



IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Hepatitis C Center of Excellence (COE) Admission Criteria	Guideline #	UM_OTH 14
		Original Effective Date	07/12/2018
Section	Other	Revision Date	08/08/18

COVERAGE POLICY

This guideline describes the admission criteria to the Hepatitis C Center of Excellence (COE): All Members being considered for treatment of chronic Hepatitis C Virus (HCV) infection should be referred to one of the following Hepatitis C Centers of Excellence (COE):

1. Arrowhead Regional Medical Center
2. Borrego Community Health Foundation
3. Riverside University Health System Medical Center
4. Desert AIDS Project

I. Identifying Treatment Candidates:

A. This policy applies to all IEHP Medi-Cal Members.

B. Criteria for Admission: (AASLD-IDSA, 2017)

1. Documentation of HCV infection.
 - a. Positive Hepatitis C antibody test (anti-HCV test). This is available as a laboratory-based assay or as a Point-of-Care assay.
 - b. Confirmatory HCV nucleic acid testing (NAT) to determine if positive anti-HCV test is an active infection, past infection that has resolved, or a false-positive result.
 - i. HCV NAT can confirm an active HCV infection using a qualitative assay.
 - ii. If the NAT is positive, secondary testing with a quantitative assay will provide a baseline level of viremia (i.e. viral load).
 - iii. HCV NAT is also recommended in persons with a negative anti-HCV test who are either immunocompromised or who may have been exposed to HCV within the previous 6 months since these individuals have been known to test negative.
 - c. Testing for HCV genotype, subtype and viral load should be done to guide the most appropriate treatment regimen.

II. Patient Readiness and Adherence: (DHCS 2018)

- A. Members being referred to the Hepatitis C COE should first be evaluated for readiness to initiate treatment.
- B. Members should be able and willing to strictly adhere to treatment protocols prescribed by the Hepatitis C COE provider.
- C. Caution should be exercised with patients who have a history of treatment failure with prior Hepatitis C treatment due to non-adherence with treatment regimen and appointments. Patients should be educated regarding potential risks and benefits of

hepatitis C virus therapy as well as the potential for resistance and failed therapy if medication is not taken as prescribed.

D. Treatment candidates must be at least the minimum ages approved by the FDA for use of the medication.

III. Treatment Criteria

Please refer to Pharmacy and Therapeutic Subcommittee Drug Class Prior Authorization Criteria: Hepatitis C for formulary HCV treatment regimens.

COVERAGE LIMITATIONS AND EXCLUSIONS

Member's treatment for Hepatitis C with drugs outlined in IEHP Pharmacy and Therapeutic Subcommittee's Hepatitis C Prior Authorization Policy will only be covered if prescribed and administered by a Hepatitis C COE.

Populations unlikely to benefit from HCV treatment include those with a limited life expectancy (less than 12 months) who cannot be remediated by HCV therapy, liver transplant or another directed therapy. In this group Hepatitis C virus therapy may not improve symptoms or prognosis, and so do not require treatment. For these Members, palliative care strategies should take precedence (DHCS 2018).

ADDITIONAL INFORMATION

Hepatitis C is a liver infection caused by the Hepatitis C virus (HCV). Transmission of HCV is primarily through exposure to infected blood, such as via injection drug use, blood transfusion, needlestick injuries in the healthcare setting or birth to a HCV-infected mother. For 70%–85% of people infected with HCV a long-term chronic infection develops. Chronic Hepatitis C is a serious disease that can result in liver cirrhosis, cancer and death (CDC 2015).

While the infection may make some individuals clinically ill, the majority of infected persons might not be aware that they have HCV (CDC 2015). Although there are no vaccines for HCV, there are curative treatments. The Centers for Disease Control and Prevention and the United States Preventive Services Task Force both recommend a one-time HCV test in asymptomatic persons belonging to the 1945 to 1965 birth cohort and individuals with history of exposures, behaviors and conditions that increase risk for HCV infection (e.g. end stage renal disease on hemodialysis, a history of intravenous drug use and healthcare personnel after needle sticks involving HCV-positive blood) (CMS 2014; USPTF 2013).

CLINICAL/REGULATORY RESOURCE

Centers for Medicare and Medicaid Services (CMS):

Decision Memo CAG-00436N advises primary care providers to perform HCV screening on adults who were born between 1945 through 1965 and on those who are at high risk for HCV infection. It defines "high risk" as those with a current or past history of illicit drug use, and those who have a history of receiving a blood transfusion prior to 1992.

California Department of Health Care Services (DHCS):

DHCS Treatment policy for the Management of Chronic Hepatitis C advises practitioners on baseline laboratory testing required for diagnosis, guidelines regarding treatment and choice of drug regimen, the criteria utilized to identify appropriate treatment candidates, and other considerations (e.g. screening patients for their readiness for adherence to therapy).

MCG Informed Care Strategies:

Criteria for referral of a patient from a primary care provider to a specialist is given for instances such as suspected Hepatitis C infection and a need for assistance with diagnosis and management of complications of chronic hepatitis C infection including cirrhosis or coagulopathy, or a patient identified as a member of a high-risk group (e.g. coinfection with Hepatitis B/HIV, diabetes, or immunosuppression).

Apollo Managed Care Guidelines:

Recommendations are given for when and how to test for Hepatitis C Virus in persons identified as being at risk for infection, including individuals who have a confirmed diagnosis of HIV, a history of illegal intravenous drug use and/or evidence of liver disease (e.g., persistently elevated liver function tests). Treatment is also discussed with various antiviral drug regimens listed in accordance with the latest guidelines endorsed by the American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA).

DEFINITION OF TERMS

Viral Genotype: The genetic makeup or variation of genes that make up a virus. HCV has 7 genotypes (Smith et al 2014).

Viral Subtype: Variation within a viral genotype. HCV has 67 subtypes (Smith et al 2014).

Viral Load: The measurement of the amount of a virus present. (United States Department of Veterans Affairs, 2018).

REFERENCES

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