

# Participant Choice:

Review Indications, Contraindications and Treatment for HCV

Common Pitfalls, Treatment Interruptions, Approach to Re-infection

Roundtable Discussion  
Hawai`i Hepatitis C ECHO  
NOVEMBER 20, 2023



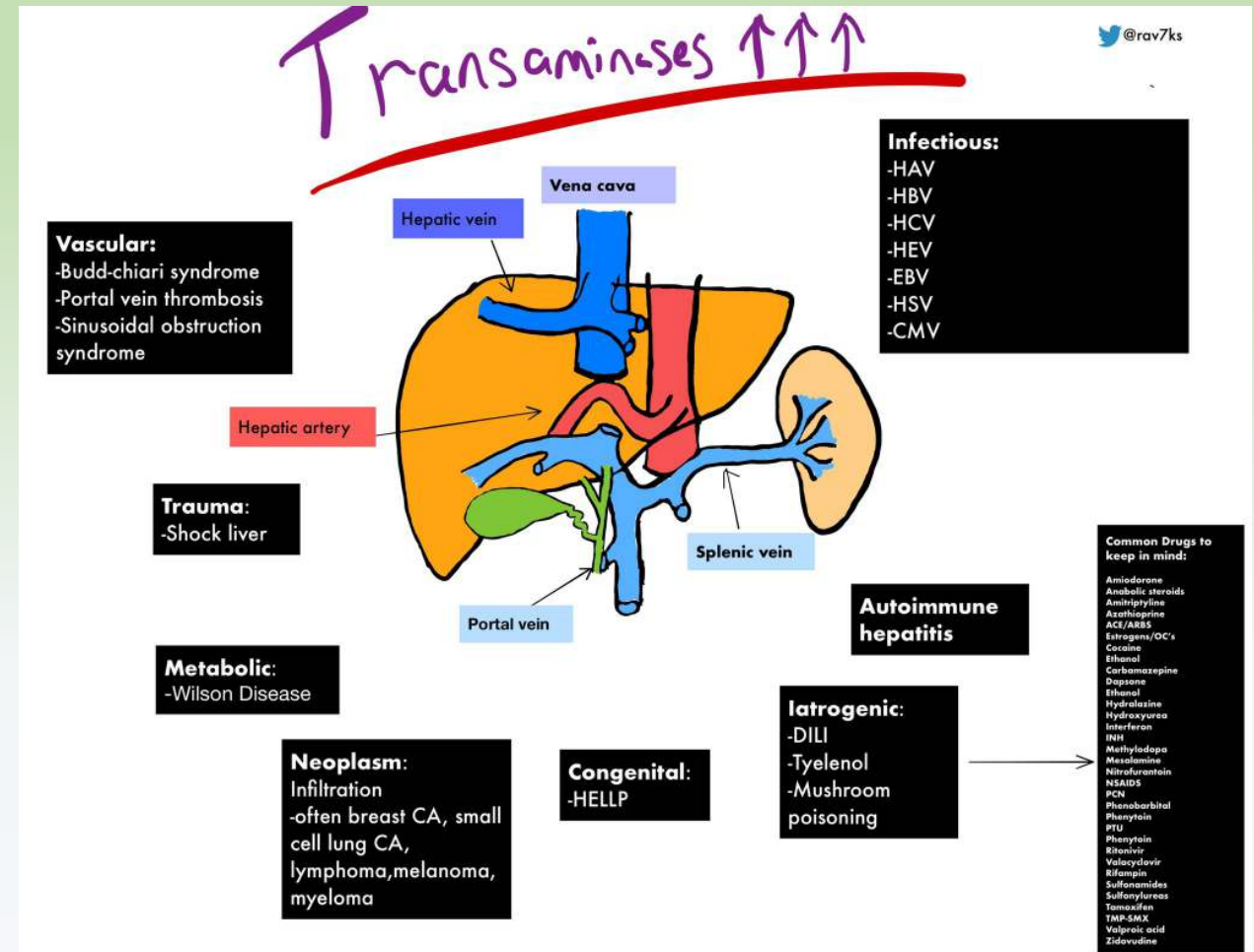
# What do I do when my patient falls out of care? For example they take 1 week; versus 4 weeks of Mavyret or Epclusa

- Prompt: AASLD returning to care guidelines



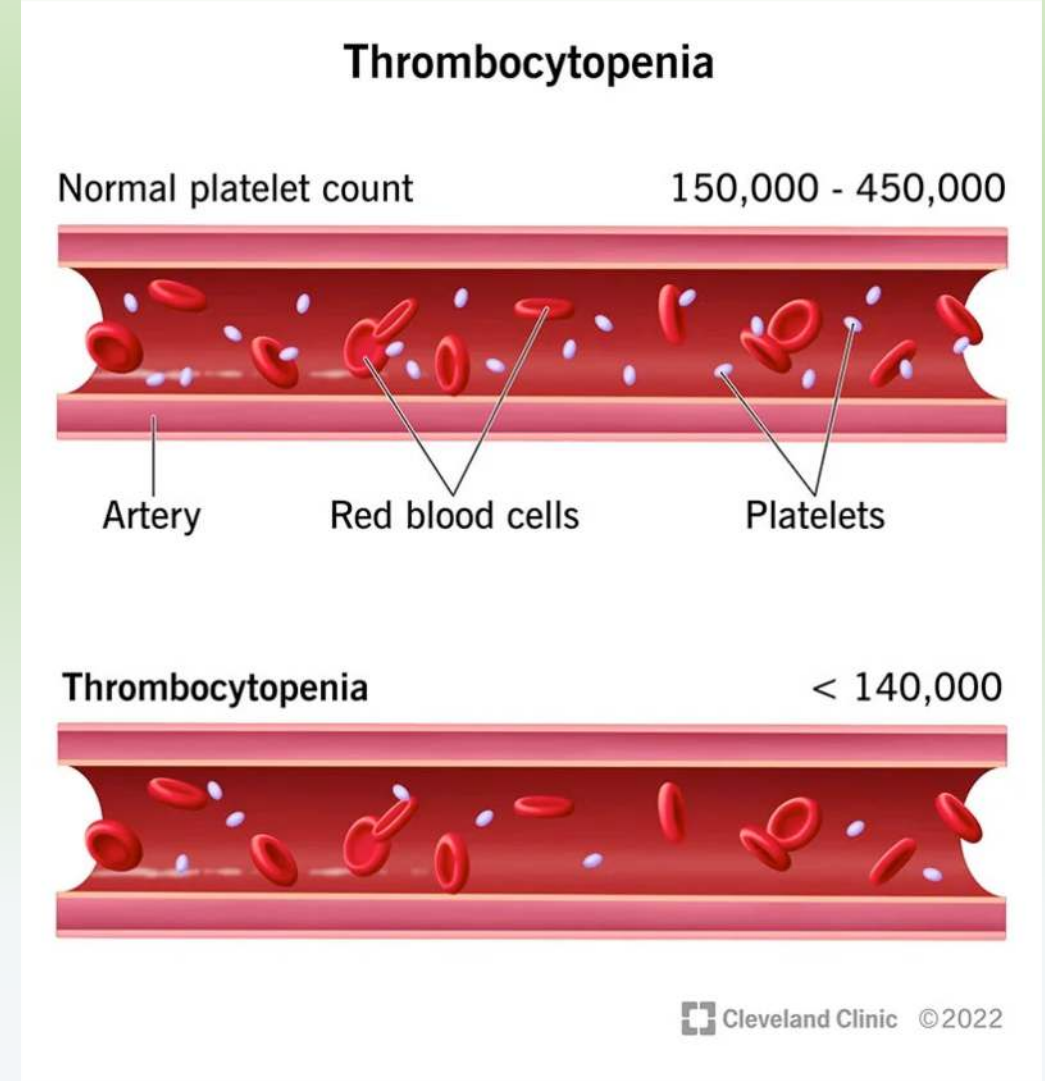
# What do I do when my patients LFTs are 4-5x or higher than the limit?

- AST>ALT suggests alcoholic liver dz (maybe with less elevation)
- ALT>AST more typical liver injury pattern



# What do I do when my patient's platelet count is less than 150 K?

- Prompt: on additional diagnostics



# What do I do when my patient is on a statin?

- Prompt: Liverpool DDI
- Discussion of medication alternatives/ cardiology discussion

The screenshot shows the homepage of the HEP Drug Interactions website. The header is dark red with the HEP Drug Interactions logo on the left and the University of Liverpool logo on the right. Navigation links include 'About Us', 'Interaction Checkers', 'Prescribing Resources', 'Videos', 'Site News', 'Contact Us', and 'Support Us'. A banner below the navigation reads 'New HCV DAA added to the Interaction Checker: Ravidasvir'. The main content area features a large 'Interaction Checker' section with the text 'Access our free, comprehensive and user-friendly drug interaction charts'. Below this are six smaller sections: 'Educational Videos' (mini-lectures on pharmacology, hepatitis, and drug-drug interactions), 'Prescribing Resources' (interaction tables, treatment selectors, clinical prescribing resources, and pharmacokinetic fact sheets), 'Twitter' (@hepinteractions), 'COVID-19 Website' (with a COVID-19 Drug Interactions icon), 'HIV Website' (with an HIV Drug Interactions icon), and 'Risk Calculator' (Liverpool Combined Comorbidities Calculator).

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

# What do I do when my patient is on a PPI?

- Prompt: Liverpool DDI
- Discussion of alternative medications for GERD management

The screenshot shows the homepage of the HEP Drug Interactions website. The header is dark red with the HEP Drug Interactions logo on the left and the University of Liverpool logo on the right. A navigation menu is located below the header, and a banner for a new HCV DAA is visible. The main content area features a large 'Interaction Checker' section with a description of the service. Below this are six smaller sections: Educational Videos, Prescribing Resources, Twitter, COVID-19 Website, HIV Website, and Risk Calculator.

HEP Drug Interactions

UNIVERSITY OF LIVERPOOL

Interaction Checker →

Apps ↓

About Us Interaction Checkers Prescribing Resources Videos Site News Contact Us Support Us

New HCV DAA added to the Interaction Checker: Ravidasvir

## Interaction Checker

Access our free, comprehensive and user-friendly drug interaction charts

### Educational Videos

A series of mini-lectures on topics including pharmacology, hepatitis and drug-drug interactions

### Prescribing Resources

Interaction tables, treatment selectors, clinical prescribing resources, and pharmacokinetic fact sheets

### Twitter

@hepinteractions

Follow us on Twitter for interaction news and for the latest additions and changes to the website

### COVID-19 Website

COVID-19 Drug Interactions

### HIV Website

HIV Drug Interactions

### Risk Calculator

Liverpool Combined Comorbidities Calculator

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

# What do I do when the AFP is elevated?

- Prompt: on additional diagnostics

## Alpha Fetoprotein Test Purpose, Procedure, Results and more

web: [www.labtestsguide.com](http://www.labtestsguide.com) | Email: [info@labtestsguide.com](mailto:info@labtestsguide.com)

Blood is withdrawn from vein between the 16-18 weeks of pregnancy

AFP :  -  
 +

- To detect liver cancer
- Other chromosomal abnormalities
- Defects in the abdominal wall of the fetus
- To screen for neural tube defect (high level AFP)
- To screen for Down's syndrome (low level AFP)

Right radial artery

Alpha-fetoprotein (AFP) Produced by

- Fetal liver
- Yolk sac
- Gastrointestinal system

Fetus

Testes

Ovaries

Liver

Tourniquet

Puncture site covered

Specimen retrieved

Artery

@labtestsguide @labtestsguide @labtestsguide @labtestsguide

# What do I do when my patient achieved SVR but is now is re-infected? How do I know if this is a re-infection or treatment failure?

- Prompt: Genotype
- Prompt : HCV RNA VL discussion





# How worried should I be about HBV Re-activation?

- Check for Hep B status due to risk for Hep B flare/ reactivation, as is on the label

<https://www.aasld.org/liver-fellow-network/core-series/clinical-pearls/hep-hep-hepatitis>

Risk of Reactivation in HBsAg + patients	Immunosuppressive Therapies
High Risk of Reactivation (rate of HBV reactivation is $\geq 10\%$ )	<ul style="list-style-type: none"> <li>• B cell depletion agents (i.e. rituximab, ustekinumab, etc)</li> <li>• High dose steroids</li> <li>• Anthracyclines (i.e. doxorubicin)</li> <li>• Potent anti-TNF alpha agents (i.e. infliximab, adalimumab, certolizumab, golimumab)</li> <li>• Local therapy for HCC (i.e. TACE)</li> </ul>
Moderate Risk of Reactivation (rate of HBV reactivation is 1-10%)	<ul style="list-style-type: none"> <li>• Systemic chemotherapy</li> <li>• Less potent anti-TNF alpha agents (i.e. etanercept)</li> <li>• Cytokine based therapies</li> <li>• Immunophilin inhibitors (i.e. cyclosporine)</li> <li>• Tyrosine kinase inhibitors</li> <li>• Proteasome inhibitors</li> <li>• Histone deacetylase inhibitors</li> <li>• Moderate dose corticosteroids (10-20 mg orally daily)</li> </ul>
Low Risk of Reactivation (rate of reactivation is $< 1\%$ )	<ul style="list-style-type: none"> <li>• Antimetabolites, azathioprine, 6-mercaptopurine, methotrexate</li> <li>• Short term low dose corticosteroids (<math>&lt; 10</math> mg orally daily)</li> <li>• Intra-articular steroid injections</li> </ul>

Risk of Reactivation in HBsAg - patients and anti-HBc + patients	Immunosuppressive Therapies
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Low Risk of Reactivation (rate of reactivation is $< 1\%$ )	<ul style="list-style-type: none"> <li>• Antimetabolites, azathioprine, 6-mercaptopurine, methotrexate</li> <li>• Moderate and low dose prednisone (20 mg or less)</li> </ul>

# How do I advocate for my patient with insurance when my patient should be on a different medication than the one that is on the preferred formulary?

- Prompt: peer to peer consultation with appeals
- Necessary documentation



# Mahalo!

To all the participants and faculty of this great series!

Without your contributions, this would not have been possible.

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