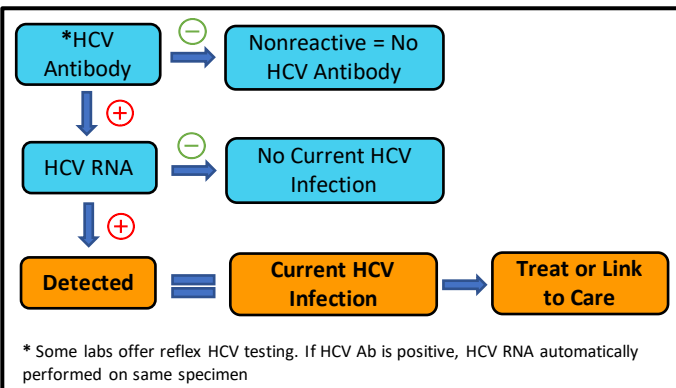


Simplified Hepatitis C Treatment in Adults: A Quick Reference for Michigan Providers

Hepatitis C Overview

Hepatitis C (HCV) is the most common bloodborne infection in the US. It has six genotypes and causes liver inflammation. Only 50% of people with HCV are aware of their status. Common risk factors for HCV acquisition include: injection drug use (most common), sexual contact (male-male sex highest risk) and perinatal transmission. **Cure rate with current direct acting antiviral (DAA) therapies is >95%.**

1. Hepatitis C Test Results



2. Assess Liver Status – Fibrosis or Cirrhosis?

Metavir score (F0 – F4): _____
Determined via:

- Calculated score (APRI, FIB-4)
 - > **APRI ≥ 2, or FIB-4 ≥ 3.25 = Cirrhosis**
- FibroScan (elastography)
 - > **kPa ≥ 12.5 = Cirrhosis**
- Serum fibrosis marker panels (Fibrosure, Fibrospect II, HepatScore). **F4 = Cirrhosis**

Clinical Calculators – <https://www.hepatitisc.uw.edu/page/clinical-calculators>

- For APRI, FIB-4, CTP online calculators
- Phone apps – MDCalc, Epocrates, etc.

Presence of Cirrhosis?

- Determine decompensated or compensated
- Need for hepatocellular carcinoma screening (HCC)
- See **Cirrhosis** and section 4. of this guide

3. Initial Labs

- HCV genotype (not needed for pangenotypic Mavyret/Epclusa)
- HCV RNA viral load (within past year)
- ALT/AST
- Bilirubin
- Albumin
- Creatinine, eGFR (within the past 6 months)
- Hemoglobin
- Platelet count
- INR (if cirrhosis)
- Hepatitis A total antibody -- if negative, vaccination recommended
- Hepatitis B surface antibody (HBsAb)
- Hepatitis B surface antigen (HBsAg) → **if positive then specialty referral**
- Hepatitis B core total antibody (HBcAb)
- HIV diagnostic test results (HIV1/2AgAb Combo)
- Pregnancy test (if childbearing potential)

Hepatitis B Serology Interpretation

HBsAg positive	Acute or chronic hepatitis B Infection
HBsAg negative HBsAb negative HBcAb negative	Susceptible to HBV Infection *vaccination recommended
HBsAg negative HBsAb positive HBcAb positive	Immune due to past infection
HBsAg negative HBsAb positive HBcAb negative	Immune due to vaccination
HBsAg negative HBsAb negative HBcAb positive	Potential risk for HBV reactivation when treating HCV. Monitor AST/ALT monthly during therapy and at SVR 12

Referral to Specialist ➡➡

- Prior HCV treatment
- HIV or HBV coinfection
- Pregnancy
- Decompensated cirrhosis
- Known/suspected hepatocellular carcinoma
- Prior liver transplantation

Cirrhosis

- If cirrhosis, check Child-Turcotte-Pugh (CTP) Score → see clinical calculators
- Compensated cirrhosis (CTP A) → still eligible for simplified treatment (AASLD)
- Decompensated cirrhosis (CTP B or C) → **refer to specialty/hepatology**

4. Hepatocellular Carcinoma Screening (HCC) Guidance

Ultrasound every 6 months for surveillance for hepatoma in patients with cirrhosis or prior cancer:

Cirrhosis presumed if FIB-4 score >3.25 or any of the following findings from a previously performed test:

- Transient elastography indicating cirrhosis (eg, FibroScan stiffness >12.5 kPa)
- Noninvasive serologic tests above proprietary cutoffs indicating cirrhosis (eg, FibroSure, Enhanced Liver Fibrosis Test, etc.)
- Clinical evidence of cirrhosis (eg, liver nodularity and/or splenomegaly on imaging, platelet count <150,000)
- Prior liver biopsy showing cirrhosis

5. HCV Treatment

Goals of Treatment

- Virologic cure: Assessed 12 weeks after completion of therapy = **Sustained Viral Response (SVR12)**
- Limit disease progression; stop transmission of HCV

Guidance for Treatment

- AASLD: Two recommended first line pangenotypic regimens for treatment naïve persons
 - glecaprevir/pibrentasvir (**Mavyret**) age ≥ 12
 - sofosbuvir/velpatasvir (**Eplusa**) age ≥ 6
- Drug interactions key to regimen selection. See *Drug-Drug Interactions* links below
- Other genotype-specific single tablet regimens available

— Glecaprevir/Pibrentasvir (Mavyret) —

- Michigan Medicaid preferred therapy without prior authorization, prescriber and sobriety requirements effective April 1, 2021
- Fixed dose tablets 100mg/40mg
- 3 tabs at same time PO qd x 8 weeks with food
- Drug interactions include but are not limited to: statins, estradiol, rifampin, carbamazepine, St. John's Wort
- Common AEs: fatigue, headache
- If age or drug interactions prohibit Mavyret's use, Eplusa and other regimens (with genotype assessment) can be used with PA from MI Medicaid

6. Monitoring During Treatment

- In-person or telehealth visits recommended during treatment to ensure adherence, monitor for side effects and review drug interactions
- Monitor for hypoglycemia in patients with diabetes, and monitor INR for people on warfarin
- Monitor AST/ALT at 8 weeks if on Zepatier
- Monitor hepatic function during therapy and at SVR 12 if abnormal at baseline. Check with expert provider or consult line if worsening
- No laboratory monitoring required for others

7. Post-Treatment Evaluation

- Hepatic function and HCV RNA 12 weeks after treatment completion
- If HCV RNA undetectable at 12 weeks post-treatment & AST/ALT normal, considered cured.
 - If not undetectable → **Referral to specialist**
- Screen with HCV RNA if ongoing risk for HCV reinfection (e.g. MSM, injection drug use)
- If ongoing drug use, consider referral to syringe service program (SSP) and medication assisted treatment (MAT) for opioid use disorder. See links in *Guidelines and References* section below

Guidelines and References

- <https://www.hcvguidelines.org/>
- <https://www.hcvguidelines.org/treatment-naive/simplified-treatment>
- <https://www.hcvguidelines.org/treatment-naive/simplified-treatment-compensated-cirrhosis>
- <https://www.hepatitisc.uw.edu/>
- <http://www.Michigan.gov/SSP>
- <http://www.Michigan.gov/opioids>

Drug-Drug Interactions

- <https://www.hep-druginteractions.org/checker>
 - Phone apps available, i.e. Liverpool HEP iChart
- <https://www.hcvguidelines.org/evaluate/monitoring#monitoring-table-ddi>

Have questions or need help? Expert HCV support is available.

Henry Ford Consultation Program - A free consultation line is available Monday-Friday 8am-5pm for all health care professionals with questions about HCV disease management and treatment.
(313) 575-0332



MATEC Michigan - Offers free HCV case-based office hours available for all health care professionals. To request an appointment with a physician specialized in HCV, please call **(313) 962-2000**. For urgent questions, including after hours and on weekends, call **(313) 408-3483**.