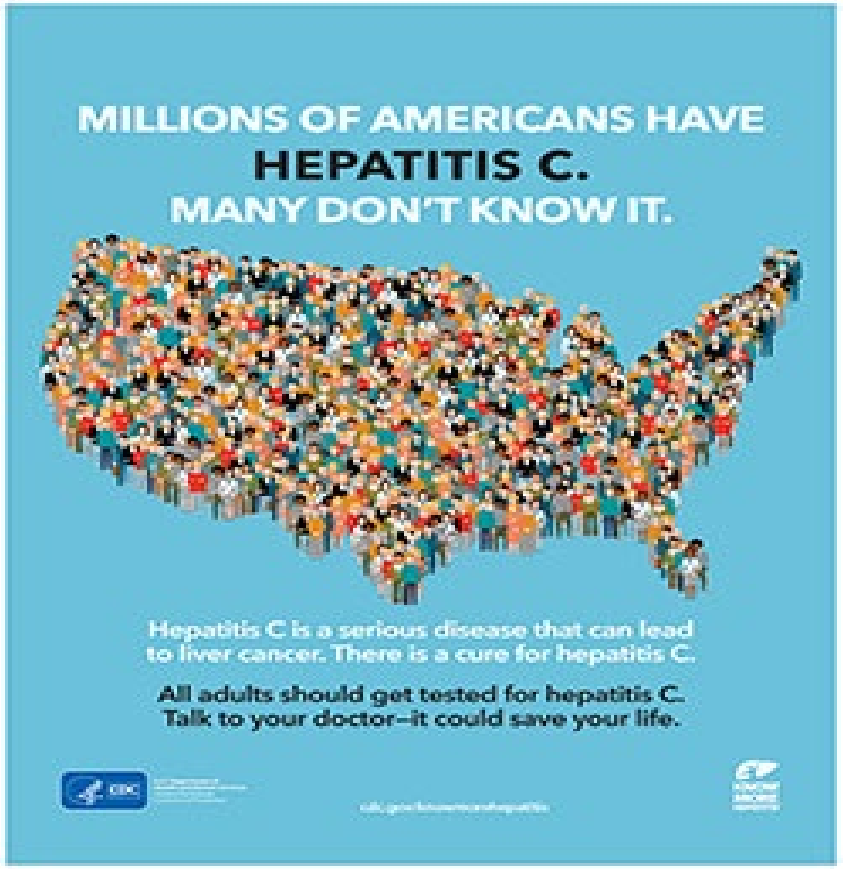
Hep C/HHARM ECHO

Authorized Generic Epclusa in special populations: Focus on PWIDs, incarcerated and caring for those with housing insecurity

AUTHORIZED GENERIC EPCLUSA IN SPECIAL POPULATIONS



AUTHORIZED GENERIC EPCLUSA IN SPECIAL POPULATIONS

- Generic Epclusa is a great HCV treatment option for Underserved Groups
- Epclusa (sofosbuvir/velpatasvir) is a one-pill, once-daily regimen X 12 weeks
- Treats all genotypes of HCV without the need for pre-treatment genotypic testing
- Can be taken with or without food
- Minimal interactions with other medications
- Safe, well tolerated, few side effects, very forgiving when doses missed

SPECIAL POPULATION: PEOPLE WHO INJECT DRUGS (PWID) Prevalence

Prevalence

- IV drug use (IVDU) is the most common risk factor for HCV infection-accounts for 70% of new HCV infections
- First few years after starting IVDU is a high risk period-the rate of contracting HCV infection can exceed 40% (Maher, 2015)

SPECIAL POPULATION: PEOPLE WHO INJECT DRUGS (PWID)

- **Current guidelines recommend that active IV drug use should not exclude patients from HCV treatment**

- **Use of medications for opioid use disorder should not exclude from treatment**

Within the first 3 years of initial infection

Each person with HCV who injects drugs is likely to infect ~20 people[5,c]

[c]Based on the 2021 NIH National Institute on Drug Abuse Heroin Research Project.[5]

Retrieved on 12/19/24 from: [HCV Diagnosis | EPCLUSA® (sofosbuvir/velpatasvir) Official HCP Site]

SPECIAL POPULATION: PEOPLE WHO INJECT DRUGS (PWID)

How do we get these patients treated?

Integrating care into settings where PWID frequent:

- Substance use disorder treatment programs
- Needle/syringe service programs
- Acute detoxification programs
- Correctional settings
- Inpatient mental health centers
- Mobile clinics
- PCP providers

SPECIAL POPULATION: PEOPLE WHO INJECT DRUGS (PWID)

Other strategies to increase access to HCV testing/treatment:

- Multidisciplinary care-manage social, psychiatric/medical co-morbidities
- Non judgmental atmosphere
- Anonymity
- Community worker presence

SPECIAL POPULATION: PEOPLE WHO INJECT DRUGS (PWID)

RECOMMENDATIONS FOR SCREENING AND TREATMENT OF HCV INFECTION IN PEOPLE WHO INJECT DRUGS (PWID)

RECOMMENDED
Annual HCV testing is recommended for PWID with no prior testing, or past negative testing and subsequent injection drug use. Depending on the level of risk, more frequent testing may be indicated.
Substance use disorder treatment programs and needle/syringe exchange programs should offer routine, opt-out HCV-antibody testing with reflexive or immediate confirmatory HCV-RNA testing and linkage to care for those who are infected.
PWID should be counseled about measures to reduce the risk of HCV transmission to others.
PWID should be offered linkage to harm reduction services including intranasal naloxone, needle/syringe service programs, medications for opioid use disorder, and other substance use disorder treatment programs.
Active or recent drug use or a concern for reinfection is not a contraindication to HCV treatment.

SPECIAL POPULATION: PEOPLE WHO INJECT DRUGS (PWID)

Harm Reduction

Syringe Service Programs are community-based prevention programs-associated with an estimated 50% reduction in HIV and HCV incidence.

- Access to sterile syringes and disposal of used injection equipment.
- Testing and vaccination for infectious diseases.
- Linkage to treatment for infectious diseases.
- Linkage to treatment for substance use disorder.

Nearly 30 years of research show that comprehensive SSPs are safe, effective, and cost-saving, do not increase illegal drug use or crime, and play an important role in reducing the transmission of viral hepatitis, HIV, and other infections.

SPECIAL POPULATION: INCARCERATED

There is a close relationship between injecting drugs, imprisonment and Hepatitis C virus (HCV) infection.

15.2% of the US prison population is HCV seropositive and 8.7% is viremic; 54.9% of seropositive persons have detectable RNA. (CDC-Sep 13, 2023)

SPECIAL POPULATION: INCARCERATED

The CDC recommends:

- Universal opt-out screening and treatment for HCV in correctional/jail settings

The Federal Bureau of Prisons recommends:

- repeat testing upon request

SPECIAL POPULATION: INCARCERATED

- Prison provides a unique opportunity to treat hepatitis C in patients who may have little contact with health services in the community

- Diagnosing and treating patients at the earliest possible stage, saves lives and prevents transmission within both the prison setting and in the wider community

- Global research and evaluations suggest that in-prison hepatitis treatment programs are both an efficient and cost-effective way for treating large groups of people

SPECIAL POPULATION: INCARCERATED

GOALS

- Improve public health and health equity
- Reduce ongoing HCV transmission
- Reduce the incidence of advanced liver diseases
- Reduce death from liver disease

SPECIAL POPULATION: INCARCERATED

BARRIERS TO TREATMENT WHILE INCARCERATED

- Cost of therapy
- Limited clinician capacity
- Lack of perceived expertise among clinicians
- time constraints (e.g., inability to complete treatment before release)

SPECIAL POPULATION: HOMELESS

People experiencing homelessness:

- Have an increased risk of hepatitis C virus (HCV) infection, with rates higher than the general population
- The estimated prevalence of hepatitis C virus (HCV) infection in homeless persons is 12 to 42 percent (uptodate)
- Their access to HCV diagnosis is limited and treatment uptake is low.

SPECIAL POPULATION: HOMELESS

Generic Epclusa is:

An effective treatment option for the homeless population due to its high cure rate even among individuals with unstable housing and a history of injection drug use

SYMPLIFY Study-103 participants all with recent IVDU (within 6 months) and 24% were unstably housed. There was 100% SVR in the modified intention to treat analysis where they left out the 4 that were lost to follow up, 1 that had an opioid overdose death and 1 with relapse.

SPECIAL POPULATION: HOMELESS

CHALLENGES:

- Access: Low access to diagnosis and treatment
- Social stigma: Stigma against people experiencing homelessness
- System barriers: Logistics of booking appointments and workforce constraints at homeless shelters
- Individual factors: Precarious living conditions, competing priorities, limited knowledge and misconceptions about HCV

SPECIAL POPULATION: HOMELESS

Recommendations for persons experiencing homelessness:

- Every patient encounter should include a risk factor assessment and testing for HCV and HIV as indicated
- Primary care providers should treat Hepatitis C for patients experiencing homelessness unless referral is indicated given the severity of the disease
- Hepatitis C treatment should be individualized and include a model of shared decision making
- HCV care should be integrated to include harm reduction services, substance use treatment, behavioral health, and treatment of comorbidities or other co-occurring conditions
- Community partners (shelters, transitional living facilities, etc.) should be engaged in care coordination to assist patients in treatment completion
- Utilize peer education and peer advocates to reduce stigma and support engagement with treatment
- Address stigma and misinformation of HCV and treatment costs and perceived barriers to care with patients and community partners

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LOUISIANA DEPARTMENT OF HEALTH
STD/HIV/Hepatitis Program

Project ECHO

Case Study

26 year old female-new to inpatient rehab. IV drug use-uses 3 grams heroin daily. Detox protocol-suboxone.

History: seizures (last seizure 6 months ago)

Exam: No abnormal findings

Medications: birth control, Keppra 1000 mg po bid, Trazedone 100 mg q hs

Intake lab included:

HCV quantitative-120, 000

Ast/Alt-14/20 T Bil-0.9 Albumen 4.1 RPR-1:16

Platelets-234 HIV-negative HBsAg-negative Pregnancy-negative

She is admitted for a 1 month program. What would you do for this patient?

Case Study

53 year old incarcerated in parish prison. He has 3 months left on his sentence.

Medical history: HTN, HLD, CAD with stent, DM, IVDU X 20 years (last use 3 month)

Medications: Plavix 75 mg po daily, Crestor 10 mg po daily, ASA 81 mg po daily, metoprolol ER 25 mg daily, Lisinopril 20 mg po daily, Metformin 1000 mg po bid, Prozac 20 mg daily

Patient was sent to ER for C/O abdominal pain-was discharged with DX of gastritis

Ultrasound abdomen was negative but a Hepatitis Panel was done

HCV quantitative-1,000, 000 AST-86 Alt-148 Plateletes-173

APRI-1.27 Fib 4-1.65

Exam was normal-no ascites, edema, not jaundice

What would you do with this patient?

QUESTIONS?