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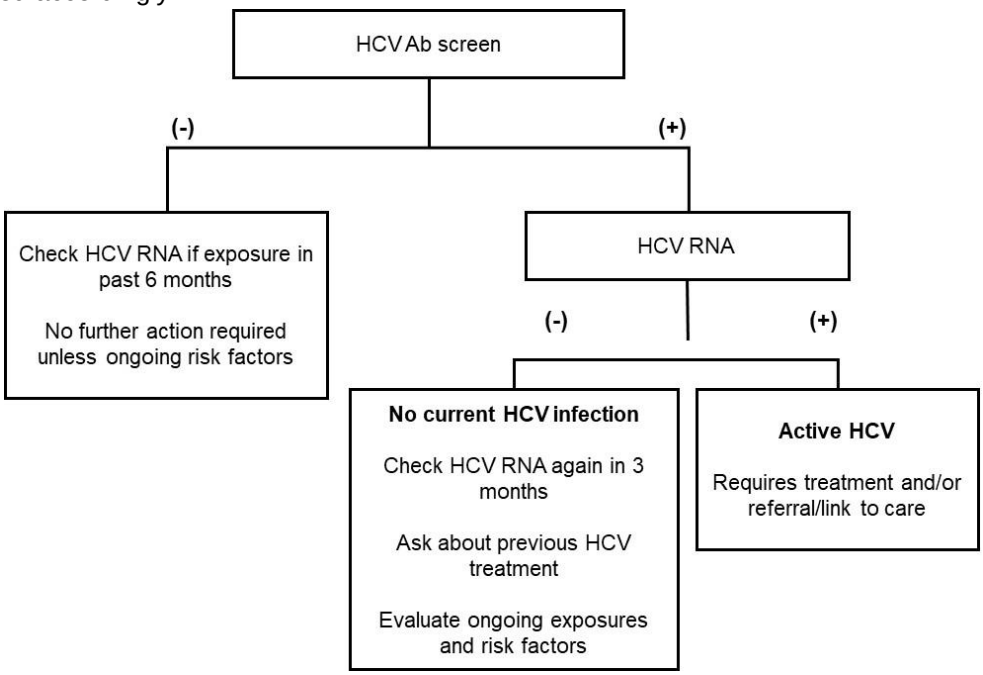
# ALGORITHM FOR SCREENING AND TREATING HEPATITIS C IN PREGNANT AND POSTPARTUM WOMEN WITH SUBSTANCE USE DISORDER

All pregnant women should be screened for the Hepatitis C virus (HCV) using an antibody test (HCV Ab) at least once during pregnancy, ideally using a test that automatically detects the HCV viral load or HCV antigen (i.e., "reflexes" to HCV RNA or HCV core antigen if the antibody screen is positive). Pregnant patients with ongoing risk factors (e.g., continued substance use, risky sexual behaviors) should be re-screened if it has been more than three months since their last antibody test. Pregnant patients at risk for HCV may be at an increased risk of other infectious diseases (e.g., Hepatitis B, HIV, sexually transmitted infections) and should be monitored accordingly.




| If patient is HCV + | |
|---|---|
| *Pregnancy management implications* | ❑ Baseline liver function tests (LFTs) for comparison if concerns for preeclampsia<br>❑ Discuss risks of ongoing use of alcohol<br>❑ Screen for infectious diseases (Hepatitis B/A, sexually transmitted infections)<br>❑ Amniocentesis suggested over chorionic villus sampling<br>❑ Avoid prolonged rupture of membranes<br>❑ Minimize duration of fetal exposure to maternal fluids and blood<br>❑ Changing method of delivery *not* recommended<br>❑ Breastfeeding supported unless risk of blood exposure (e.g., cracked/bleeding nipples) or other contraindications (e.g., ongoing substance use, HIV +)<br>❑ Counsel risk of HCV vertical transmission is low (5-10%) but infant should be screened for HCV at 18 months |
| *Consider vaccinations if risk factors present* | ❑ Hepatitis A, Hepatitis B, Pneumococcal |
| *Consider assessing severity of liver disease* | ❑ Physical exam of the liver (normal in most patients)<br>❑ Routine labs (baseline LFTs as above and INR, CMP, CBC with platelet count)<br>❑ Refer to gastroenterology as indicated |

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# TREATMENT OF HEPATITIS C (HCV) IN POSTPARTUM WOMEN

Treating postpartum women for the Hepatitis C virus (HCV) reduces the risk of future maternal complications and also prevents potential vertical transmission to future children. Providing this care in obstetric clinics and substance use treatment programs increases the likelihood of HCV treatment as women are often lost to follow up in the referral process to specialty clinics. At this time, HCV treatment is not recommended for patients who are pregnant or breastfeeding. There is no requirement for stability in substance use disorder treatment (i.e., patients continuing to struggle with a substance use disorder should be offered HCV treatment). Postpartum women with HCV should be reminded that their infants should be screened at 18 months old.

The algorithm below captures the treatment protocol for patients with uncomplicated HCV. If the patient does not meet criteria for simplified treatment, the patient should be referred to a HCV specialist (typically a virologist or gastroenterologist). *These guidelines are specific to patients with Mainecare as their primary insurer and requirements may vary with other insurers.*

## Step 1. Confirm the patient is eligible for simplified treatment

Any adult patient (18+) with HCV (any genotype) is eligible for **simplified** treatment who:

- ☐ Does NOT have cirrhosis by lab or clinical exam
- ☐ Has NOT been treated for HCV in the past
- ☐ Is NOT pregnant
- ☐ Is HIV and Hepatitis B surface antigen negative
- ☐ Has NO known or suspected hepatocellular carcinoma
- ☐ Has not had prior liver transplantation

## Step 2. Ensure required labs have been completed

Required labs in the past 6 months include:

- ☐ FIB-4 Score: (FIB 4 = (Age x AST) / (Platelet count x √ALT)
- ☐ CBC
- ☐ Hepatic function panel including albumin, total and direct bilirubin, ALT, AST
- ☐ Calculated glomerular filtration rate: eGFR
- ☐ Quantitative HCV RNA viral load
- ☐ HCV Genotype: 1a 1b 2 3 4 5 6 mixed
- ☐ HIV antigen/antibody test
- ☐ Hepatitis B surface antigen
- ☐ Serum pregnancy test in women of childbearing age within the past 60 days

## Step 3. Complete Mainecare prior authorization form #10700 (revised 6/2022)

It is critical to work with a pharmacy that can dispense and provide education about the medications used to treat HCV. The pharmacy can also assist in the evaluation of potential drug interactions with the patient's existing medications (https://www.hep-druginteractions.org/checker). Confirm that the patient has a contraceptive plan in place prior to initiating treatment of HCV and note that some contraceptives (i.e., ethinyl estradiol) may interact with certain HCV treatments. Preferred HCV simplified treatment regimens include:

- ☐ Glecaprevir/pibrentasvir (Mavyret) 100/40 mg; three (3) tablets daily for 56 days (8 weeks)
- ☐ Sofosbuvir/velpatasvir (Epclusa) 400/100 mg daily for 84 days (12 weeks)

These recommendations are intended to enhance your care and should not replace your own clinical judgement. Questions should be directed to infectious disease, obstetric or addition medicine specialists within your health care system.

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