Liver Cirrhosis

CHI Formulary Treatment Algorithm

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Council of Health Insurance

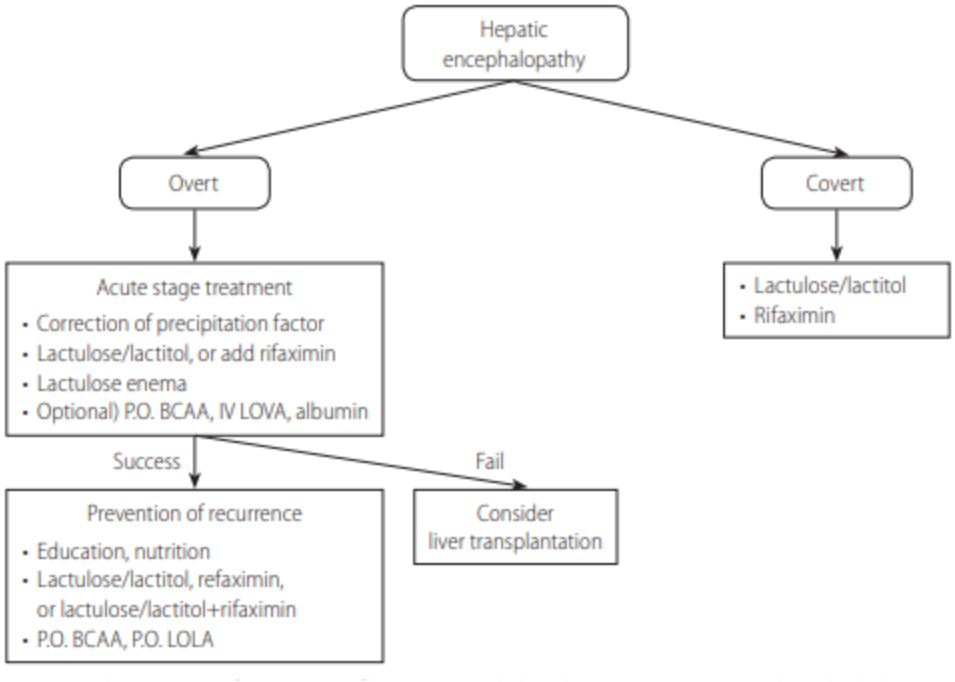
Treatment Algorithm – January 2024

Supporting treatment algorithm for Liver Cirrhosis

The figures below outline a comprehensive treatment algorithm for Liver Cirrhosis aimed at addressing the different treatment approaches after thorough review of medical and economic evidence by CHI committees.

For further evidence, please refer to CHI **Liver Cirrhosis** full report. You can stay updated on the upcoming changes to our formulary by visiting our website at https://chi.gov.sa/AboutCCHI/CCHIprograms/Pages/IDF.aspx

Our treatment algorithm offers a robust framework for enhancing patient care and optimizing treatment outcomes across a range of treatment options, holding great promise for improving healthcare delivery.



The treatment and prevention of hepatic encephalopathy

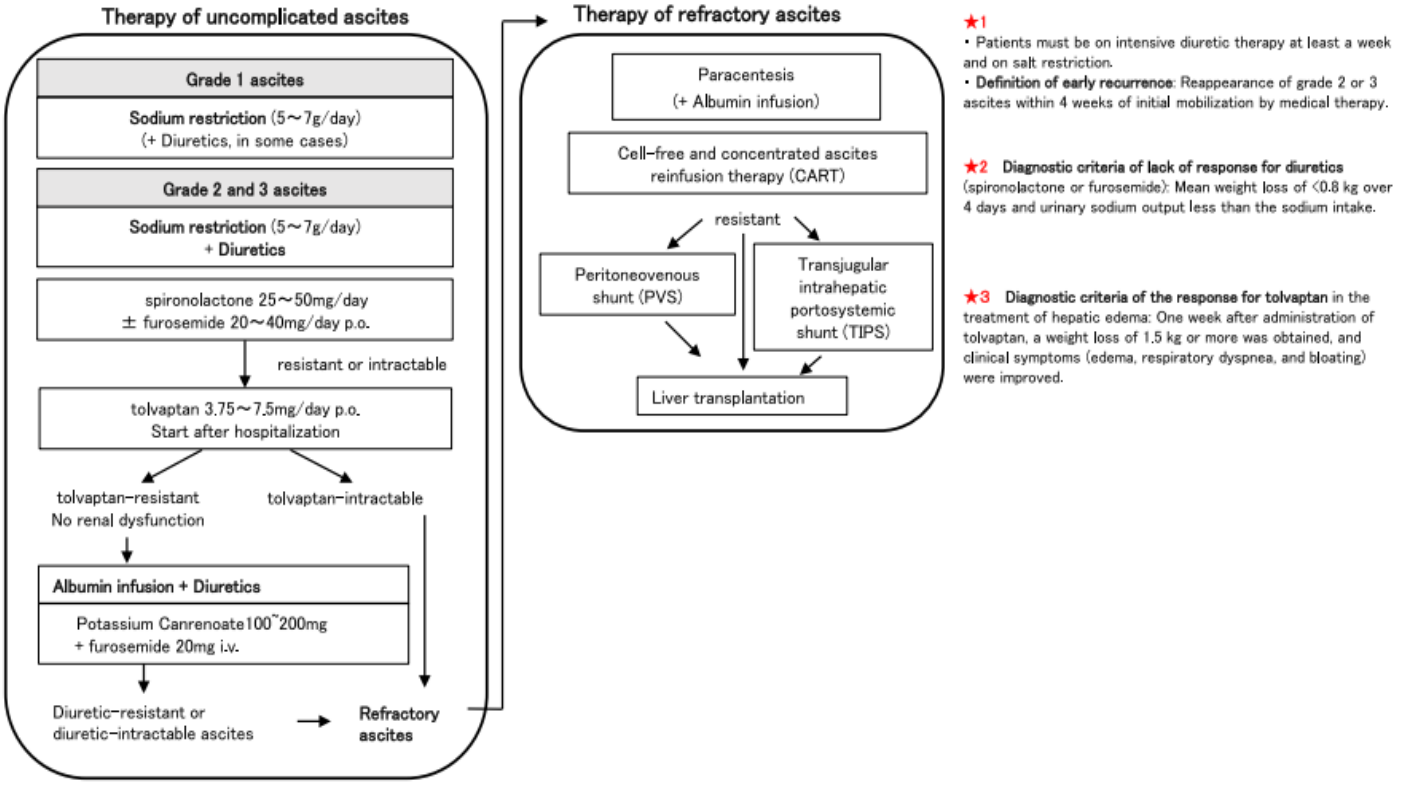
[1]

[1] **An J, Cai D, Chen G, et al. Chinese guidelines on the management of ascites and its related complications in cirrhosis. Hepatol Int. 2019;13(1). doi:10.1007/s12072-018-09923-2**

I. **Uncomplicated ascites** : Ascites without infection or hepatorenal syndrome
Grade 1: small amount of ascites that can only be diagnosed by imaging tests
Grade 2: moderate amount of ascites that can be diagnosed clearly as physical findings
Grade 3: massive ascites with abdominal distension

II. **Complicated ascites**: ★1

1. **Refractory ascites**: Ascites that cannot be mobilized or the early recurrence of which cannot be prevented by medical therapy. ★2 ★3
Diuretic-resistant ascites: Ascites that cannot be mobilized because of a lack of response to sodium restriction and diuretics or albumin infusion.
Diuretic-intractable ascites: Ascites that cannot be mobilized because of the development of diuretic-induced complications, such as impaired renal function or hepatic encephalopathy, that preclude the use of an effective diuretic dosage.



Therapeutic algorithm for cirrhotic ascites

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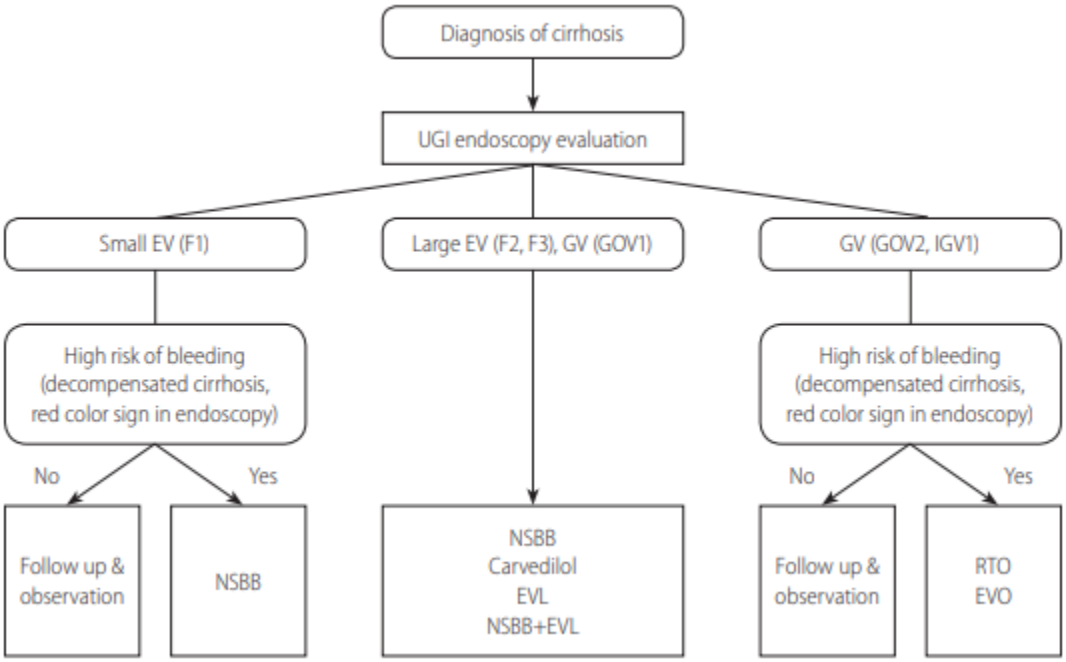
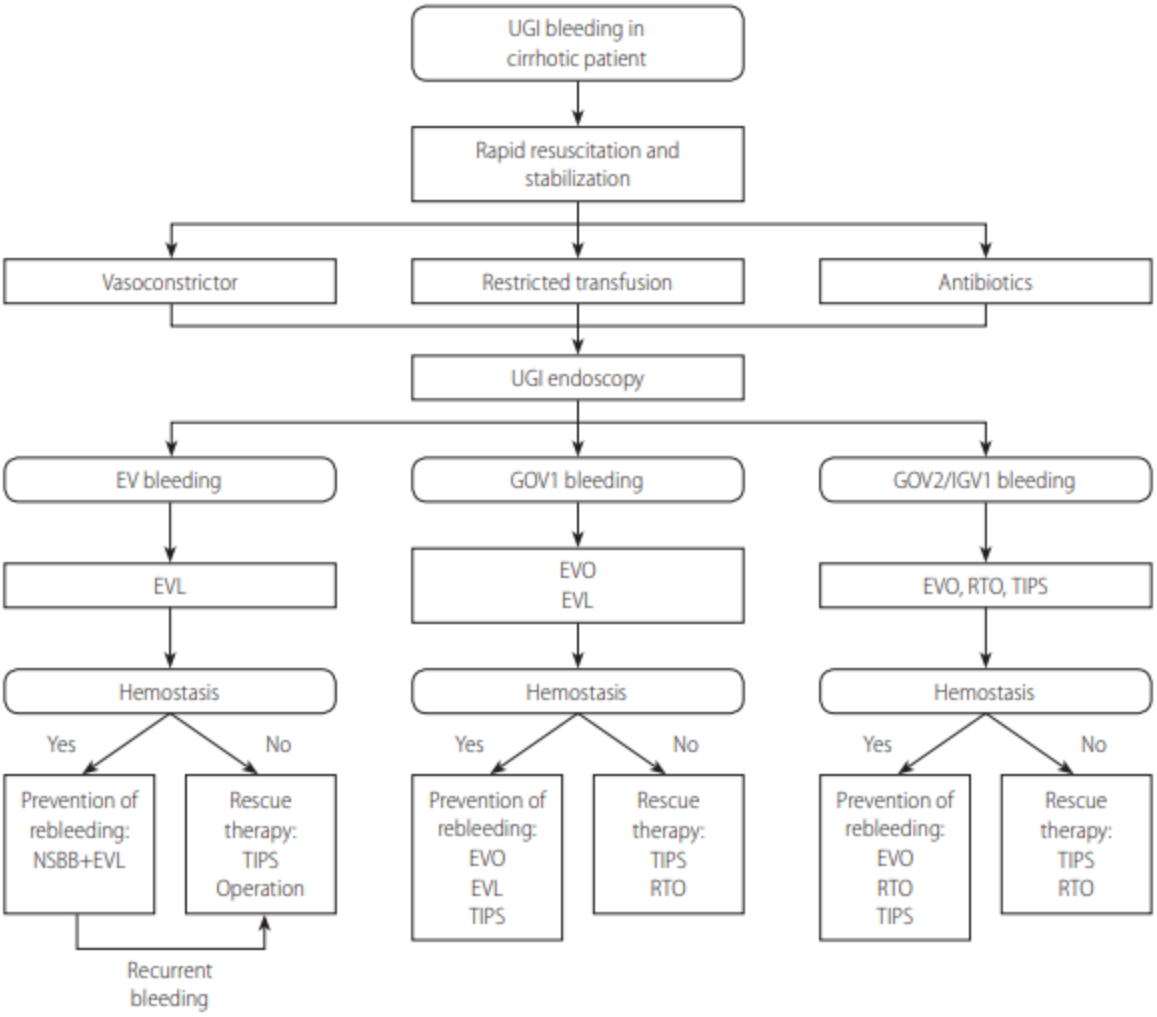
[2] Yoshiji H, Nagoshi S, Akahane T, et al. Evidence-based clinical practice guidelines for Liver Cirrhosis 2020. J Gastroenterol. 2021;56(7). doi:10.1007/s00535-021-01788-x



Primary prevention of variceal bleeding

[3]

[3] **Jang JY, Kim SG, Seo YS, et al. KASL clinical practice guidelines for liver cirrhosis: Varices, hepatic encephalopathy, and related complications. Clin Mol Hepatol. 2020;26(2). doi:10.3350/cmh.2019.0010n**



Treatment and secondary prevention of variceal bleeding

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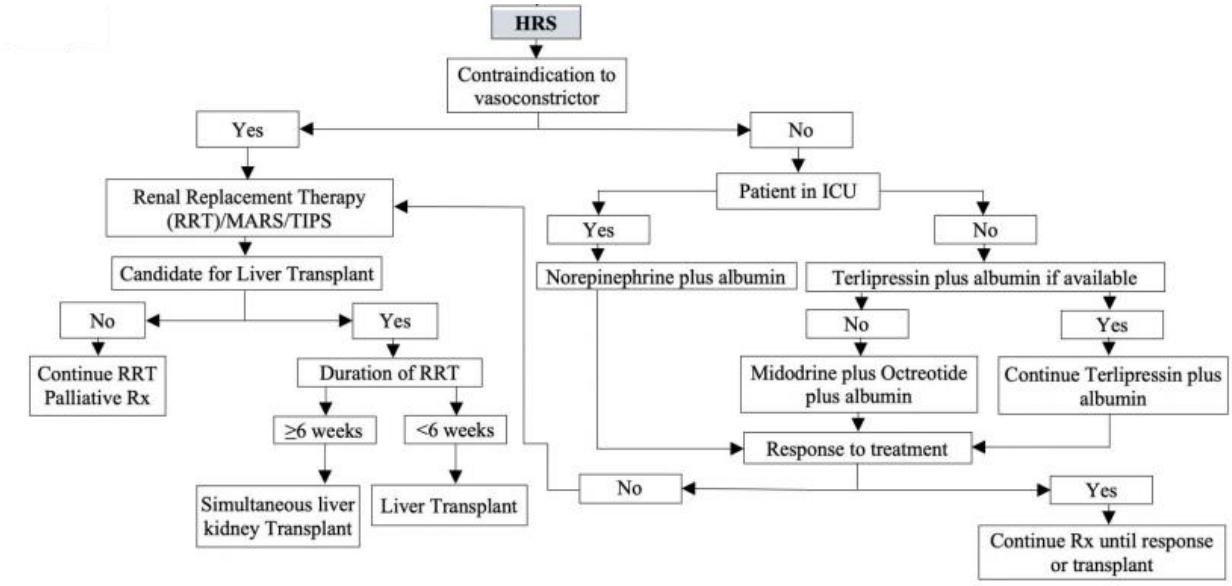
[4] Jang JY, Kim SG, Seo YS, et al. KASL clinical practice guidelines for liver cirrhosis: Varices, hepatic encephalopathy, and related complications. Clin Mol Hepatol. 2020;26(2). doi:10.3350/cmh.2019.0010n



Treatment algorithm for hepatorenal syndrome

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[5] **Hasan I, Rashid T, Chirila RM, Ghali P, Wadei HM. Hepatorenal syndrome: pathophysiology and evidence-based management update. Rom J Intern Med. 2021;59(3):227-261. doi:10.2478/rjim-2021-0006**