Hep C Treatment Guidelines for Priority Care Updated Again

November 26, 2014

Guidelines for the treatment of hepatitis C virus (HCV) have been updated once again to emphasize that those with advanced fibrosis or compensated cirrhosis should be treated first.

This move on the part of the American Association for the Study of Liver Diseases and the Infectious Diseases Society of America is sure to rankle treatment advocates, who have criticized previous guidelines for care prioritization that have apparently been used as a template by state Medicaids to design coverage restriction policies.

The revised guidelines state that immediate treatment is recommended for hep C-positive people who have a Metavir F3 score, indicating advanced fibrosis, or an F4 score, indicating compensated cirrhosis, as well as for liver transplantees and people with severe extrahepatic HCV.

In an apparent nod to cost-cutting measures on the part of payers balking at the mammoth cost of treating hep C, the guidelines state that "[b]ased on available resources, immediate treatment should be prioritized as necessary" for people in these high-risk categories.

The guidelines also add women who wish to get pregnant to the list of categories of people whose treatment may reduce transmission of the virus. While the guidelines state that mother-to-child transmission of hep C doesn't occur if an expectant mother doesn't have a detectable viral load, they acknowledge that the safety of treating expectant mothers with direct-acting antivirals hasn't been established and therefore treatment during pregnancy is not recommended.

To read the revised guidelines (the revised portions are highlighted), click here.

© 2026 Smart + Strong All Rights Reserved.

http://beta.docker.hepmag.com/article/guidelines-update-26499-2062421148