

Hepatitis C Testing and Treatment for Single County Authorities and Licensed Drug and Alcohol Treatment Centers

Community Behavioral Health has collaborated with the Philadelphia Department of Public Health to publish a bulletin that aims to provide essential information, updates, and resources related to hepatitis C care. It is important to address health equity in the provision of hepatitis C testing and care services. As providers, your role is crucial in preventing new hepatitis C infections, diagnosing early, and providing comprehensive care to individuals living with hepatitis C.

In Philadelphia, an estimated 23,460 individuals (1.5% of Philadelphia residents) were living with chronic hepatitis C virus (HCV) infections in 2022. There were 147 people with acute hepatitis C reported in 2022 with 57% of those cases reporting intravenous or other drug use as a risk factor. Hepatitis C is a “silent killer;” individuals can be asymptomatic for decades, while liver scarring continues to put them at risk for decompensated cirrhosis, hepatocellular carcinoma, and even death. Testing and diagnosis of HCV, regardless of symptoms, is important to prevent these sequelae and transmission to others.

DDAP Testing Requirement

As of July 1, 2023, the Department of Drug and Alcohol (DDAP) requires that SCAs and licensed drug and alcohol treatment centers provide hepatitis C testing and prevention/care services via integration or collaboration with other provider networks. The direct requirement can be found in Part V (V.8 & V.9; pp 23-24) and Appendix C (pp 46-47) within the embedded link. In addition, as of 2019, CBH made confirmatory HCV RNA testing reimbursable for behavioral health designated entities.

CDC Testing Recommendations

The Centers for Disease Control recommends universal HCV Antibody with reflexive HCV RNA testing for all adults aged 18 years and older, at least once in a lifetime. More frequent HCV testing may be appropriate based on clinical judgment and individual vulnerabilities to HCV, such as reuse of injection equipment. HCV is transmissible from direct blood contact, sexual contact, and by sharing materials such as syringes, filters, and other works including pipes and snorting equipment.

Treatment and Cure

Hepatitis C can be **cured** with direct acting agents and is no longer managed with Interferon-based interventions. Treatment regimens are typically 1-3 pills per day for 8-12 weeks. Simplified guidance to support providers managing treatment naïve, non-cirrhotic patients living with chronic hepatitis C is available.

Access to Cure

- ➔ Prior authorization is no longer required for Pennsylvania Medicaid recipients who receive HCV agents on the Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL).
- ➔ Healthcare providers including physicians, NPs and PAs who practice primary care, addiction medicine and any other specialty can treat HCV.
- ➔ Sobriety is not required for hepatitis C treatment. Treatment is encouraged among individuals who are actively using drugs; good adherence in this population has been well documented and results in >90% cure rates.
- ➔ Medicaid will pay for hepatitis C treatment in the event that reinfection occurs.

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- ➔ Patient Assistance Programs via the pharmaceutical company of the prescribed medication can be used to cover the cost of medications in cases of lapsed insurance, patients with behavioral health-only insurance, etc.

Regional Technical Assistance

Training (with CEs), mentorships, and partnerships are available for clinicians/sites who are interested in providing care to HCV+ patients/participants. Site specific technical assistance is also available for integration of testing, linkage, and/or treatment for hepatitis C. If you are interested in receiving these services within your practice, please email hep-ddc@phila.gov.

Resources

Testing Recommendations

- ➔ [Universal testing for HCV \(2020\)](#)
- ➔ [Universal testing for HBV \(2023\)](#)
- ➔ [Universal Vaccination for HBV](#)

Treatment Recommendations

- ➔ [Universal testing for HBV \(2023\)](#)
- ➔ [Recommendations for Testing, Managing, and Treating HCV](#)
- ➔ [Simplified Treatment Guidelines for Treatment Naïve and Non-Cirrhotic HCV Positive Individuals \(2023\)](#)
- ➔ [Prior Authorization Removal for Preferred Hepatitis C Medications](#)
- ➔ [DDAP Requirement for Testing and Treating HCV+ Participants](#)
- ➔ [Find a Treating Provider](#)
- ➔ [Find a Vaccinating Pharmacy for Hepatitis B and C](#)
- ➔ [Order Patient-Centered Print Materials](#)

Other Resources

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- ➔ [Modeling Combination Hepatitis C Virus Treatment and Prevention Strategies in a Network of People Who Inject Drugs in the United States](#)
- ➔ [Universal Opt-Out Testing for Hepatitis C](#)
- ➔ [Cure Rates Among PWUD](#)