# HCV ECHO Case Recommendations

Session 12: April 21, 2025

**Case Recommendations and Considerations:**

| CATEGORY | RECOMMENDATIONS | Relevant Presentation Question or Concern | REFERENCES/ RESOURCE LINKS |
|---|---|---|---|
| History | • Based on the history, it appears that the patient's rash started in a dermatomal distribution characteristic of shingles. All symptoms and signs suggested that the disease was typical and limited. It is not likely that HIV was contributing to this presentation of shingles. | 1. Is the patient's presentation of shingles possibly related to his HIV and related immunosuppression? | |
| Physical Exam | • | | |
| Diagnostic evaluation | • A CD4 count of <200 in a patient living with HIV is diagnostic of Acquired Immunodeficiency Syndrome (AIDS).This patient just started on Biktarvy and already has an HIV viral load undetectable. The goal in HIV is to get the HIV viral load controlled and suppressed. The CD4 count will rise but it requires time.<br>• Other criteria for an AIDS diagnosis include the presence of an opportunistic infection. Non-disseminated, typical herpes zoster (shingles) is not considered an opportunistic infection.<br>• The patient qualifies for the Ryan White HIV/AIDS Program Parts B and C which can help fund his surveillance ultrasound.<br>• The elevation of alkaline phosphatase and platelets does not fit a specific clinical picture and may or may not be related to his HIV. It is recommended to treat the patient's Hepatitis C and HIV and recheck his laboratory work at a later time. | 1. Is the patient's CD4 count of 140 expected in someone who is receiving treatment for HIV?<br>2. How can the patient obtain other diagnostic testing like a liver ultrasound?<br>3. What can we make of the patient's elevated alkaline phosphatase and platelets? | |

# HCV ECHO Case Recommendations

| | | | |
|---|---|---|---|
| Medication Therapy & Adjustments | • The patient's normal albumin, normal bilirubin, and high platelets suggests the absence of cirrhosis. It is likely that the patient does not have advanced fibrosis or cirrhosis. It is reasonable to proceed with HCV treatment without a fibroscan or liver ultrasound, if getting these are an insurmountable barrier.<br>• If a patient is coinfected with hepatitis C, they have to be treated for both HIV and Hepatitis C. It is important to treat a co-infected patient's HIV as HIV infection makes liver disease progress more rapidly. Untreated disease puts the patient at risk for decompensation of liver function.<br>• Regarding the timing of treatment, the patient is already on HIV treatment with Biktarvy and can start direct acting antiviral HCV therapy with either sofosbuvir / velpatasvir (Epclusa) or glecaprevir/pibrentasvir (Mavyret). If the patient were not yet on HIV therapy, treating HIV first for about 2 weeks to reduce HIV viremia would be recommended before starting HCV treatment.<br><br>• It is always a good practice to use a reliable Drug Interaction Checker before prescribing complex medicine regimens. There are no known drug interactions between Biktarvy and Epclusa or Biktarvy and Mavyret (see notes).<br><br>• Another consequence of Biktarvy treatment is the inclusion of tenofovir alafenamide which is beneficial for patients co-infected with hepatitis | 1. What are treatment options for a patient who is an immigrant without documentation and recently diagnosed with HIV and chronic hepatitis C? | Micromedex says: "Concurrent use of TENOFOVIR ALAFENAMIDE and P-GP INHIBITORS may result in increased tenofovir alafenamide exposure and an increased risk of tenofovir alafenamide-related adverse effects." but the documentation is only "Fair".<br><br>The Liverpool Drug Interactions checker says "No interactions expected" between Biktarvy and either HCV DAA. |

# HCV ECHO Case Recommendations

| | | | |
|---|---|---|---|
| | B. Fortunately, this patient does not have a hepatitis B co-infection.<br>● If the patient is able to remain on Biktarvy, his HCV could be treated with either Mavyret or Epclusa. For this patient, glecaprevir / pibrentasvir may be the preferred option as it has a shorter treatment duration of 8 weeks.<br><br>● Regarding laboratory monitoring, ideally, testing is helpful in monitoring the patient's viral load during treatment. However, it is not an absolute requirement. Given his complex social situation and lack of insurance and insurability, it is reasonable to limit laboratory testing. For patients with ongoing high risk behaviors, more frequent laboratory monitoring is recommended. | 2. Does this patient need lab monitoring while on treatment? | |
| Vaccination | ● He should get the HAV vaccine as he was not already immune. He may be able to get this at an FQHC on a sliding scale. | What about his hepatitis A immunity? | |
| Social Determinants of Health (SDOH) | ● People in the United States as legal immigrants are able to apply for Medicaid or Medicare insurance after fulfilling a 5-year residency requirement in the country. They may be able to apply for private insurance before the 5 years.<br>● Instead of acquiring insurance through the online Health Insurance Marketplace (healthcare.gov) another option is to contact an insurance provider and get a plan directly from them.<br>● Patients who are in the United States without legal status have more limited resources. They may be seen in Federally Qualified Health Centers and pay on a sliding scale.<br>● Patients with HIV who are undocumented immigrants may be eligible for the Hawaii Drug Assistance Program if they are able to provide | 1. Does the patient qualify for Medicaid or Medicare?<br>2. What resources are available to patients who are not legally in the United States?<br>3. What other assistance programs are available to help with the acquisition of medications, labs or imaging? | ● https://www.cms.gov/medicare/enrollment-renewal/original-part-a-b |

# HCV ECHO Case Recommendations

| | | | |
|---|---|---|---|
| | proof of residence in the state. This program helps HIV patients with access to medications.<br>● Pharmaceutical sponsored Patient Assistance Programs may not always require documented citizenship to qualify for their programs<br>● Other resources include: https://www.rxassist.org/, https://www.needymeds.org/, https://www.costplusdrugs.com/. | | |
| Behavioral Health | ● | | |
| Screening | ● It is recommended that the patient's family be screened and tested for HIV and hepatitis C. | 1. Has the patient's family been screened? | |
| Risk Reduction | ● | | |
| Other | ● | | |

***PLEASE NOTE that case consultations and recommendations for the HBV ECHO do not create or otherwise establish a provider-patient relationship between any participant, Hawaii Learning Groups, and/or any other clinician on the HBV ECHO faculty.***