

HEPATITIS C ELIMINATION CHALLENGES AND OPORTUNITIES CAN WE GET THERE FROM HERE?

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Puerto Rico Department of Health

DISCLOSURE

- I disclose that I have no financial relationship with commercial interests



Background: HCV Infection

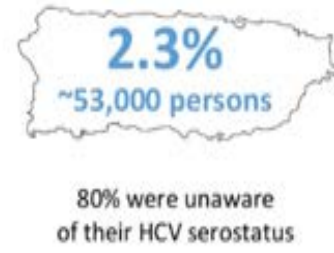
- HCV infection causes cirrhosis and hepatocellular carcinoma and, until COVID-19, more mortality than the combined total of 60 nationally notifiable infectious conditions
- HCV infection disproportionately impacts minoritized and marginalized populations
 - Individuals with substance use disorders
 - Individuals with interactions with the Corrections system
 - Persons living in poverty



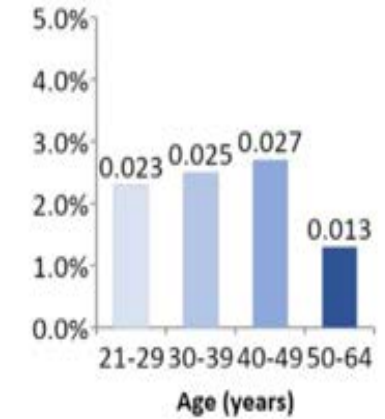
HCV Prevalence

- Worldwide 170 million (3%)
- United States 2.3 million (1.9%)
- Puerto Rico ????

HCV Ab+ prevalence estimate



Prevalence by age groups



Prevalence was significantly higher in:

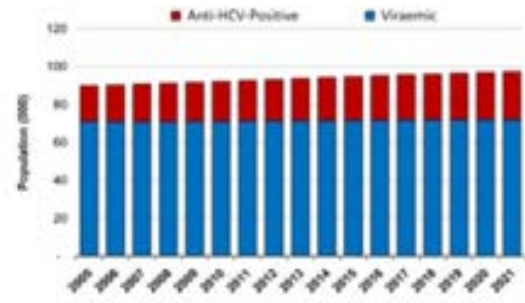
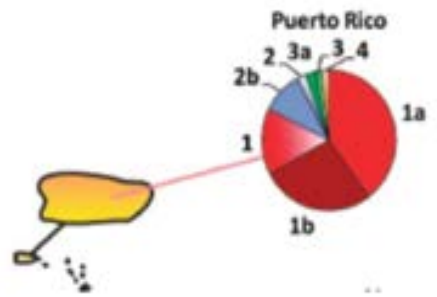
- Ever injected drugs (76%)
- Ever imprisoned (17.5%)
- Ever tattooed (10.2%)
- Blood transfusion prior to 1992 (6.3%)
- Public or no health insurance (4.1%)
- Men (4.0%)

Pérez CM, et al. BMC Infect Dis. 2010 Mar 23;10:76. <https://doi.org/10.1186/1471-2334-10-76>.

1,654 Puerto Ricans consented for HCV antibody testing in a seroepidemiologic survey

Prevalencia: Puerto Rico 2.3%; San Juan 6.3%

- Genotipo por distribución: G1 (75-80%), G2 (12.1%), G3 (3.8%) y G4 (2%)
- Prevalencia significativamente mayor en hombre (4.0%) que mujer (1.0%)
- Prevalencia de la infección in PUD: 60-85%
- 2004: aproximadamente 89,500 individuos anti-cuerpo positivo para-Hep. C



1. Keshenobich D, et al. *Liver Int* 2011;31 Suppl 2:18-29; 2. Pérez CM, et al. *BMC Infect Dis* 2010;10:76; 3. Rodríguez-Pérez F, et al. *P R Health Sci J* 2004;23:49-56; 4. Reyes JC, et al. *J Urban Health* 2006;83:1105-13.

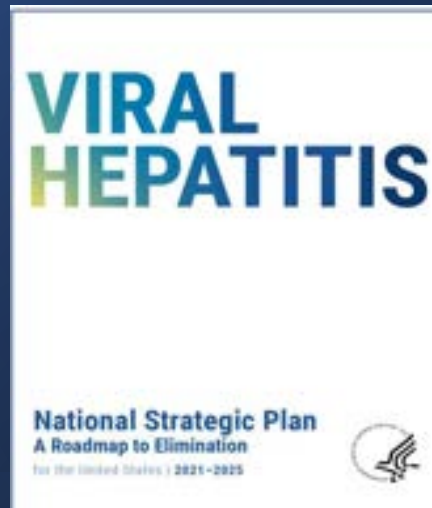
CUMULATIVE DATA 2018-2022, PUERTO RICO, VITAL

- 8,515 diagnosed with HCV in the Vital
- 68% male, 32% female
- 7,523 mono-infected patients
- 992 patients co-infected with HIV and HCV

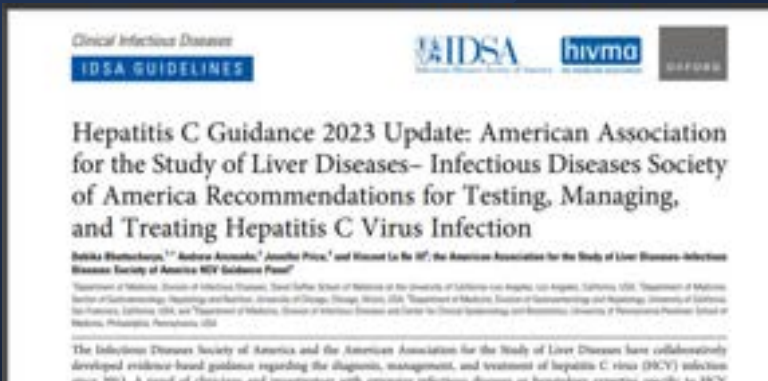
HEPATITIS C ELIMINATION

“A world where viral hepatitis transmission is halted and everyone living with hepatitis has access to safe, affordable and effective care and treatment services”

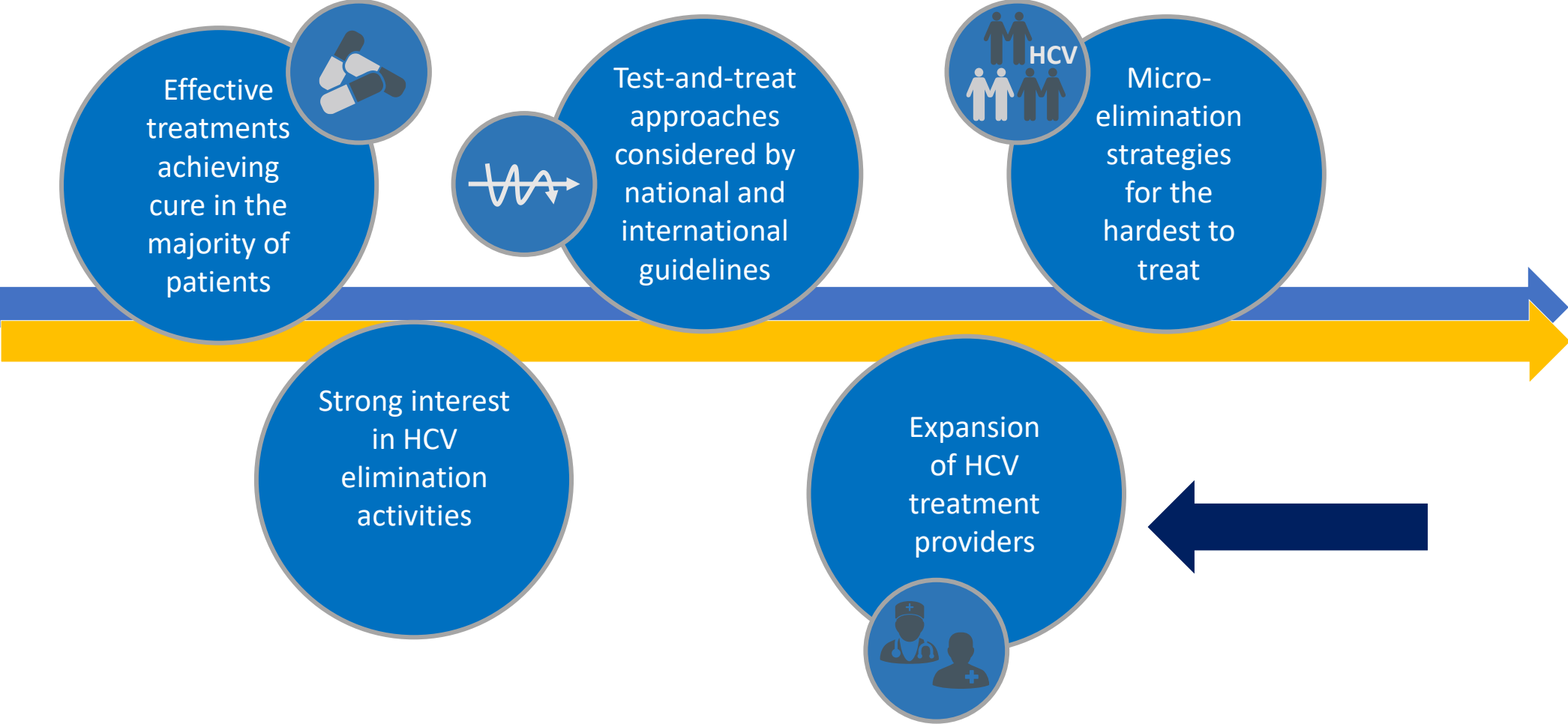
WHO



- Although endemic in many countries, it is possible to eliminate HCV within entire populations.
- The WHO’s initiative to eliminate HCV was proposed in 2016
- Specific HCV elimination targets:
 - 90% reduction in incidence and prevalence,
 - Treatment of 80% of eligible persons with chronic infection,
 - 65% reduction in HCV-related deaths,
 - Universal access to key prevention and treatment services.
 - Focuses on promoting equity, engaging communities, and integrating hepatitis services into existing health systems.
- Needs:
 - The scientific means and tools to detect and treat.
 - Political will, popular support, and leadership for the implementation of those tools.
 - Health system capable of diagnosing, treating, and conducting follow-ups with the entirety of the population.
 - Affordable diagnostics and drugs .
 - The final element program is its meticulous execution.



ELIMINATION OF HCV REQUIRES EFFORT ON SEVERAL FRONTS



1. WHO. Guidelines for the care and treatment of persons diagnosed with chronic hepatitis C virus infection. Accessed November 17, 2020.
2. Kattakuzhy. Ann Intern Med. 2017;167:311. 3. Lazarus. Semin Liver Dis. 2018;38:181.

WHO HCV 2030 Elimination Goal?

HOW CAN WE GET THERE

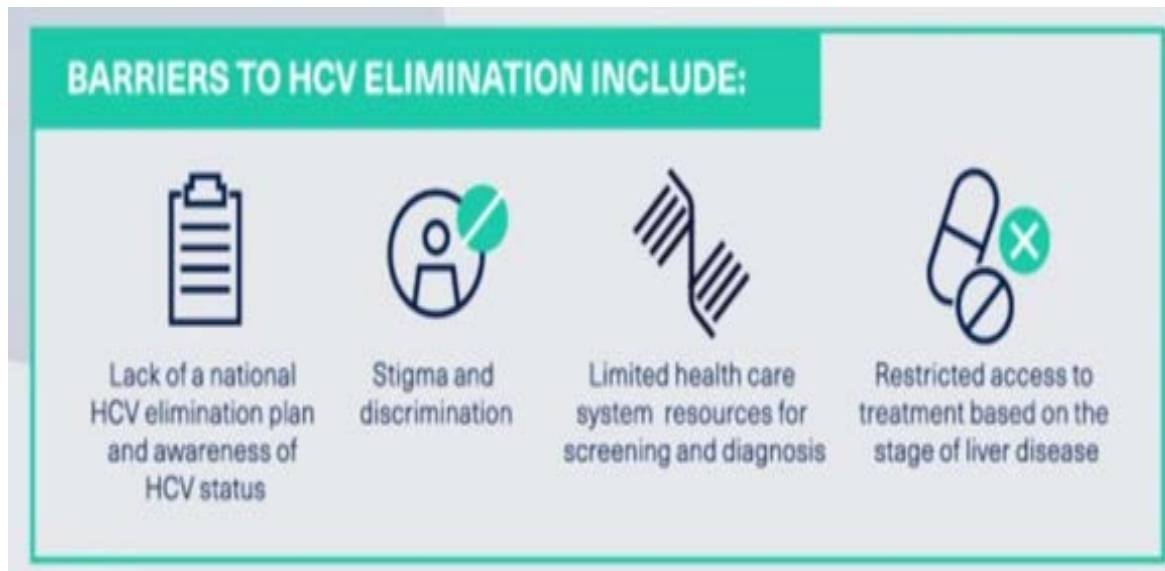
- One-time, routine, opt-out testing recommended for all adults
- Build community capacity to deliver quality community-based hepatitis services, supported by legal and regulatory frameworks.
- Identify good models of integrated and linked service delivery
- Define populations and locations that are most affected and require intensified support and prioritize them in the national hepatitis response



SIMPLIFIED CARE DELIVERY

ELIMINATION INITIATIVES BARRIERS, PUERTO RICO

- Limited screening resources
- Lack of data collection system
- The high cost of treatment
- Lack of a coordinated effort
- No elimination plan



Taha G, Ezra L, Abu -Freha N. Hepatitis C Elimination: Opportunities and Challenges in 2023. *Viruses*. 2023 Jun 22;15(7):1413.

HEPATITIS C ELIMINATION PLAN

1	2	3	4	5
Prevenir nuevas infecciones de hepatitis virales	Mejorar los resultados en la salud de las personas con un diagnóstico positivo a las hepatitis virales	Reducir las disparidades en la salud y desigualdades relacionadas con las hepatitis virales	Mejorar la vigilancia y el uso de datos de las hepatitis virales	Lograr esfuerzos integrados y coordinados entre todos los socios y grupos de interés que aborden la epidemia de hepatitis virales
<ol style="list-style-type: none">1. Aumentar los servicios de prevención y tratamiento de las hepatitis virales para las personas con uso problemático de sustancias2. Aumentar la capacidad de salud pública, los sistemas de cuidado de salud y el personal de salud para prevenir y tratar las hepatitis virales	<ol style="list-style-type: none">1. Mejorar la calidad de la atención y aumentar el número de personas con hepatitis virales que reciben y continúan (Hepatitis B) o completan (Hepatitis C) el tratamiento, incluyendo personas que utilizan drogas y personas en centros correccionales	<ol style="list-style-type: none">1. Reducir las disparidades en las nuevas infecciones por hepatitis virales, el conocimiento de su estatus y a lo largo de la cascada/continuo de cuidado2. Ampliar los servicios de prevención, cuidado y tratamiento de las hepatitis virales que sean culturalmente competentes y lingüísticamente apropiados	<ol style="list-style-type: none">1. Mejorar la vigilancia de salud pública mediante la recopilación de datos, el reporte de casos y la investigación en los departamentos de salud a nivel nacional, estatal, tribal, local y territorial	<ol style="list-style-type: none">1. Integrar programas para abordar la sindemia de hepatitis virales, VIH, ITS y trastornos por uso de sustancias2. Mejorar los mecanismos para medir, monitorear, evaluar, reportar y difundir el progreso hacia lograr las metas organizacionales, locales y nacionales



VIRAL HEPATITIS

National Strategic Plan
A Roadmap to Elimination
for the United States | 2021–2025



Outlines main objectives that aim to increase access to curative medications and expand implementation of complementary efforts such as screening, testing, and provider capacity.

These objectives are designed to tackle the main elimination barriers: the will, the organization, and the cost.

HEPATITIS C EPIDEMIOLOGICAL SURVEILLANCE SYSTEM

- 2016 - Hepatitis C is again included as a reportable condition to the OA Department of Health Number 358.
- 2021 - Puerto Rico Department of Health (DS) established the Hepatitis C Epidemiological Surveillance System (HCV).
- The main purposes included promoting standardization and data collection, investigating and describing HCV cases in Puerto Rico (PR), publishing data reports periodically, and recommending data-driven public health actions for the elimination of Hepatitis C.
- The objective of this project is to present the first phase of the implementation of a surveillance system for Hepatitis C in Puerto Rico.
- Data is collected, reviewed, analyzed, and validated on the "National Electronic Disease Surveillance System" (NEDSS)

Gráfica 6. Curva epidémica de los casos reportados de Hepatitis C durante el período de la semana epidemiológica número 1 (1 de enero de 2023) a la semana epidemiológica número 52 (30 de diciembre de 2023), PR 2023



Tabla 2. Resumen de casos de Hepatitis C reportados, PR 2023 (N=4,284).

Condición	Clasificación de Caso		Total
	Confirmado*	Probable*	
Hepatitis C Crónica	1,174	3,105	4,279
Hepatitis C Aguda	3	1	4
Hepatitis C Perinatal	1	N/A	1
Total	1,178	3,106	4,284

*Definiciones de caso según el CDC y el CSTE.

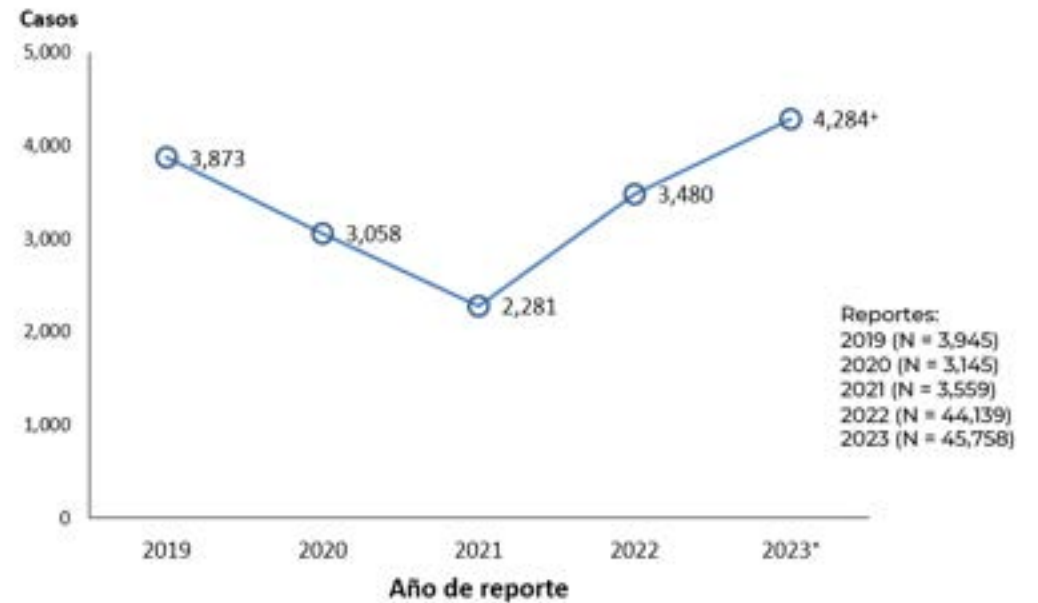
Nota. El caso de Hepatitis C perinatal fue reportado en el año 2022 e identificado en la Vigilancia de Hepatitis C del DSPR en el año 2023.

Gráfica 8. Distribución de casos de Hepatitis C por grupos de edad, PR 2023



HCV Epidemiological Surveillance System, 2023 Puerto Rico

Gráfica 12. Comparación de casos reportados de Hepatitis C, PR 2019 - 2023



Gráfica 13. Distribución de factores de riesgo reportados de Hepatitis C, PR 2023



Elimination Journey

Establish coverage for hepatitis C treatment of the PR-VITAL Government Health Plan

**CUMULATIVE DATA 2018-2022,
PUERTO RICO, VITAL**

8,515 diagnosed with HCV in the Vital
68% male, 32% female
7,523 mono-infected patients
992 patients co-infected with HIV and HCV



January 2019
ASES authorized the limited use of DAA MAVYRET

March 26, 2020
CN 20-326 Hepatitis C Policy issued by ASES for HCV Treatment among Medicaid patients.

CN 20-1009
Inclusion of Certified Primary Care Physicians as Prescribers Hepatitis C - Uncomplicated

21-0308
March 8, 2021 Exhortation to test all 18 years of age without risk

May 2023
Updated HCV Protocol PCP's Certification is no longer required in order to prescribe and manage HCV patients

CN 23-1011
October 2023 ASSMCA Special Project Connecting Patient to MD Care ASSMCA MD is Treating

June 2, 2023
PR HepC Screening and Diagnostic Law #67 -HEP C screening in every routine medical evaluation or for requiring a health certificate

July 28, 2023
HCV Normative Letter reinforcing HCV eradication and detailing all updated changes to HCV Management

Work on chronic Hepatitis C coverage for all patients of the Puerto Rico Government Health Plan - VITAL. A multidisciplinary work team of clinical professionals and medical specialists was organized, with continuous assessment at the highest administrative levels of ASES.

Medicaid Access Report Card



- Hepatitis C: State of Medicaid Access is the culmination of work by the Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) and the National Viral Hepatitis Roundtable (NVHR) to definitively assess the state of access to DAAs for Medicaid enrollees across America
- Through a national report and state-by-state report cards, the project provides an in-depth evaluation of DAA access in each state's Medicaid program, while highlighting successes in access expansion as well as ongoing challenges.

Hepatitis C: State of Medicaid Access Report Card

Puerto Rico

Grade C

Grade	Recommendations to Improve Patient Access
B	<ul style="list-style-type: none"> Remove prior authorization for HCV treatment. Remove additional restrictions described below.

State Overview
As of August 2021, 1,500,000 individuals were enrolled in Medicaid and CHIP.¹ The Puerto Rico Department of Health is a single state agency, which has a cooperative agreement with the *Administración de Seguros Salud de Puerto Rico (ASES)*,² called *El Plan de Salud VITAL (VITAL Health Plan)*.³ ASES implements and administers the island-wide health insurance system and contracts with four managed care organizations (MCOs):⁴ First Medical Health Plan, MMM Multi Health, Plan de Salud Menonita, and Triple-S Salud.⁵

Mavyret is the preferred regimen for Puerto Rico's Medicaid program.⁶

Deductions		Policy
Prior Authorization	-8	Prior authorization is required for preferred HCV treatment regimens. ⁷
Fibrosis Restrictions	0	Puerto Rico Medicaid does not impose fibrosis restrictions. ⁸
Substance Use Restrictions	0	Puerto Rico Medicaid does not appear to impose substance use restrictions. However, the clinical criteria document does note that for patients with a history of substance use, it is "recommended that the patient be counseled and recommended to seek help for the management of his/her dependence. If the patient agrees, then help him/her with referral for management of his/her dependence." ⁹
Prescriber Restrictions	0	Puerto Rico Medicaid does not impose prescriber restrictions for most patients. ¹⁰ Prescription by a specialist is still required for patients with certain specific "complications such as advanced liver disease, compensated cirrhosis, hepatitis B concomitant, severe renal impairment/end stage renal disease or HIV." ¹¹
Retreatment Restrictions	0	Puerto Rico Medicaid does not appear to impose retreatment restrictions. ¹²
Access in Managed Care	0	First Medical Health Plan, MMM Multi Health, Plan de Salud Menonita, and Triple-S Salud appear to impose the same requirements as FFS. ¹³
Additional Restrictions	-4	Puerto Rico Medicaid imposes additional restrictions as follows: ¹⁴ <ul style="list-style-type: none"> Restricts coverage for people with "severe disease states or medical conditions which significantly impede compliance with treatment." For patients with compensated cirrhosis, prescriptions must be written by a specialist.
Total Deductions	-12	Total Score [100-Deductions] 88
		Grade B

Contact Your State Officials

- Required adherence tracking during treatment.
- "No additional supply of the medication will be authorized when the patient claims that it was lost, stolen, or missing."

Total Deductions	-24	Total Score [100-Deductions] 76
		Grade C

ASES HCV Protocol Update May 2023

PR Medicaid Special Conditions Registry

Normative Letter 21-0511

- Once the patient is diagnosed with Hepatitis C, the economic cost of pharmacological treatment falls entirely on ASES (carve out).
- The patient is included in the Special Cover; this coverage for the treatment of Hepatitis C will be in effect until the patient's sustained virologic cure is certified.
- Restrictions identified as limitations on access to treatment (liver damage, sobriety, and prescribing physicians) were eliminated.
 - All PCPs can treat HCV without a special certification
 - Complicated patients can be treated by PCP in consultation with a specialist
 - Additional supply of the medication will be supplied if lost, stolen or missing
- Screening is recommended for everyone >18 years of age per the latest CDC guidelines.

ASES		Revised
<p>Approval of Coverage Code 91000000 02/01/2023</p> <p>FA Description: Glecaprevir and Pibrentasvir (Mavyret®)</p>		
Required Medical Information	<p>a) HCV RNA positive diagnosis documented by a quantitative titer</p> <p>b) Evidence of Hepatic laboratory testing: serum bilirubin levels, ALT levels, albumin levels, INR</p> <p>c) Evidence of assessment for active co-infection and for prior infection with hepatitis B virus (HBV)</p> <p>d) Has the patient been treated previously for HCV? (information will be used to verify duration of treatment). If patient is treatment experienced:</p> <ol style="list-style-type: none"> provide previous treatment regimen and outcome <p>e) Renal status: severe renal impairment (Stages 4) or End stage renal disease (Stage 5) (information will be used to verify duration of treatment)</p> <ol style="list-style-type: none"> Calculated glomerular filtration rate (eGFR) OR Kidney transplant <p>f) If HIV co-infection</p> <p>g) Patient meets at least ONE of the following criteria, documentation with recent evidence must be attached:</p> <ol style="list-style-type: none"> Liver Biopsy with Metavir score of F0, F1, F2, F3 or F4; FibroTest (ng Fibroure) score; AST to Platelet Ratio Index (APRI) score; Ultrasound images consistent with cirrhosis (eg., evidence of portal hypertension); Clinical findings consistent with cirrhosis (eg., evidence of portal hypertension, ascites or esophageal varices, cryoglobulinemia with end organ manifestations, pruritus, or nephrotic syndrome); Liver transplant <p>h) Provide patient's cirrhosis status:</p> <ol style="list-style-type: none"> No cirrhosis Decompensated cirrhosis Compensated cirrhosis <p>(k) Provide Model of End Liver Disease (MELD®) score AND</p> <p>(l) Provide Child Pugh score (CPT)</p>	
Age Restriction	<p>a) 3 years or more</p>	
Prescriber Restriction	<p>a) Infectologist</p> <p>b) Hepatologist</p> <p>c) Gastroenterologist</p> <p>d) Liver Transplant Specialist</p> <p>e) Renal Transplant Specialist</p> <p>f) HIV Specialist</p> <p>g) Primary Care Physicians</p>	
Coverage Duration	<p>a) FA requests will be approved, for the time prescribed, however dispensing of Mavyret must be monthly</p>	
Page 2		

ATTACHMENT 7

MANDATED AND UNIFORM
PROTOCOL FOR CONDITIONS
INCLUDED IN SPECIAL
COVERAGE

PR Medicaid Special Conditions Registry

Normative Letter 21-0511



SENADO

Estado Libre Asociado de Puerto Rico

EL CAPITOLIO
SAN JUAN, PUERTO RICO 00901

LEY 67-20 23

Yo, **Yamil Rivera Vélez**, Secretario del Senado de Puerto Rico,

CERTIFICO:

Que el **P. del S. 681**, titulado:

“LEY

Para crear la “Ley para el Cernimiento y Diagnóstico de la Hepatitis A, B, y C en Puerto Rico”, a los fines de establecer como política pública del Estado Libre Asociado de Puerto Rico la erradicación del virus de la hepatitis en sus diferentes modalidades para el 2030; proveer para que se ofrezca la prueba de cernimiento de hepatitis A, B, y C como parte de las pruebas de rutina de toda evaluación médica; proveer para que se cubran las pruebas de cernimiento y diagnóstico de la hepatitis A, B, y C; y enmendar el Artículo 3 de la Ley 232-2000, conocida como “Ley de Certificación de Salud de Puerto Rico”, a los fines de incluir las pruebas de hepatitis A, B, y C entre las pruebas requeridas para obtener un certificado de salud; y para otros fines relacionados.”

ha sido aprobado por el Senado de Puerto Rico y la Cámara de Representantes en la forma que expresa el ejemplar que se acompaña.

PARA QUE ASI CONSTE, y para notificar al Gobernador de Puerto Rico, expido la presente en mi oficina en el Capitolio, San Juan, Puerto Rico, el día treinta y uno (31) del mes de mayo del año dos mil veintitrés y estampo en ella el sello del Senado de Puerto Rico.

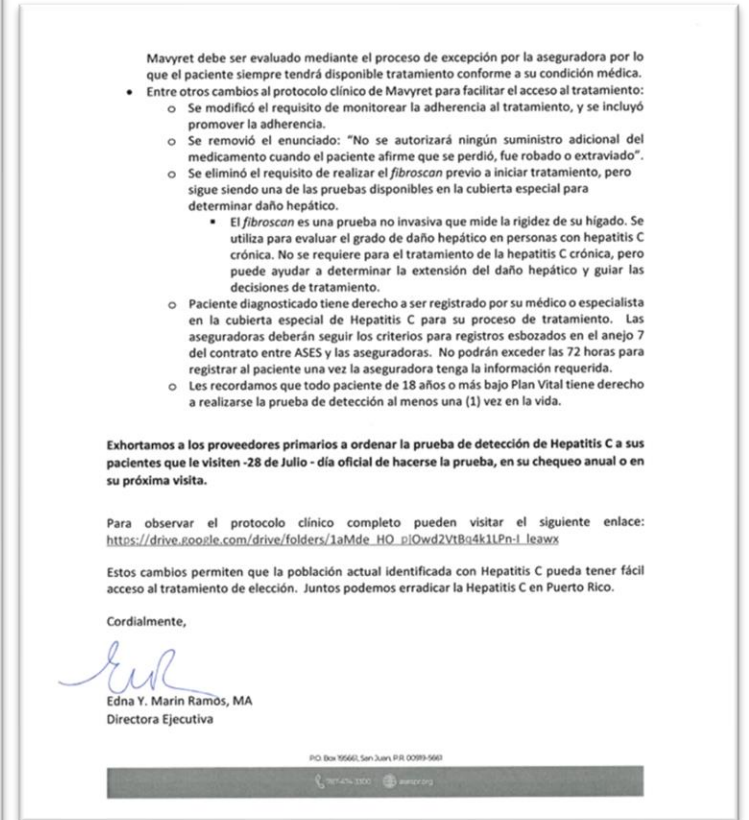
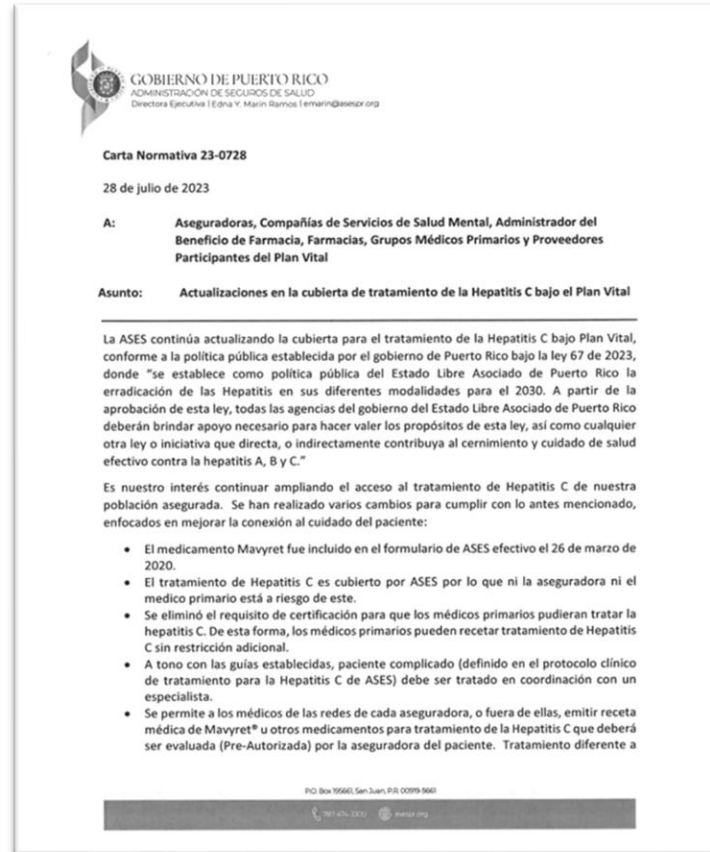

Yamil Rivera Vélez
Secretario del Senado

ACT 67 OF 2023 PR HEP C SCREENING AND DIAGNOSTIC LAW

- Make HCV elimination a public policy priority in Puerto Rico
- Order the inclusion of HCV testing in all routine medical testing
- Order the reimbursement by payors of HCV diagnostic tests
- Include HCV test as part of the tests required to obtain a Health Certificate to work.

Normative Letter 23-0728

- ASES Normative letter 23-0728 is a summary of all new changes adopted to continue making advances in HCV eradication in PR.
- It includes all previous and new important changes made to the PA protocol
- Law #67 which establishes HCV eradication as a public policy
- July 28, 2023



VITAL- MARCH 2020 TO NOV 2023

1,526 PATIENTS TREATED

Service date: 3/1/2020 - 11/30/2023

1,526 pacientes tratados desde el 2020

Dispensable Name	HIV Flag	Claim Count	Utilizing Members	Plan Paid	Patient Paid
Mavyret Oral Tablet 100-40 MG	Monoinfectados	3049	1553	\$40,134,380.50	\$1,428.00
Mavyret Oral Tablet 100-40 MG	Coinfectados	4	3	\$52,274.00	\$8.00
Epclusa Oral Tablet 400-100 MG	Monoinfectados	31	11	\$764,830.30	\$42.00
Sofosbuvir-Velpatasvir Oral Tablet 400-100 MG	Monoinfectados	268	89	\$2,141,761.30	\$369.00
Vosevi Oral Tablet 400-100-100 MG	Monoinfectados	19	7	\$484,116.09	\$22.00
Total pagado				\$43,577,362.19	

Dispensable Name	Member Gender	HIV Flag	Claim Count	Utilizing Members
Mavyret Oral Tablet 100-40 MG	Female	Monoinfectados	760	389
Mavyret Oral Tablet 100-40 MG	Female	Coinfectados	2	1
Mavyret Oral Tablet 100-40 MG	Male	Monoinfectados	2289	1164
Mavyret Oral Tablet 100-40 MG	Male	Coinfectados	2	2
Epclusa Oral Tablet 400-100 MG	Female	Monoinfectados	15	5
Epclusa Oral Tablet 400-100 MG	Male	Monoinfectados	16	6
Sofosbuvir-Velpatasvir Oral Tablet 400-100 MG	Female	Monoinfectados	56	23
Sofosbuvir-Velpatasvir Oral Tablet 400-100 MG	Male	Monoinfectados	212	66
Vosevi Oral Tablet 400-100-100 MG	Female	Monoinfectados	3	1
Vosevi Oral Tablet 400-100-100 MG	Male	Monoinfectados	16	6

ADMINISTRACIÓN DE
SEGUROS DE SALUD
DE PUERTO RICO

ASES



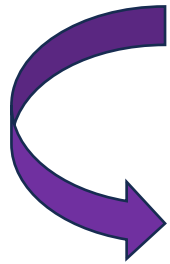
MICRO-ELIMINATION STRATEGIES FOR THE HARDEST TO TREAT

Hepatitis C Virus Priority Sites

Screening, management and treatment recommendations for unique and key populations.

PWID are a key population for targeted micro-elimination strategies.
Opioid treatment programs
Syringe services programs
Detoxification centers

Community health centers
Homeless shelters
Correctional facilities



SCREENING



SURVEILLANCE

Hepatitis C Virus Surveillance Strategies

Expand infrastructure & workforce

Automate reporting & review

Conduct sampling & census studies

ASSMCA PROJECT

PWID Population

- Supporting patient education efforts on HCV disease awareness and burden of disease
- Enabling screening and testing through partnerships with third party providers
- Enabling the connection between ASSMCA and ASES to ensure a robust HCV provider network to connect patients swiftly to care
- Engagement with key stakeholders in the ASSMCA provider network to ensure appropriate engagement levels at all levels of the organization and share continuous learnings

>2,000 HCV tests

48% positivity rate



ASSMCA PROJECT

Participante de ASSMCA tener la **Recertificación VITAL**

Prueba Inicial **Reflex Positiva**

Reflex testing means the laboratory will perform the hepatitis C antibody test, and if the result is positive, the laboratory will immediately perform an HCV ...

Md's ASSMCA en colaboración con el Manejador de Caso de ASSMCA Registra al paciente en **Cubierta Especial** siguiendo los requisitos de cubierta especial. Enmienda #7. Debe certificar que este participante es uno del Programa de ASSMCA.

Proceso aprobación de la **Aseguradora Cubierta Especial (72 horas)**

MCO's Asignar un Manejador de Caso en cada Plan.

- Pruebas (Deben ser ordenada por el Médico Med Tratante)**
- Cirrosis de Hígado - Seleccionar una de ellas:
 1. Liver Biopsy with Metavir score of F0, F1, F2, F3 or F4iii;
 2. FibroTest (eg.Fibrosure) score;
 3. AST to Platelet Ratio Index (APRI) score;
 4. Ultrasound images consistent with cirrhosis
 5. Clinical findings consistent with cirrhosis
 6. Historia de Trasplante de Hígado
 - CBC
 - CMP
 - HIV
 - Hepatitis B
 - Mujer - Prueba Embarazo
 - Preguntar si ha recibido tratamiento previo

Md's ASSMCA se convierte en el médico Tratante de Hepatitis C estará autorizado a ordenar las pruebas y MCO's a cubrirla. .

Md's Evaluará el laboratorios y determinará el tratamiento es más adecuado

Excep. que debe ser referido al Sub especialista:
 Cirrosis Descompensada
 Hepatitis B postiva
 Fallo Renal
 Post Trasplantado
 VIH

Si el paciente no cualifica para el Mavyret® Puede ser utilizado otras alternativas aprobadas.

Tratamiento

Manejador de Caso ASSMCA enviar Rx Farmacias Especializada o de comunidad

Proceso aprobación de la MCO's de la **Rx (72 horas)**

MC ASSMCA lo Registra a el paciente se le **Rx Mavyret®**
 Referir al participante a Programa de apoyo de **Abbvie Contigo**

#LaHepatitisCNosTocaTodos

ASSMCA informa al médico primario que este fue tratado

Simplified testing, diagnosis and treatment

Non-specialist providers to manage HCV

Decentralized care in the community

Simple management guidelines and protocols

JUSTICE POPULATIONS AND HCV TESTING AND TREATMENT

- Justice Populations: Incarcerated persons, pre-trial detention, probation, and parole
- Most persons with untreated HCV Infection are associated with the correctional medical system
- There has been limited HCV testing and treatment among incarcerated persons which will be required to achieve HCV elimination goals

Simplified testing, diagnosis and treatment

Non-specialist providers to manage HCV

Decentralized care in the community

Simple management guidelines and protocols

Programa de Salud Correccional



"To deliver healthcare services to incarcerated people, CH employs a hybrid management model comprising of in-house direct care providers and contracted healthcare delivery through third party healthcare providers (e.g., Physicians, Mental health professionals). While most states in the U.S. have a direct-care model or use staff for administration and outsource healthcare, CH's model is relatively complex and unique, with the contracted vendor directly managing CH's roster staff. In FY2018, CH spent \$8,499 per incarcerated person to provide healthcare services, while median spend across U.S. mainland states was \$5,763.293." – FOMB, Certified Fiscal Plan (2021)

PROTOCOL FOR ACCESS TO HEPATITIS C TREATMENT FOR MEMBERS OF THE CORRECTIONAL POPULATION TRANSITIONING TO THE FREE COMMUNITY

- Members of the correctional population with a probable release date of six (6) months will be included in the protocol for liaison to HCV treatment
- Members of the Correctional population with HCV antibody reactive testing will require an HCV RNA test to confirm Hepatitis C infection
- VITAL, Medicaid Special Conditions Registry
- Facilitate the link to viral hepatitis C treatment of at least 95% of members of the correctional population transitioning to the free community with a positive diagnosis of viral hepatitis C in collaboration with the Puerto Rico Department of Corrections and Rehabilitation (DCR) by December 2024.
- Develop a protocol for the implementation of the Hepatitis C Test-to-Treat Model for the 9 Centers for the Prevention and Treatment of Communicable Diseases of the PR Department of Health on or before December 2024.
- Promote the use of the Hepatitis C Test-to-Treat Model protocol to be implemented in at least 20 Primary Health Centers (PHCs) in all health regions of Puerto Rico by December 2024.



Actividades	Población Objeto	Responsables	Indicador
Objetivo 2.3	Asegurar el enlace a tratamiento del 100% de los miembros de la población correccional en transición a la libre comunidad con un diagnóstico positivo a hepatitis viral C que reciben y completan el tratamiento al 2030.		
Objetivo específico 2.3.1	Facilitar el enlace a tratamiento de hepatitis viral C de al menos el 95% de los miembros de la población correccional en transición a la libre comunidad con un diagnóstico positivo a hepatitis viral c en colaboración con el Departamento de Corrección y Rehabilitación de Puerto Rico (DCR) a diciembre de 2024.		
2.3.1.1 Establecer acuerdos colaborativos con el DCR para asegurar el enlace a tratamiento.	Participantes con un diagnóstico	Lider DSPR Administración DCR	<ul style="list-style-type: none"> • Acuerdo colaborativo con el DCR establecido
2.3.1.2 Revisión del protocolo actual de Enlace a Tratamiento de Hepatitis C de los miembros de la Población Correccional en Transición a la Libre Comunidad de <u>Physician Correccional</u> para robustecer y atemperar el protocolo.	Población correccional en transición a la libre comunidad Personas sumariadas y bajo supervisión comunitaria.	Lider DSPR Coordinador DSPR	<ul style="list-style-type: none"> • Protocolo revisado
2.3.1.2 Hacer taller educativo donde se explique el protocolo de enlace a tratamiento al personal del DCR.	Personal de Departamento de Corrección y Rehabilitación (<i>coordinadores de salida</i>).	Lider DSPR Coordinador DSPR Administración DCR	<ul style="list-style-type: none"> • Taller educativo desarrollado • # de profesionales de la salud impactados

CONNECTING PATIENT TO CARE IS POSSIBLE

Test and Treat Model for PCPs, **FQCHC**

Who is Eligible for Simplified HCV Treatment Algorithm

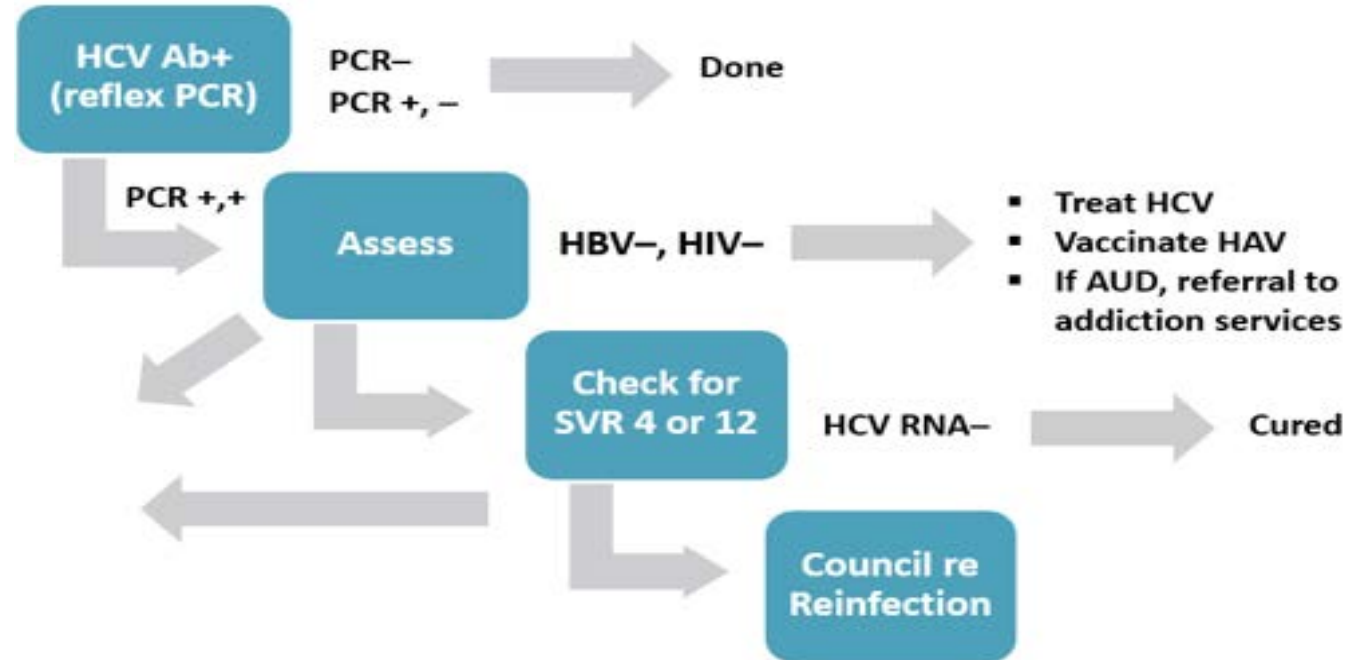
Adults with chronic HCV infection, including persons living with HIV:

- Infected with any genotype
- Have not previously received HCV treatment
- Without cirrhosis or with compensated cirrhosis (Child-Pugh A) as determined by:
 - Liver stiffness >12.5 kPa by FibroScan
 - FIB-4 >3.25
 - Noninvasive serologic test*
 - Liver biopsy
 - Liver nodularity or splenomegaly on imaging
 - Platelet count <150,000/mm³

Who is Excluded from Simplified HCV Treatment Algorithm

Adults with chronic HCV infection:

- Previously received HCV treatment
- Hepatitis B surface antigen-positive
- Compensated cirrhosis (Child-Pugh A) with end-stage renal disease (eGFR <30 mL/min/m²)
- Current or prior decompensated cirrhosis, defined by Child-Pugh score ≥7^b
- Current pregnancy
- Known or suspected hepatocellular carcinoma
- Prior liver transplantation



Referral Specialist/ Consultant



Specialized Test & Coverage



Transportation



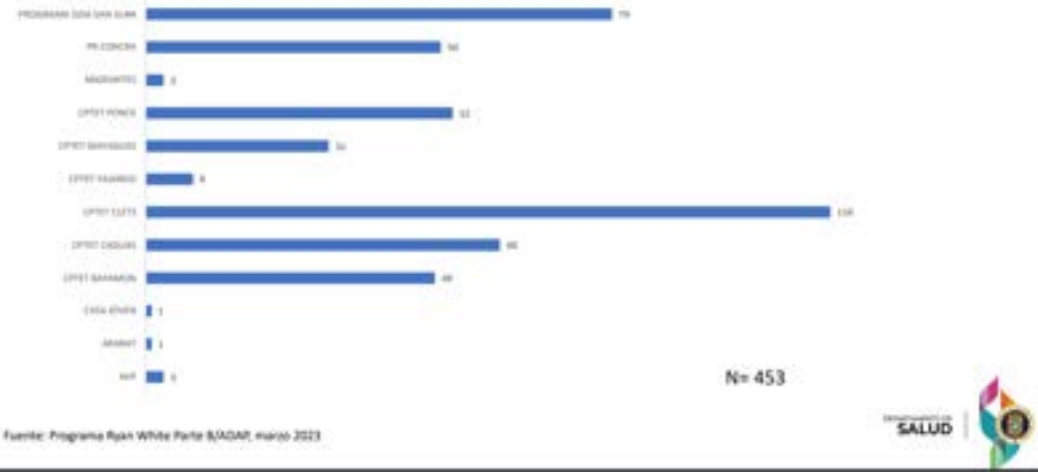
Family Support



Patient Navigator to assist L2C

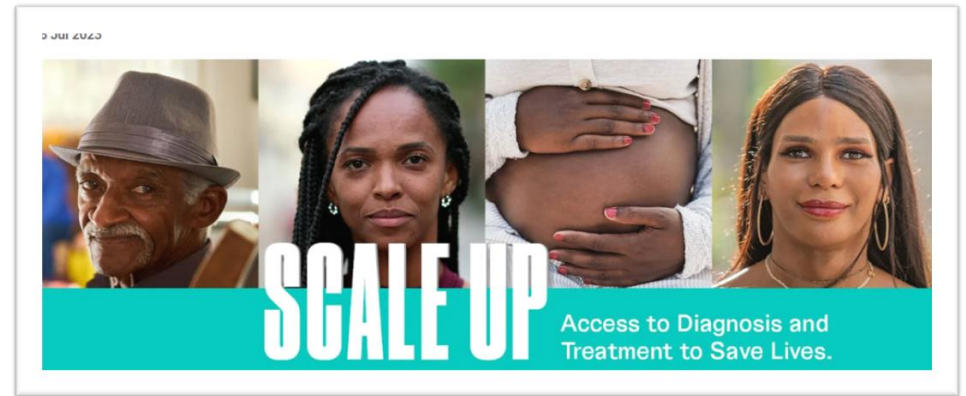
HEPATITIS C IN HIV COINFECTED PATIENTS

NÚMERO DE PERSONAS QUE RECIBIERON TRATAMIENTO VHC,
SUBVENCIONADO POR ADAP, POR CENTRO CLINICO DE LA RED DEL
PROGRAMA: Noviembre 2015 a Diciembre 2022



- Ryan White Program/ADAP, treating eligible patients
- 54 Clinical Centers
- From 2015 to 2022, 453 treated patients
- 98% treated patients reached SVR (Cure)

SUMMARY



- The elimination of chronic HCV is urgent and important.
- Many factors interact to determine the success of an elimination program
- Initial Challenges:
 - National policy plan
 - Availability of epidemiological data
 - Awareness of HCV among the general population and high-risk groups
- The simplification of treatment access, and treatments tailored to the different settings are key aspects towards achieving HCV elimination.
- Prioritize at-risk populations, such as PWIDs and prisoners
- Despite the challenges entailed, effort to eliminate hepatitis C is essential to reduce morbidity and mortality.

