

Treating Hepatitis C

New treatments for hepatitis C are effective, simple, and increasingly accessible.

Hepatitis C is a viral infection of the liver. About one-quarter of patients infected with hepatitis C recover from their infection, but the rest develop a long-term (**chronic**) infection. Chronic hepatitis C is one of many conditions that can damage the liver and cause liver fibrosis. The final stage of liver fibrosis is called **cirrhosis**. Other causes of cirrhosis are alcohol abuse, fatty liver, and chronic hepatitis B infection. Fibrosis can take many years to progress to cirrhosis.

Options for Treating Chronic Hepatitis C

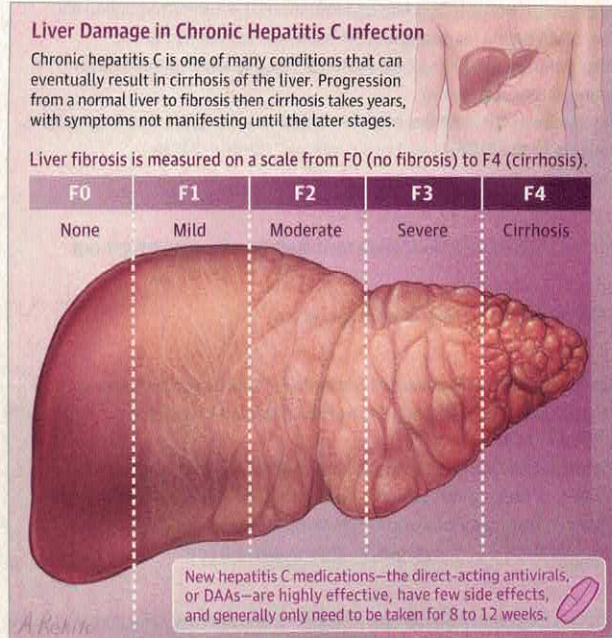
In the past, the available treatments for hepatitis C caused serious side effects, required weekly injections, lasted almost a year, and often did not work. In 2014, the US Food and Drug Administration approved the first hepatitis C treatment that combined 2 medications from a new class of drugs called **direct-acting antivirals (DAAs)**. Direct-acting antivirals are highly effective and have few side effects. For most patients, the treatment is 1 pill taken by mouth once a day for 8 to 12 weeks. Since 2014, other similar combination DAA treatments have become available. The choice of DAAs and length of treatment depend on which type of hepatitis C virus the patient is infected with, how damaged the patient's liver is, whether the patient has been treated for hepatitis C in the past, and the patient's other medical problems and medications. Patients are considered cured when hepatitis C RNA is no longer detected in their blood, which is called **sustained virologic response**, or **SVR**.

Which Patients Should Be Treated for Chronic Hepatitis C?

From a medical point of view, almost all patients with hepatitis C should be treated. However, when the first new hepatitis C treatment was approved in 2014, the cost was almost \$100 000. There are 3.5 million US residents living with hepatitis C. Treating everyone right away would have overwhelmed the US health care system financially.

Some payers decided to prioritize treating patients with advanced liver fibrosis. Fibrosis is measured on a scale from F0 (no fibrosis) to F4 (cirrhosis). Some health care plans approve treatment only if a patient's liver fibrosis is F3 or F4. This strategy saves money in the short term but potentially allows patients' liver damage to progress and also allows patients to spread hepatitis C to new people.

Four years into the DAA era, hepatitis C treatment is becoming more accessible. Costs are declining as more DAA treatments become available. The newest treatment is much less expensive and treats all 6 types of hepatitis C virus. Because of patient advocacy and litigation, restrictions imposed by some state Medicaid programs are gradually being lifted. There are co-payment assistance



programs to help patients who have insurance and patient assistance programs to help patients who are uninsured or underinsured. In addition to successfully curing almost all patients who are treated, DAAs also represent a remarkable public health advance and make the possibility of eradicating hepatitis C feasible.

Previous infection does not provide immunity to hepatitis C. Patients who are at risk of becoming reinfected after treatment—for example, people who inject drugs—may need extra services and support in addition to DAA treatment.

FOR MORE INFORMATION

- American Liver Foundation
liverfoundation.org/for-patients/about-the-liver/diseases-of-the-liver/hepatitis-c/
- Centers for Disease Control and Prevention
www.cdc.gov/hepatitis/hcv/patientedu/hcv.htm

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Sources: American Association for the Study of Liver Diseases; Infectious Diseases Society of America. HCV guidance. <http://hcvguidelines.org>. Accessed July 20, 2018. Voelker R. The 8-week cure for hepatitis C. *JAMA*. 2017;318(11):996.

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