

BRINGING CLINICIANS TOGETHER TO DISCUSS CURRENT DRUG THERAPY

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HEPATITIS

You'll see big changes in treating hepatitis C due to the new oral antivirals, *Mavyret* and *Vosevi*.

Help patients take these specialty meds safely.

Mavyret (MAV-ih-reht, glecaprevir/pibrentasvir) will be another game changer. It's the first hep C med approved for just 8 weeks for initial therapy of all genotypes for most patients without cirrhosis.

It'll also be the lowest priced option at about \$26,400/course... compared to \$94,500 for *Harvoni* or \$75,000 for *Epclusa* for 12 weeks.

Mavyret is dosed 3 tabs once daily...and it seems to work as well as other hep C meds. They're all generally more than 95% effective.

Vosevi (voh-SEV-ee, sofosbuvir/velpatasvir/voxilaprevir) will be touted as a one-tab-per-day "salvage" option...for patients who don't respond to first-line hep C drugs. It's for all genotypes...over 95% effective...and costs about \$75,000 for 12 weeks.

Mavyret for up to 16 weeks is also approved as a salvage therapy.

Watch for interactions with all hep C meds. Some of them interact with statins, oral contraceptives, PPIs, St. John's wort, etc.

See our chart, *Hepatitis C Treatment Overview*, for regimens, interactions, monitoring, and side effects. And see our CE, *Hepatitis C Management*, to learn more about how to help these patients.

(For more on this topic, see Clinical Resource #331010 at PharmacistsLetter.com.)

Primary Reference – Kattakuzhy S, Gross C, Emmanuel B, et al. Expansion of treatment for hepatitis C virus infection by task shifting to community-based nonspecialist providers: a nonrandomized clinical trial. *Ann Intern Med* 2017;167:311-18.

See LEADER NOTES for answers to discussion questions.

DISCUSSION QUESTIONS

OVERVIEW OF CURRENT THERAPY

1. What is known about the treatments for hepatitis C?

ANALYSIS OF NEW STUDY

2. What type of study was this? How were the patients selected for inclusion?

3. How were the study groups defined?

4. How were the outcomes evaluated?

5. What were the outcomes of this trial?

See [LEADER NOTES](#) for answers to discussion questions.

6. What were the strengths and weaknesses of this study?

7. Were the results expressed in terms we care about and can use?

HOW SHOULD THE NEW FINDINGS CHANGE CURRENT THERAPY?

8. Do the results change your practice? How?

APPLY THE NEW FINDINGS TO THE FOLLOWING CASE

J.B. is a 65-year-old male patient who presents for his "Welcome to Medicare" annual exam. He has hypertension and diabetes, and is well-controlled with lisinopril 40 mg daily and metformin 1,000 mg twice daily. He is also taking simvastatin 40 mg daily and aspirin 81 mg daily. He currently smokes ½ pack per day and has been smoking since the age of 22.

He has seen recent commercials on TV stating that hepatitis C is common in "baby boomers," and that many patients don't know that they have it. He states he has never been tested for hepatitis C, and wonders if he should be tested even though he has never used illicit drugs.

9. What should you recommend about screening J.B. for HCV?

See [LEADER NOTES](#) for answers to discussion questions.

You explain that a one-time test is recommended for all patients born between 1945 and 1965, since they're at higher risk of hepatitis C. J.B. agrees that he would like to be tested.

J.B.'s lab work returns positive for HCV. You call J.B. to let him know about his results, explain the need for additional studies, and ask him to make an appointment with you one week following his next bloodwork to go over everything.

10. What additional studies are warranted for J.B. at this time?

J.B.'s genotype reveals type 1a with a viral load of 179,652 IU/L. His liver function and coagulation tests are all normal. However, the stage of his liver disease is pending.

J.B. returns for his follow-up visit to discuss his diagnosis of hepatitis C. He has been researching his diagnosis and is excited about the possibility of a cure with one of the new medications. He is particularly interested in *Mavyret* (glecaprevir/pibrentasvir) due to the eight-week treatment duration instead of the typical 12 weeks with other treatments, and would like to hear your insight on this treatment option.

11. What counseling do you provide J.B.? What should you consider regarding J.B.'s current medications prior to initiating this treatment?

You advise J.B. about the dosing and administration of *Mavyret*, and discuss that you will know more about the duration of treatment once the results of his liver staging return. However, you bring up that a prior authorization approval from his prescription drug plan will likely be required before he can get started on treatment, and that it will need to be obtained from a [specialty pharmacy](#).

You also discuss that *Mavyret* may increase the blood level of all statin cholesterol medications, increasing the risk for myopathy. Because it's recommended to avoid simvastatin with *Mavyret*, you suggest switching J.B. to rosuvastatin 10 mg/day, which is the highest dose recommended in combination with *Mavyret*.

See LEADER NOTES for answers to discussion questions.

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See LEADER NOTES for answers to discussion questions.

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