Simplified Hepatitis C Treatment Summary

Based on the AASLD/IDSA HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C *(including changes highlighted in the 2023 Update)*

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HCV Diagnosis and Treatment Candidates

Diagnosis of HCV Infection

HCV antibody test
↓
REACTIVE
↓
HCV RNA test
↓
DETECTED
↓
Current HCV infection

***Adapted from**: CDC. Testing for HCV infection: An update of guidance for clinicians and laboratorians. MMWR 2013;62(18)*

Goals of Therapy

- **Reduce mortality**
- **Prevent liver-related health complications**
- **Achieve sustained virologic response (SVR)**
  - Undetectable HCV RNA for at least 12 weeks after treatment completion
  - Achieving SVR = **virological cure**

Who is Eligible for Simplified Treatment?

- **Treatment-naive adult** patients without cirrhosis or with compensated cirrhosis (Child-Pugh A) who do not belong in any of the special patient groups*
- **The <u>majority</u> of patients are eligible for simplified treatment***

*The following patients are ***<u>not eligible</u>*** for simplified treatment:

- Prior hepatitis C treatment *(i.e. treatment-experienced patients)*
- HBsAg positive
- Current pregnancy
- Known or suspected hepatocellular carcinoma
- Prior liver transplantation
- Current or prior episode of decompensated cirrhosis *(Child-Turcotte-Pugh [CTP] score ≥7)*
- Cirrhosis **AND** end-stage renal disease *(eGFR < 30 mL/min/m2)*

Pre-treatment Assessment

Assess at any point prior to starting treatment

- Quantitative HCV RNA (IU/mL)
- HIV antigen/antibody
- HBV (HBsAg, anti-HBc, and anti-HBs)
- Pregnancy (serum testing)
- HCV genotype (if considering sofosbuvir/velpatasvir in a patient with cirrhosis)
- CTP score (if considering simplified treatment in a patient with cirrhosis)
- FIB-4 score
- Evidence of cirrhosis
  - Transient elastography, serologic tests, prior liver biopsy, or other clinical evidence of cirrhosis

Assess within 6 months prior to starting treatment

- Complete blood count (CBC)*
- Hepatic function panel*
- Estimated glomerular filtration rate (eGFR)*
- International normalized ratio (INR)*
- Liver ultrasound (if considering simplified treatment in an patient with cirrhosis)

**Test within 3 months prior to initiating (not within 6 months) if initiating simplified treatment in a patient with compensated cirrhosis.*

***CTP:** Child-Turcotte-Pugh*
***FIB-4:** Fibrosis-4*

Monitoring

- **No** routine **laboratory** monitoring required for most patients
- Monitor for **side effects** in all patients
- Monitor for **hypoglycemia** in patients taking **medications for glycemic control***
- Monitor for **subtherapeutic INR** in patients taking **warfarin***
- Monitor for liver injury / worsening liver tests in patients with **compensated cirrhosis**
- Assess HCV RNA (plus hepatic function in patients with cirrhosis) **<u>at least 12 weeks</u>** after treatment completion to confirm achievement of SVR

**Clearance of HCV infection may lead to changes in liver function, which may impact response to these medications*

Simplified Pangenotypic Treatment Options

Glecaprevir 100 mg / Pibrentasvir 40 mg (Mavyret)

Take **<u>3 tablets</u>** (**100 mg/40 mg x 3**) by mouth once daily **with food** for **8 weeks**

- Use with **ethinyl estradiol-containing medications** (such as combined oral contraceptives) is **not** recommended due to concerns for **ALT elevation**
- Coadministration with **statins** increases the risk for myopathy and rhabdomyolysis (fluvastatin, pravastatin, rosuvastatin, and pitavastatin may require dose adjustments; **avoid atorvastatin, lovastatin, simvastatin**)

<u>OR</u>

Sofosbuvir 400 mg / Velpatasvir 100 mg (Epclusa)

Take 1 tablet (400 mg/100 mg) by mouth once daily **with or without food** for **12 weeks**

- Test HCV genotype for patients with compensated cirrhosis; those with genotype 3 **without** NS5A resistance-associated substitution Y93H may receive 12 weeks of Epclusa
- Separate dosing from **acid-reducing agents**,
  - **Antacids:** separate from Epclusa by 4 hr
  - **H2RAs:** give simultaneously or separate from Epclusa by 12 hr; avoid doses higher than famotidine 40 mg BID (or equivalent)
  - **PPIs:** not recommended; if necessary, take Epclusa with food 4 hr before omeprazole 20 mg

Shared Counseling Points

- Store in the **original container**
- Avoid missing doses
- Common side effects are **headache** and **fatigue**
- Avoid excess alcohol use
- Risk of **HBV reactivation** in coinfected patients (during or after HCV treatment)
- **High risk for drug interactions**:
  - All direct-acting antivirals should be avoided with strong CYP3A4 inducers
  - Avoid amiodarone use with sofosbuvir-containing regimens

Check with healthcare provider before starting new meds, supplements and herbal products

Follow Up

If SVR was achieved

- No liver-related follow-up needed in patients without cirrhosis
- **Patients with cirrhosis:** monitor (ultrasound) for hepatocellular carcinoma every 6 months **AND** monitor (endoscopic surveillance*) for esophageal varices

  **Follow the AASLD's portal hypertensive bleeding in cirrhosis guidelines*
- If the patient is at **ongoing risk for HCV infection** *(e.g., IV drug use, MSM engaging in unprotected sex)* test HCV RNA **annually**

If SVR was NOT achieved

- **Refer to specialist** for evaluation for **retreatment**
- Assess for disease progression **every 6-12 months** until retreatment begins
- **Patients with cirrhosis:** ultrasound **every 6 months** for hepatocellular carcinoma

Reference: [1] The American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA). HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C. Updated October 2022.
[2] Bhattacharya D, Aronsohn A, Price J, et al. Hepatitis C Guidance 2023 Update: AASLD-IDSA Recommendations for Testing, Managing, and Treating Hepatitis C Virus Infection. Clinical Infectious Diseases. 2023:ciad319. doi:10.1093/cid/ciad319