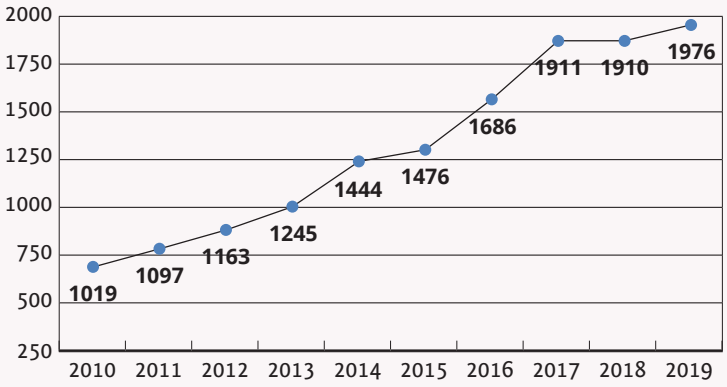
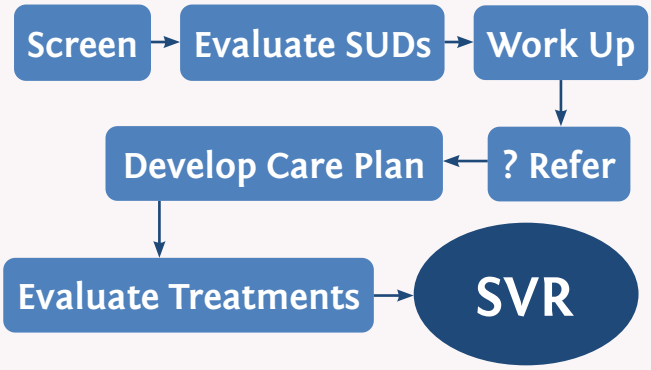
MICIS
Maine Independent Clinical Information Service

Pathway to Cure:

Simplified Treatment of Hepatitis C in Primary Care Settings

Maine Diagnosed Chronic Hepatitis C





Screen

Global HCV Screening Recs (USTFPS)

- All adults 18-79 once-if assx/no known liver dz
- Periodically if ongoing risk
- Screen younger and older if high risk
- During every pregnancy (per CDC)
- If evaluating elevated LFTs, you are no longer screening

Increased Likelihood of Spontaneous Clearance

- Jaundice
- Inc ALT
- HBsAg positive
- Younger age
- Female
- Genotype 1
- Certain host genetic polymorphisms

Develop Care Plan

Why Treat?

- Decreases the incidence of diabetes, glomerulonephritis, non-Hodgkin's lymphoma, stroke
- Can reverse: liver fibrosis & prevent cirrhosis
- Improves health outcomes—decrease: all-cause mortality, liver disease mortality, cirrhosis, hepatocellular carcinoma

Prior to Initiating Treatment

- Stage hepatic fibrosis/liver disease severity
- Educate patient on crucial importance of Rx adherence
- Evaluate contraception
- **Check drug-drug interactions**
- Consider partnering with a specialty pharmacy or clinical pharmacist

More Likely to Develop Cirrhosis

- Male
- Age >50
- Alcohol use
- NASH
- Hepatitis B/HIV co-infection
- Immunosuppressive therapy

Evaluate SUDs

QUICK FACTS

- HCV is the most common reason for liver transplant
- Tx of early disease is likely cost-effective and even possibly cost-saving
- Up to 50% of people with HCV clear the virus spontaneously
- ~50% of PWID (people who inject drugs) are infected with HCV
- Intersection of substance use disorders + HCV offers an opportunity to initiate treatment for both

Work Up

- If HCV antibody positive, check viral load
- Baseline labs within 3-6 months of starting treatment
  - Hep A & B, HIV, CBC, CMP, INR, Serum pregnancy (just prior to tx), +/- genotype
- Evaluate for advanced liver disease using serum scores or panels, possible transient elastography specific ultrasound

Counsel Patients with HCV

- Protect close contacts
- Abstain from alcohol & marijuana
- Take acetaminophen up to 2g/d as needed (if abstaining from EtOH)
- Avoid NSAIDs/certain herbals
- Strive for a healthy weight
- Provide vaccinations: Hep A,* Hep B,* Annual influenza, COVID-19, Pneumococcal**

*if nonimmune **if cirrhotic

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Evaluate Treatments

Two Primary Simplified Treatments Treat All Genotypes

- DAAs-Direct-acting antivirals
- glecaprevir/pibrentasvir (Mavyret®) x8w
- sofosbuvir/velpatasvir (Epclusa® or generic) x12w
- HA, fatigue, nausea in >10% but generally well tolerated

Cost

- Expense of tx partly offset by high liver-related healthcare expenditures later in life for those untreated
- Uninsured patients will need assistance

Monitoring during Treatment

- hypoglycemia warnings for diabetics
- increased frequency of warfarin monitoring
- review of medication adherence
- evaluation for adverse events to include weakness, nausea, vomiting, jaundice
- continue to review drug-drug interactions/new meds
- no lab monitoring required for simplified regimens

SVR
Sustained Virologic Response

Post-treatment Recommendations

- HCV viral load should be undetectable 12 weeks post completion
- No ongoing liver follow up needed (if noncirrhotic)
- If ongoing risk of HCV re-infection, check viral load annually (or if elevated LFTs)
- HCV Ab remains positive lifelong-thus check viral load
- Advise avoidance of 'excess' alcohol

Key Messages

- Screen patients for HCV
- Recognize the intersection with substance use disorders
- Work up patients who screen positive
- Decide who to refer for subspecialty care
- Develop a comprehensive care plan
- Evaluate treatment considerations

Disclaimer

These are general recommendations only; specific clinical decisions should be made by the treating healthcare provider based on an individual patient's clinical condition.

Additional Resources

- Simplified HCV Treatment Algorithm for Tx-Naïve Adults WITHOUT Cirrhosis www.hcvguidelines.org/sites/default/files/full-guidance-pdf/AASLD-IDSA_HCV-Guidance_TxN-Simplified-Tx-No-Cirr_e.pdf
- In depth treatment information: Infectious Disease Society of America www.hcvguidelines.org
- CDC Sponsored Extensive Online Training Modules-University of Washington www.hepatitisc.uw.edu/alternate

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Education Statement

This handout was created in support of accompanying live educational activities and is not independently approved for enduring credit.

For More Information

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Maine Medical Association

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