

01

BIGG ELIMINATION TRIBUTE PROJECT | MODULE 5

Building Provider Capacity for HCV Prevention Program Integration

Treatment



Introductions

- Caring Ambassadors Program
- Jill Wolf, LCSW - Hepatitis C Program Director
- Co-created with Chicago Recovery Alliance (CRA) and adapted from a training conducted in October 2019

We are grateful to Abbvie and Gilead for their support of this training and education program. We are also thankful to the Chicago Department of Public Health by way of the Centers for Disease Control for supporting us with seed money that contributed to the initial curriculum development.



03

In honor of Dan Bigg

- Executive Director of Chicago Recovery Alliance for 25 years
- Created system for Syringe Service Program access and Naloxone Distribution
- Awarded The Norman E. Zinberg Award for Achievement in the Field of Medicine
- Fierce HCV Elimination Advocate
- Awarded 2017 Chicagoan of the Year
- Known as the 'Godfather of Naloxone'



Photo Credit: Nigel Brunson



04

Overall Project Goal

To build the capacity, confidence, and knowledge to integrate responsive hepatitis C (HCV) screening, testing, linkage-to-care/cure, and support programs into existing infrastructures.



Modules

Module 1 - Prevention & Education



Module 2 - Screening & Testing



Module 3 - Vaccination



Module 4 - Staging



Module 5 - Treatment



Module 6 - Cure



Module 7 - Wellness & Support



Treatment

The purpose of this module is to explain the HCV treatment process and clarify HCV treatment goals.



Dr. Andrew Aronsohn, MD

Associate Professor of Medicine
University of Chicago Medicine



Treatment Objectives

Participants will be able to:

- Identify opportunities for program refinement to include services that support a patients' key milestones during treatment
- List key community resources to support patients on HCV treatment
- Support patients towards meeting their HCV treatment goals

Treatment - Nothing About Us Without Us

09



1. Cirrhosis vs. non-cirrhosis
2. Treatment history
 - a. Treatment naive
 - b. previous treatment failure/non-responder
3. Genotype
4. Co-infections
 - a. HBV
 - b. HIV



1. Goals
2. Treatment with cirrhosis vs. non-cirrhosis
3. Treatment Options
4. Duration
5. Drug-Drug Interactions
6. Patient Education



12

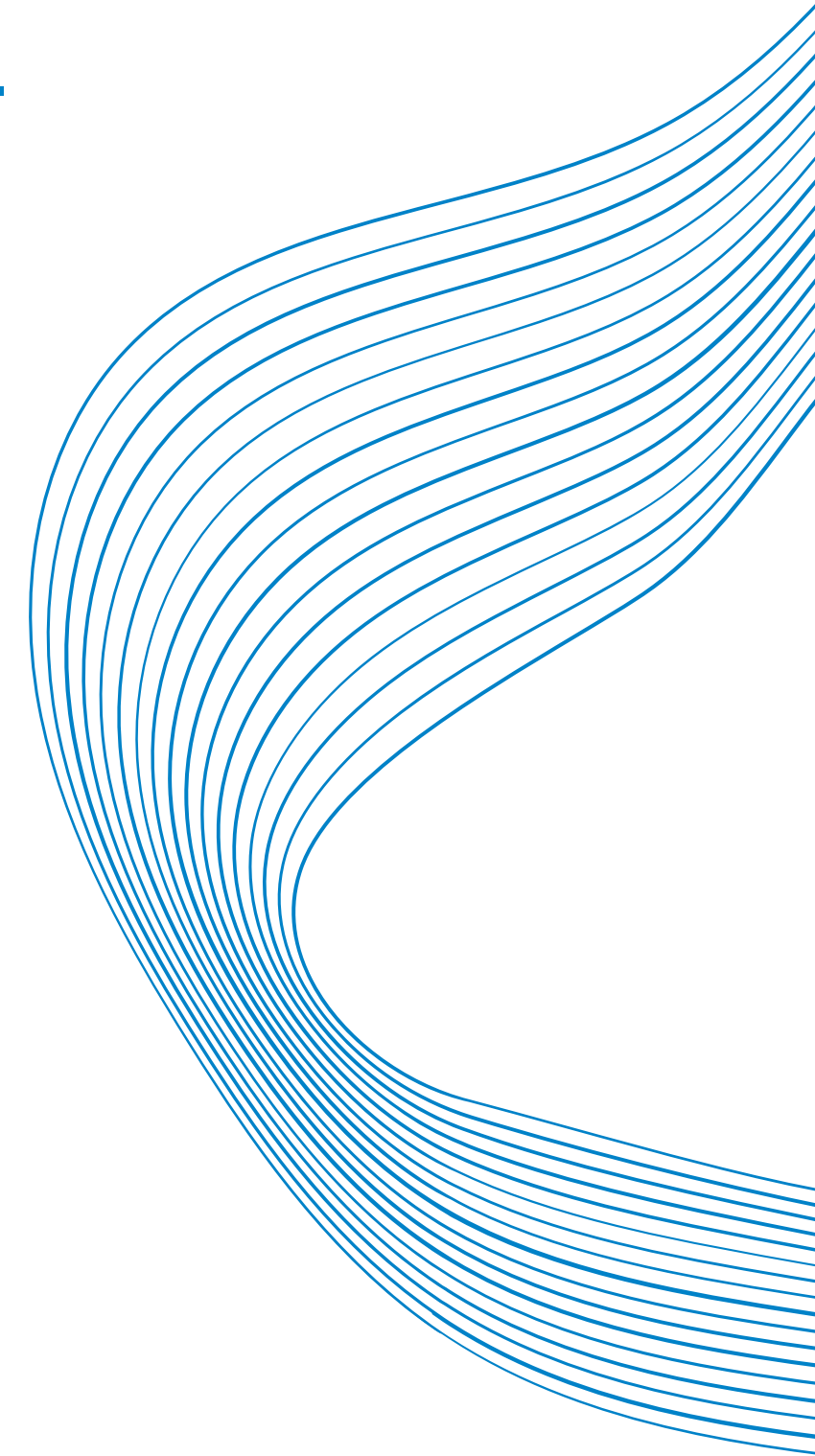
Treatment Considerations - Goals

1. 100% Adherence
2. Minimizing treatment disruptions
3. Anticipate any changes of insurance
4. Anticipate refills
5. Planning for medications during emergencies, court hearings, hospitalizations, etc.



Treatment Considerations Cirrhosis vs. Non-Cirrhosis


1. Untreated hepatitis C causes cirrhosis
2. Cirrhosis puts patients at an increased risk for liver cancer (HCC)
3. Treatment Urgency
 - a. treat to avoid cancer/HCC and decompensation
4. Decompensated patients should be referred to a transplant center



Treatment Considerations - Available DAAs


DAA Class	Sofosbuvir/Velpatasvir	Sofosbuvir/ Ledipasvir	Sofosbuvir/ Velpatasvir / Voxilaprevir	Elbasvir/ Grazoprevir	Glecaprevir/ Pibrentasvir
Protease Inhibitor			X	X	X
NS5A inhibitor	X	X	X	X	X
Nucleoside Polymerase Inhibitor	X	X	X		

hcvguidelines.org




AASLD
AMERICAN ASSOCIATION FOR
THE STUDY OF LIVER DISEASES

HCV Guidance: Recommendations for
Testing, Managing, and Treating
Hepatitis C



IDSA
Infectious Diseases Society of America

[Home](#) [Test, Evaluate, Monitor](#) [Treatment-Naïve](#) [Treatment-Experienced](#) [Unique & Key Populations](#) [About](#)



New and updated:

[HCV in Correctional Settings](#)
HCV infection disproportionately affects individuals in correctional institutions.

Search the Guidance

Recent Announcements

24
May

What's New, Updates, and Changes to the Guidance

Start Here: Choose a patient profile from the menu above. ↑

Welcome to HCVGuidelines.org

The AASLD and IDSA in partnership with the panel have created an updated web experience to facilitate easier and faster access to this important resource. Please select a patient profile from the menu above, click on a guidance section below, or use the search box to begin.

[+ Contents and Introduction - Select a Page](#)

[+ Testing, Evaluation, and Monitoring of Hepatitis C - Browse Topics](#)

[+ Initial Treatment of HCV Infection - Choose Patient Genotype](#)

[+ Retreatment of Persons in Whom Prior Therapy Has Failed - Choose Patient Genotype](#)

[+ Management of Unique & Key Populations - Review Recommendations](#)

1. Nearly 100% efficacy
2. All treatments either 8 or 12 weeks
3. Well-tolerated & Safe
4. Easily cured by primary care providers

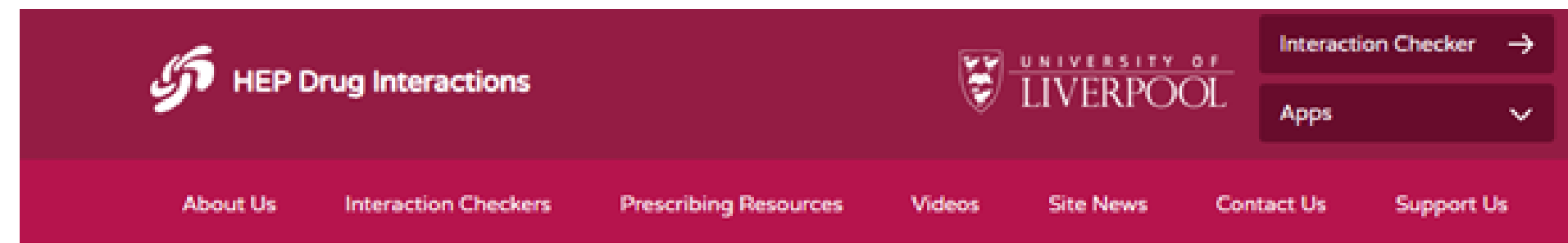


17

Treatment Considerations - Drug-Drug Interactions

1. University of Liverpool Hep Drug Interactions -

a. <https://www.hep-druginteractions.org/>



Having trouble viewing the interactions? Click here for the Interaction Checker Lite.

HEP Drugs	Co-medications	Drug Interactions
<input type="text" value="Search HEP drugs..."/>	<input type="text" value="Search co-medications..."/>	<input type="checkbox"/> Check HEP/ HEP drug interactions
<input checked="" type="radio"/> A-Z <input type="radio"/> Indication <input type="radio"/> Trade	<input checked="" type="radio"/> A-Z <input type="radio"/> Class	Drug Interactions will be displayed here
Selected HEP Drugs will be displayed here.	Selected Co-medications will be displayed here	
<input type="checkbox"/> Adefovir ⓘ	<input type="checkbox"/> Abacavir ⓘ	
<input type="checkbox"/> Daclatasvir ⓘ	<input type="checkbox"/> Abiraterone ⓘ	
<input type="checkbox"/> Elbasvir/Grazoprevir ⓘ	<input type="checkbox"/> Acalabrutinib ⓘ	
<input type="checkbox"/> Entecavir ⓘ	<input type="checkbox"/> Acamprosate ⓘ	
<input type="checkbox"/> Glecaprevir/Pibrentasvir ⓘ	<input type="checkbox"/> Acarbose ⓘ	
<input type="checkbox"/> Lamivudine (HBV) ⓘ	<input type="checkbox"/> Acebutolol ⓘ	



Treatment Considerations - Drug-Drug Interactions Sofosbuvir/Velpatasvir

Interaction	Therefore
Antacid	separate administration by 4 hours
H ₂ receptor antagonists	administer simultaneously or 12 hours apart; do not exceed doses comparable to famotidine 40mg BID
PPI	co-administration not recommended
Amiodarone	co-administration not recommended
Warfarin	frequent INR monitoring required
Anticonvulsants	co-administration not recommended
Antimycobacterials	co-administration not recommended
Digoxin	increase in digoxin levels, monitor digoxin levels
St. John's Wort	co-administration not recommended
Atorvastatin & rosuvastatin	dose adjustment required; increase risk of myopathy and rhabdomyolysis



Treatment Considerations - Drug-Drug Interactions Sofosbuvir/Ledipasvir

Interaction	Therefore
Antacid	separate administration by 4 hours
H ₂ receptor antagonists	administer simultaneously or 12 hours apart; do not exceed doses comparable to famotidine 40mg BID
PPI	co-administration not recommended
Amiodarone	co-administration not recommended
Warfarin	frequent INR monitoring required
Anticonvulsants	co-administration not recommended
Antimycobacterials	co-administration not recommended
Digoxin	increase in digoxin levels, monitor digoxin levels
St. John's Wort	co-administration not recommended
Atorvastatin & rosuvastatin	dose adjustment required; increase risk of myopathy and rhabdomyolysis



Treatment Considerations - Drug-Drug Interactions Elbasvir/Grazoprevir

Interaction	Therefore
Ketoconazole	co-administration not recommended
Rifampin	co-administration not recommended
Cyclosporine	co-administration not recommended
Tacrolimus	co-administration not recommended
Anticonvulsants (carbamazepine, phenytoin)	co-administration not recommended
Modafanil	co-administration not recommended
St. John's Wort	co-administration not recommended
HMG-CoA Reductase Inhibitors	Increased statin levels expected - Atorvastatin - max dose of 20mg/day - Rosuvastatin max dose of 10mg/day - Fluvastatin start at 20mg/day and titrate up - Lovastatin start at 20mg/day and titrate up - Simvastatin start at 10mg/day and titrate up



Treatment Considerations - Drug-Drug Interactions Glecaprevir/Pibrentasvir

Drug Interaction	Therefore
Digoxin	increased digoxin levels, reduce digoxin dose 50%
Dabigitran	Dose adjustment may be necessary
Rifampin	co-administration not recommended
Ethinyl estradiol	co-administration not recommended
Anticonvulsants	co-administration not recommended
Cyclosporine	co-administration not recommended if cyclosporine dose is greater than 100mg/daily
St. John's Wort	co-administration not recommended
HMG-CoA Reductase Inhibitors	<ul style="list-style-type: none"> - Atorvastatin - co-administration not recommended - Lovastatin - co-administration not recommended - Simvastatin - co-administration not recommended - Fluvastatin - monitor closely for statin toxicity - Pitavastatin - monitor closely for statin toxicity - Pravastatin - decrease pravastatin dose by 50% - Rosuvastatin - max dose 10mg/day



Drug Name	Interaction
Glecaprevir/pibrentasvir	Avoid use with efavirenz, etravirine, nevirapine, lopinavir, atazanavir, ritonavir, darunavir, and cobicistat-containing medications
Elbasvir/grazoprevir	Avoid use with atazanavir, darunavir, efavirenz, elvitegravir, etravirine, nevirapine, ritonavir, tipranavir, and cobicistat-containing medications
Daclatasvir	<ul style="list-style-type: none">- Requires dose adjustment (decrease to 30mg/day) with ritonavir-boosted atazanavir or cobicistat-boosted atazanavir- Requires dose adjustment (increase to 90mg/day) with efavirenz or etravirine
Many HCV regimens will NOT require adjustments in HIV therapy	
Switches in HCV or HIV medications should be done in collaborating with HIV provider	



1. Educate on the purpose of treatment and goals
2. Instruct on HOW to take medications
3. Discuss drug-drug interactions
 - a. includes over-the-counter medications
4. Explain refill process



1. Pan-genotypic regimens
2. Shorter duration of treatment
3. Few to no side effects



1. www.HCVGuidelines.org
2. AASLD - American Association for the Study of Liver Disease
3. IDSA - Infectious Disease Society of America
4. Caring Ambassadors Discussion Point
<https://hepcchallenge.org/discussion-point/>
5. SAMHSA TIP Manuals
6. University of Washington - <https://www.hepatitisc.uw.edu/>



In conclusion...

26

What's Next?

- Next Module is: Cure
- About 1 hour/1 CEU
- The purpose of the next module is to inform participants of the true definition of HCV cure and vital programmatic steps to maximize opportunities for cure

Obtaining CEU's & Attendance Certificates

- *Don't forget* to take the pre and post-test surveys to receive CEU's or Certificates of Completion!

Access to Tools

Access to tools, resources, slides, and activities can all be found at
<https://hepcchallenge.org/bigg/>

Questions?

BiggInfo@CaringAmbassadors.org

