | Selected Co-medications will be displayed here.                  |  |
| <input checked="" type="checkbox"/> Sofosbuvir/Velpatasvir  |  |  |

7. If significant drug interactions exist or if questions arise, consult with a clinical pharmacist for assistance.
8. Click **Notes** (see HCV Documentation Note Example)
9. Click **Accept**.
10. Click **Sign Encounter**.