

## Hepatitis C Background

Hepatitis C Virus (HCV) has six genotypes and causes inflammation of the liver.

### Transmission

**Sexual contact:** MSM > heterosexual.

**Parenteral:** HCV is *most commonly* transmitted among IV drug users.

Perinatal transmission.

### Mucosal contact with infected blood or

**bodily fluid:** Hep C doesn't survive long on surfaces but avoid sharing razor blades, toothbrush, needles, lancets.

### Goals of Therapy

- Virological cure is typically assessed 12 weeks after the end of therapy (SVR12)
- **Prevent disease progression, transmission** and complications such as fibrosis, cirrhosis, end stage liver disease (ESLD), hepatocellular carcinoma (HCC).

## Washington Apple Health (Medicaid) Update

### Clinical Policy

- Glecaprevir-Pibrentasvir (Mavyret) treats genotypes 1-6.
- Mavyret is preferred with no prior authorization requirement (PA). Other direct-acting antivirals will require PA and will be approved only when Mavyret is not clinically appropriate.
- Anyone licensed to prescribe antiviral treatments can screen and treat Apple Health members, e.g. primary care doctors & pharmacists.
- Liver biopsy or imaging is not required.
- Test everyone 18 years and older.

### Do Not Use In

- Moderate or severe hepatic impairment (Child-Pugh class B or C\*) or history of hepatic decompensation.
- Coadministration with atazanavir or rifampin.

\*Child-Turcotte-Pugh (CTP) calculator can be found at <https://www.hepatitisc.uw.edu/page/clinical-calculators/ctp>

### Patient Population to Treat with Caution Or Seek Advice

- Co-infected with HIV and Hep C due to potential drug interactions.
- Highly recommended not to treat women currently pregnant.

### Black Box Warning

- Hep B reactivation in patients co-infected with Hep B and Hep C. Test all patients for evidence of current or prior HBV infection by measuring HBsAg and anti- HBc before initiating HCV treatment.

### Dosing

- Individuals with or without compensated cirrhosis, weighing  $\geq 45$  kg or  $\geq 12$  years of age: Three tablets with food once daily for 8 weeks. No required renal dose adjustments.

### Free Provider to Provider Consulting Service for Primary Care Providers

- The Clinical Consultation Center provides free clinical consulting services to help primary care providers manage and treat patients with Hepatitis C.
- Consultation can be initiated by filling out the following form at <http://nccc.ucsf.edu/clinician-consultation/hepatitis-c-management/>

## Who to Treat

### Chronic HCV infection

- Everyone benefits from treatment regardless of disease progression.
- Populations such as current IVDU, incarcerated individuals, or other's who continue to exhibit high-risk sexual behavior will benefit from treatment and may reduce the risk of transmission to others but are at high risk for re-infection.
- Patients who have been successfully cured of HCV remain susceptible to future HCV infections.

### Alcohol and IV Drug Usage (IVDU)

- The American Association for the Study of Liver Diseases and the Infectious Diseases Society of America (AASLD-IDSA) HCV Guidance state:
  - o Recent or active injection-drug use should not be considered a contraindication to HCV treatment; and
  - o Requirements for pretreatment screening for illicit drug or alcohol use should be discontinued.