

Hepatitis C Advisory Committee Recommendations

The following guidelines were created by a Hepatitis C Clinical Advisory Group composed of the following clinicians specializing in hepatology in the metro area around Portland: Atif Zaman and Ken Ingram (OHSU); Ken Flora, Ken Benner, Adrian Davies, Jeremy Holden (Oregon Clinic); Brian Willis, Jennifer Urquhart, Jason Snider (Kaiser Permanente).

Medicaid guidelines for use of Sovaldi:

These guidelines are based on agents and evidence available as of July 2014. They will be reviewed and updated when new agents and new evidence are available over the next 6-12 months.

HCV patients who need treatment with Sovaldi in next 6-12 months in order to avoid poorer outcomes if treatment is delayed include:

1. Patients with the extrahepatic manifestations of hepatitis C infection listed below who have formal documentation from a relevant specialist that their condition is HCV related.
 - a. Vasculitis
 - b. Glomerulonephritis
 - c. Cryoglobulinemia
 - d. Lymphoma
2. HCV/HIV co-infected patients with cirrhosis (Stage 4 disease).
3. HCV infection in the transplant setting (approval needs to be cleared by the OHSU Liver Transplant Program)
 - a. Listed patients who it is essential to eradicate the virus in order to realistically prevent a transplant or it is critical to prevent recurrent HCV infection post-transplant
 - b. Post-transplant patients with Stage 4 fibrosis
 - c. Post-transplant patients with fibrosing cholestatic hepatitis due to HCV infection
4. Cirrhotic (Stage 4) patients without ongoing progressive decompensation
 - a. MELD between 8-11
 - b. MELD>11 patients if cleared for treatment by the HCV Advisory Panel
5. Other scenarios not included can be brought to the Advisory Group on a case by case basis.
6. In all cases, expected survival from non-HCV associated morbidity should be >5 years.