

# We Treat Hepatitis C

## Clinical Fact Sheet

### Background

Hepatitis C, a liver infection caused by the hepatitis C virus (HCV), is transmitted primarily through parenteral exposures to infectious blood or body fluids that contain blood<sup>1</sup>. More than half of individuals who become infected with HCV will develop chronic infection; however, most people chronically infected are asymptomatic<sup>1</sup>. Over 100,000 Michiganders are known to be infected with HCV; however, national estimates indicate that only 50% of persons impacted by the virus have been tested and are aware of their infection<sup>3</sup>, suggesting that the prevalence of HCV in Michigan could be upwards of 200,000. There is no vaccine for HCV; however, in recent years, all-oral HCV direct-acting antivirals (DAAs) with cure rates greater than 95% have been developed that can cure HCV infection in as little as eight to 12 weeks<sup>2</sup>.

### We Treat Hep C Initiative

To eliminate HCV in Michigan, the Michigan Department of Health and Human Services (MDHHS) launched the We Treat Hep C Initiative on April 1, 2021, which aims to increase access to HCV treatment among Michigan Medicaid and Healthy Michigan Plan beneficiaries by removing barriers to prescribing.

#### What does this mean?

	Prior Authorization	Fibrosis Score	Recent or Current Substance Use	Specialty Prescriber	Age (years)
<b>MAVYRET</b>	Not required	Not required	Not required	Not required	3+
<b>Other non-preferred HCV DAAs</b>	Required*	Not required	Not required	Not required	Administration and dosage varies for each DAA. Please review prescribing information.

\*While prior authorization exists for non-preferred HCV DAAs, the prior authorization form has been streamlined to the [standard clinical prior authorization form](#).

### Contact Information

 [For questions, to subscribe to the We Treat Hep C listserv, or to be added to the Hepatitis C Treatment Provider Directory e-mail MDHHS-Hepatitis@Michigan.gov](mailto:MDHHS-Hepatitis@Michigan.gov)

 [For more information and resources regarding the We Treat Hep C Initiative, visit Michigan.gov/WeTreatHepC](https://Michigan.gov/WeTreatHepC)

 [For more information and resources related to harm reduction or to find a syringe service program, visit Michigan.gov/SSP](https://Michigan.gov/SSP)

# Testing Recommendations

In April 2020, the Centers for Disease Control and Prevention (CDC) released universal [HCV testing recommendations](#) which encourage HCV testing among:

- ✓ All adults aged 18 years and older, at least once in a lifetime
- ✓ All pregnant people during each pregnancy
- ✓ People with recognized conditions or exposures (one-time HCV testing)
  - People with HIV, people who ever injected or shared drug preparation equipment once or many years ago, children born to mothers with HCV infection
- ✓ People with ongoing risk factors (routine periodic testing while risk factors persist)
  - People who inject drugs or share drug preparation equipment, and people who ever receive maintenance hemodialysis
- ✓ Any person who requests it

Clinical practices and health care settings are encouraged to set up a procedure where samples that test positive through laboratory-conducted HCV antibody undergo reflexive HCV RNA testing using the same patient blood sample. HCV reflex testing is the gold standard for HCV testing as it ensures completion of the two-step testing sequence and reduces patient barriers.

## Provider Trainings and Resources

Building clinical infrastructure is critical to achieving HCV elimination. While historically HCV treatment has been limited to specialists, there is a need for non-specialists to treat HCV. Furthermore, expanding clinical capacity to include non-specialists, such as primary care and advanced practice providers, has been well-demonstrated in the literature. To support clinicians become more comfortable and confident in treating HCV in their patients, MDHHS has gathered several clinical resources:

- ✓ [Frequently Asked Questions \(FAQs\)](#)
- ✓ HCV Clinical Consultation Programs
  - [Henry Ford Health System](#) – **313-575-0332** available Monday-Friday from 8 A.M. – 5 P.M. or by [e-mail](#)
  - [Wayne State University/Midwest AIDS Training and Education Center](#) – **313-962-2000** to make an appointment for case-based office hours. Urgent questions (after hours and on weekends) call **313-408-3483**
  - [Michigan Opioid Collaborative](#) – E-mail MOC5 Project Coordinator for biweekly education and case consultation on HCV
- ✓ [WSU/MATEC Simplified Guidelines for Hepatitis C Treatment in Adults](#)
- ✓ [AASLD/IDSA Hepatitis C Treatment Algorithm for Treatment-Naive Adults Without Cirrhosis](#)
- ✓ [AASLD/IDSA Hepatitis C Treatment Algorithm for Treatment-Naive Adults with Compensated Cirrhosis](#)
- ✓ [University of Liverpool – Hep C Drug Interaction Checker Cirrhosis](#)
- ✓ [On-Demand and New HCV Webinars/Trainings](#)

## References

<sup>1</sup>Centers for Disease Control and Prevention. (2020). Hepatitis C Questions and Answers for the Public. <https://www.cdc.gov/hepatitis/hcv/cfaq.htm>.

<sup>2</sup>Fierer, D.S. & Wyles, D.L. (2020). Re-treatment of Hepatitis C Infection After Multiple Failures of Direct-Acting Antiviral Therapy. *Open Forum Infectious Disease*, 7(4). doi: 10.1093

<sup>3</sup>Yehia, B.R., Schranz, A.J., Umscheid, C.A., Lo Re, V III. (2014). The Treatment Cascade for Chronic Hepatitis C Virus Infection in the United States: A Systematic Review and Meta-Analysis. *PLoS ONE*, 9(7). doi: 10.1371