

Under-Treatment of Chronic Hepatitis C Virus Infections

In its 2022 Hepatitis C Surveillance Report, the Center for Disease Control and Prevention (CDC) estimated that there were 93,805 cases of newly reported chronic hepatitis C virus (HCV) and 12,717 HCV-related deaths within the previous year. The World Health Organization (WHO) estimates that the risk of severe liver dysfunction (such as cirrhosis) resulting from chronic HCV infection is up to 30% in the 20 years following diagnosis.

The Infectious Disease Society of America (IDSA) and the American Association for the Study of Liver Diseases (AASLD) collaboratively published updated 2023 guidelines for the management of both acute and chronic HCV infections. Typically, chronic HCV in treatment-naïve patients can be initially treated with a twelve-week course of specific combinations of antivirals. If patients are adherent, this treatment regimen is usually curative. However, if patients are non-adherent to therapy or if treatment is significantly delayed, the patient is at high risk for long-term complications, such as viral resistance and end-stage liver disease. Therefore, the purpose of this intervention is to identify patients with a diagnosis of HCV that might be under-treated to reduce the risk of these long-term complications.

Guidelines:

[Clinical Practice Guidance for Testing, Managing, and Treating Hepatitis C Virus Infection: 2023 Update by AASLD-IDSA](#)

Intervention Summary

The following table shows a summary of the proposed intervention topics and the number of potential patients that may be targeted by each intervention. The number of potential patients is based on the most recent ICER. The actual number of targeted patients for each intervention will be based on the ICER for the month the intervention is performed.

Outcomes assessment will be completed 180 days after the intervention is performed.

Proposed Intervention Topic	MCO	FFS – Adult	FFS – Pediatric (Age <18 years)
1. Patients of any age with a diagnosis of chronic HCV in the last 180 days and the absence of HCV antiviral therapies in the last 180 days	3970	125	2 Age 0-2 years: 0 Age 3-18 years: 2

Criteria Recommendations:

Alert Message: Based on pharmacy claims history, your patient may be under-treated for hepatitis C virus (HCV). Untreated HCV can lead to significant liver damage and subsequent complications, such as fibrosis, cirrhosis, portal hypertension, hepatic encephalopathy, etc. Non-adherence to the prescribed dosing regimen may result in sub-therapeutic effects, as well as the development of viral resistance. Therefore, both untreated HCV and non-adherence to HCV therapies can lead to increased morbidity and mortality, as well as additional healthcare costs.

Population:

Inclusion: Patients of any age with a diagnosis of chronic HCV infection in the last 180 days AND with the absence of HCV antiviral therapies in the last 180 days.

Exclusion: Patients with a diagnosis of acute HCV infection.

MCO	FFS – Adult	FFS – Pediatric (Age <18 years)
3970	125	2

References:

- 1.) Centers for Disease Control and Prevention. (2024a, April 3). 2022 Hepatitis C. Centers for Disease Control and Prevention. <https://www.cdc.gov/hepatitis/statistics/2022surveillance/hepatitis-c.htm>
- 2.) World Health Organization. (2024, April 9). Hepatitis C. World Health Organization. [https://www.who.int/news-room/fact-sheets/detail/hepatitis-c#:~:text=Globally%2C%20an%20estimated%2050%20million,carcinoma%20\(primary%20liver%20cancer\)](https://www.who.int/news-room/fact-sheets/detail/hepatitis-c#:~:text=Globally%2C%20an%20estimated%2050%20million,carcinoma%20(primary%20liver%20cancer))
- 3.) Bhattacharya D, Aronsohn A, Price J, Lo Re V; AASLD-IDSA HCV Guidance Panel. Hepatitis C Guidance 2023 Update: AASLD-IDSA Recommendations for Testing, Managing, and Treating Hepatitis C Virus Infection. Clin Infect Dis. 2023 May 25:ciad319. doi: 10.1093/cid/ciad319. Epub ahead of print. PMID: 37229695.