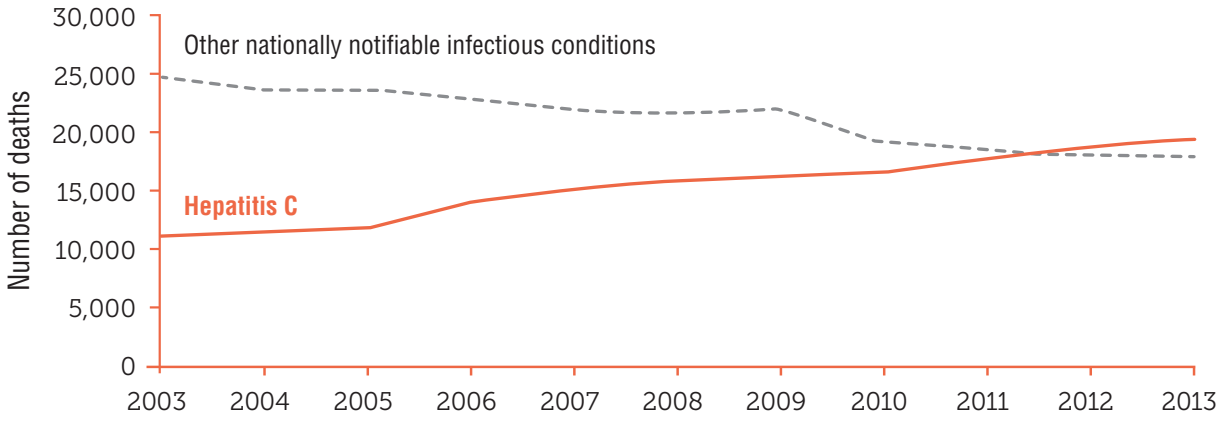
END HEP C SF

THE RAPIDLY CHANGING LANDSCAPE OF HCV

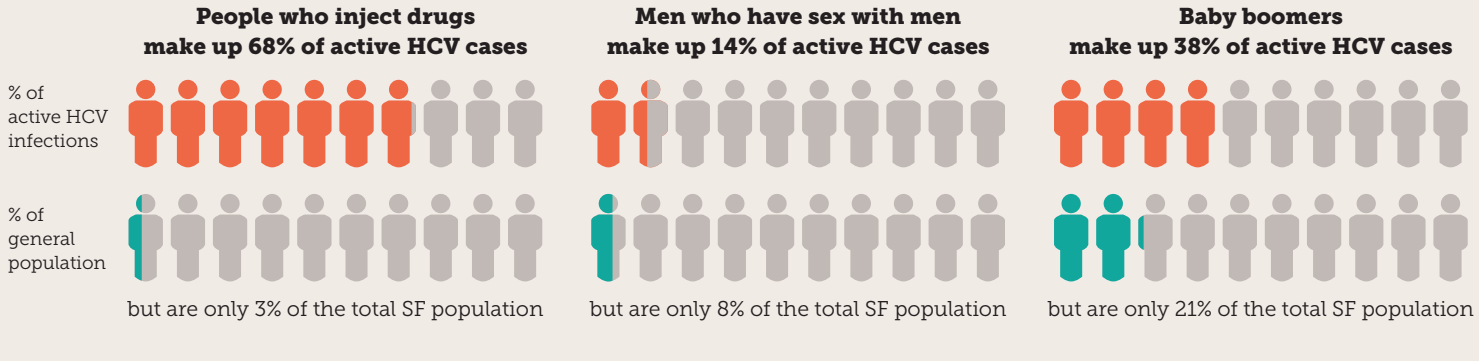
Updates and Opportunities for SF Providers to Diagnose and Cure HCV

HCV has passed all other nationally notifiable infectious diseases combined as a cause of death in the US.[1]



In San Francisco, there are an estimated 12,000 people living with active HCV infection, many of whom don't know they are infected.

Some groups of people bear a **disproportionate burden** of HCV in San Francisco.



Offer HCV testing to groups at risk of HCV:

- People with current or prior injection drug use
- Baby Boomers (born 1945-65)
- Men who have sex with men (MSM)
- People living with HIV
- Transgender women
- People with a history of incarceration

For more information, go to the San Francisco HCV Prevalence document: endhepcsf.org/wp-content/uploads/2017/09/SF-HCV-Prevalence-Estimate-Summary_revised-8.17.pdf

WHO SHOULD GET HCV TREATMENT?

According to guidelines, treatment is recommended for ALL patients with chronic HCV infection, except those with short life expectancies that cannot be remediated by treating HCV, by transplantation, or by other directed therapy. Patients with short life expectancies owing to liver disease should be managed in consultation with an expert.[2]

HCV TREATMENT IS HIGHLY EFFECTIVE AND WELL-TOLERATED

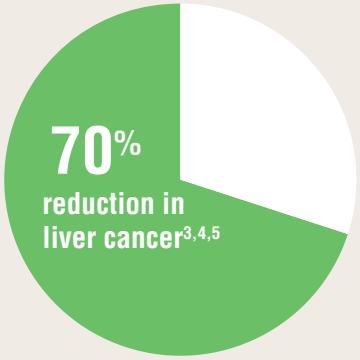
Cure is achieved in >95% of patients with 8-12 weeks of therapy

There are effective, well-tolerated all oral options for even the most hard-to-treat individuals, including those living with:

- Decompensated liver disease
- Renal Insufficiency, including hemodialysis
- HIV coinfection
- Active substance use or on opiate replacement therapy

Undetectable HCV RNA 12 weeks after completion of treatment (SVR12) indicates a cure. HCV cannot lie dormant and re-activate. However, HCV antibodies are not protective, so cured patients should be screened regularly with HCV RNA if at risk for reinfection.

BENEFITS OF TREATMENT



- **Even those with limited or no fibrosis benefit from HCV cure**, including improved life expectancy.[7,8] HCV treatment also may be more cost effective and avert more liver-related morbidity when used at early stages.[9]
- **Untreated HCV is associated with many nonhepatic comorbidities** such as insulin resistance, cryoglobulinemia, dermatologic disease, renal disease, cardiovascular disease, and fatigue. Many of these have improved with successful treatment.
- Treatment can also **prevent transmission** of HCV infection.

ACCESS TO MEDICATION IN CALIFORNIA HAS IMPROVED

Most patients can now access HCV medications through insurance, including patients with active substance use and limited fibrosis.

As of 7/2018, Medi-Cal now follows the current IDSA/AASLD HCV guidelines and covers HCV treatment *regardless of the extent of fibrosis or ongoing substance use*.[10]

AASLD/IDSA Guidelines

Recommendation for When and in Whom to Initiate Treatment
Treatment is recommended for all patients with chronic HCV infection, except those with a short life expectancy that cannot be remediated by HCV therapy, liver transplantation, or another directed therapy. Patients with a short life expectancy owing to liver disease should be managed in consultation with an expert.

HELP WITH ACCESSING MEDICATIONS

- **ADAP** will cover HCV meds **for those with HIV** without other coverage.
- **Patient assistance programs** may cover treatment for lower income patients with no insurance. See individual websites for patient assistance program criteria.
  - Gilead: mysupportpath.com
  - Merck: merckhelps.com
  - Abbvie: abbviepaf.org
- **Specialty pharmacies** have expertise to assist with submitting PAs and obtaining HCV medications. ***Note:*** Not all pharmacies stock or can fill HCV medications.
- **Resources for access to medications:**
  - PAN Foundation: panfoundation.org
  - Patient Advocate Foundation Co-Pay Assistance: copays.org

HCV Treatment 101

1 WHERE CAN MY PATIENT BE TREATED?

- **Specialty referral:** Many specialists provide HCV treatment including gastroenterologists, infectious disease physicians, addiction specialists, and many HIV providers.
- **Primary care based treatment:** HCV care can be safely provided in the primary care setting, especially for uncomplicated patients.
- **HCV patient navigators** are available to help link patients to HCV care and to support them while preparing for and completing HCV treatment: endhepcsf.org/pages/sf-work#services

2 GETTING YOUR PATIENT READY FOR TREATMENT

- Confirm chronic HCV with HCV RNA. HCV Genotype still required by some insurance, even if pangenotypic regimen used.
- For more information on baseline labs and monitoring: **hcvguidelines.org/evaluate/monitoring**
- For drug-drug interactions with HCV treatment: **hep-druginteractions.org/checker** (also with app for smartphone)

3 AFTER THE CURE

- **Let your patients know that they can be reinfected after HCV cure** and discuss ongoing risk for reinfection.
  - Common routes of reinfection include injection drug use with shared needles or injecting equipment and sexual transmission via MSM contact.
- **Screen patients at risk for reinfection with HCV RNA at least yearly**, as HCV Ab may remain positive indefinitely and is not a useful tool for screening after initial infection.

Resources

- AASLD/IDSA HCV Guidelines: hcvguidelines.org
- Clinician consultation: nccc.ucsf.edu/clinician-consultation/hepatitis-c-management
- More information: endhepcsf.org
- Peer to peer helpline: help4hep.org
- Patient information:
  - positivelyaware.com/hepatitis-c
  - hcvadvocate.org
  - projectinform.org

References

1. Ly KN, Hughes EM, Jiles RB, Holmberg SD. Rising Mortality Associated With Hepatitis C Virus in the United States, 2003-2013. *Clin Infect Dis* 2016; 62(10): 1287-8. **2.** AASLD/IDSA HCV Guidelines: hcvguidelines.org. **3.** Morgan RL, Baack B, Smith BD, Yartel A, Pitasi M, Falck-Ytter Y. Eradication of hepatitis C virus infection and the development of hepatocellular carcinoma: a meta-analysis of observational studies. *Ann Intern Med.* 2013;158(5 Pt 1):329-337. **4.** van der Meer AJ, Veldt BJ, Feld JJ, Wedemeyer H, Dufour JF, Lammert F, et al. Association between sustained virological response and all-cause mortality among patients with chronic hepatitis C and advanced hepatic fibrosis. *JAMA.* 2012;308(24):2584-2593. **5.** Veldt BJ, Heathcote EJ, Wedemeyer H, Reichen J, Hofmann WP, Zeuzem S, et al. Sustained virologic response and clinical outcomes in patients with chronic hepatitis C and advanced fibrosis. *Ann Intern Med.* 2007;147(10):677-684. **6.** Poynard T, McHutchison JG, Manns M, Trepo C, Lindsay K, Goodman Z, et al. Impact of pegylated interferon alfa-2b and ribavirin on liver fibrosis in patients with chronic hepatitis C. *Gastroenterology.* 2002;122(5):1303-1313. **7.** Jezequel C, Bardou-Jacquet E, Desille Y, Renard I, Laine F, Lelan C, et al. Survival of patients infected by chronic hepatitis C and F0F1 fibrosis at baseline after a 15 year follow-up. 50th Annual Meeting of the European Association for the Study of the Liver (EASL). 2015;:S589. **8.** McCombs JS, Tonnu-MiHara I, Matsuda T, McGinnis J, Fox S. Can hepatitis C treatment be safely delayed? Evidence from the Veterans Administration Healthcare System. 50th Annual Meeting of the European Association for the Study of the Liver (EASL). 2015;:S191. **9.** Zahnd C, Salazar-Vizcaya LP, Dufour JF, Mullhaupt B, Wandeler G, Kouyos R, et al. Impact of deferring HCV treatment on liver-related events in HIV+ patients. In Conference on Retroviruses and Opportunistic Infections (CROI) February 23-26. Seattle, WA; 2015. **10.** www.dhcs.ca.gov/Documents/DHCS_Hep_C_Policy_7_1_18.pdf