New Clinical Guidelines Prioritize Care Among Hep C Patients

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The American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA) have issued a new chapter of their hepatitis C treatment guidelines that instructs clinicians on how to prioritize care among patients seeking a cure. The highest priority, the guidelines say, should be given to those who have advanced fibrosis, compensated cirrhosis and to those who have had a liver transplant. High priority should be given to those who are at significant risk for liver-related complications and severe hep C-related complications that are not related to the liver.

“New therapies recently approved by the FDA and those that are in the pipeline and will reach market soon will completely change the landscape for patients with hepatitis C,” Steven Echard, AASLD chief executive officer, said in a release. “We have filled a void in providing reputable and timely information to health care providers and their patients by addressing whom to treat and when, as well as identifying patients that are in immediate need of treatment and those who can safely wait for the next generation of drugs.”

The recommendations were developed by a panel of 27 liver disease and infectious disease specialists as well as one patient advocate. The guidelines are considered a living document, to be updated as new information about hep C treatment emerges.

On a conference call about the guidelines, members of the panel stressed that they ultimately recommend treatment for all, regardless of disease severity, and that cost does not weigh into their decisions about prioritizing care. The need to set up a hierarchy of care, they said, arises from the fact that there are not currently enough specialists available to meet the potential demand for treatment. People with hep C may also want to weigh whether to delay treatment based upon convenience or particulars to do with insurance, such as affording co-pays. So giving those living with the disease a better sense of the urgency of treatment can be helpful.

However, calling cost “the elephant in the room,” panel member Michael Saag, MD, an infectious disease specialist at the University of Alabama at Birmingham School of Medicine, acknowledged that these guidelines will indeed help show insurers which people with hep C are considered high priority for treatment.

Jules Levin, executive director of the National AIDS Treatment Advocacy Project, who is one of the nation’s leading advocates for people living with hep C, criticized the guidelines as “unparalleled and unprecedented” as well as “divisive,” saying they would ultimately provide Medicaid programs a cover behind which to hide in the restriction of coverage.