

NEW INITIATIVE: HEPATITIS C TESTING

McLaren Health Plan is working in collaboration with MDHHS to increase testing for Hepatitis C Virus (HCV) for our Medicaid members and providing resources to providers for treatment.

Earlier diagnosis, improved HCV testing, linkage to care and treatment can greatly improve HCV-related health outcomes and reduce racial disparities. As a best practice, you should screen and test members during the primary care visits.

New CDC Universal Testing Guidelines:

- **Universal hepatitis C screening:**
 - Hepatitis C screening at least once in a lifetime for **all adults** aged 18 years and older, except in settings where the prevalence of HCV infection (HCV RNA-positivity) is less than 0.1%*
 - Hepatitis C screening for **all pregnant women during each pregnancy**, except in settings where the prevalence of HCV infection (HCV RNA-positivity) is less than 0.1%*
- **One-time hepatitis C testing regardless of age or setting prevalence among people with recognized conditions or exposures:**
 - People with HIV
 - People who ever injected drugs and shared needles, syringes, or other drug preparation equipment, including those who injected once or a few times many years ago
 - People with selected medical conditions, including:
 - people who ever received maintenance hemodialysis
 - people with persistently abnormal ALT levels
 - Prior recipients of transfusions or organ transplants, including:
 - people who received clotting factor concentrates produced before 1987
 - people who received a transfusion of blood or blood components before July 1992
 - people who received an organ transplant before July 1992
 - people who were notified that they received blood from a donor who later tested positive for HCV infection
 - Health care, emergency medical and public safety personnel after needle sticks, sharps or mucosal exposures to HCV-positive blood
 - Children born to mothers with HCV infection
- **Routine periodic testing for people with ongoing risk factors**, while risk factors persist:
 - People who currently inject drugs and share needles, syringes or other drug preparation equipment
 - People with selected medical conditions, including:
 - people who ever received maintenance hemodialysis
- **Any person who requests hepatitis C testing** should receive it, regardless of disclosure of risk, because many persons may be reluctant to disclose stigmatizing risks

*Determining prevalence: In the absence of existing data for hepatitis C prevalence, health care providers should initiate universal hepatitis C screening until they establish that the prevalence of HCV RNA positivity in their population is less than 0.1%, at which point universal screening is no longer explicitly recommended but may occur at the provider's discretion.

Source: [CDC Recommendations for Hepatitis C Screening Among Adults – United States, 2020](https://www.cdc.gov/hepatitis/c/screening/adults-united-states-2020)

Resources available for HCV Treatment:

- Consulting line for all health care professionals with questions about HCV treatment. The consulting line operates from 8 a.m. to 5 p.m. daily at 313-575-0332.
- On-demand webinars, live training events, office hours and other resources for health care professionals on treating HCV, provided by the Midwest AIDS Training and Education Center (MATEC) at Wayne State University School of Medicine, Division of Infectious Diseases, available at matecmichigan.org
- Education and case consultation on HCV through Michigan Opioid Collaborative
- Additional resources at Michigan.gov/WeTreatHepC
- Providers who want to be notified of new training opportunities and events should send a request to MDHHS-Hepatitis@michigan.gov to be added to the list.
- DAAs may be dispensed in maintenance supplies (see *MI Medicaid Maintenance Drug List*). To promote medication adherence, ensure that MAVYRET is dispensed in an 8-week supply (or 12-week supply when appropriate). Providers can indicate the quantity 168 on the prescription for a 56-day supply (i.e., 8 weeks).

Hepatitis C Virus and Health Equity:

The HCV epidemic and its unchecked growth among communities of color, people who inject drugs, immigrants, justice-involved individuals and others are symptoms of larger systems of stigma and health inequity. African Americans have a chronic HCV infection rate that is 2.4 times higher than that of Caucasians. They also have a higher rate of chronic liver disease, which is often hepatitis C-related. In addition, African Americans have the highest mortality rates of liver cancer, of which HCV is a major cause. A significantly lower proportion of African Americans receive HCV confirmatory testing and genotype testing (a marker that the patient is being evaluated for treatment) compared to Caucasians.

The removal of prior authorization requirements on MAVYRET will mean that more providers will be able to prescribe it, which may help reduce health disparities. However, the significant disparity in access to health services for communities of color means further interventions are needed to address health inequity.

If you have any questions, please contact McLaren Health Plan Customer Service at 888-327-0671 (TTY: 711) for assistance.