

New HCV reimbursement criteria 01-2018

- Chronic hepatitis C with \geq F2 fibrosis stage
- Chronic hepatitis C regardless of fibrosis stage if:
 - HIV-HCV coinfection
 - HBV-HCV coinfection
 - Listed for or post-solid organ transplantation
 - Listed for or post hematopoietic stem cell/bone marrow transplantation
 - Severe extrahepatic manifestation: diffuse large cell lymphoma B, immunomedi­ated vasculitis, renal disease related to mixed cryoglobulinemia
 - Patient on dialysis
 - Hemophilia or other coagulation disorder
 - Hemoglobinopathy
 - Pregnancy (however contra-indicated in all smpc, and IFN free combinations never tested in pregnant women): BASL recommendation is to never treat a pregnant woman

New HCV reimbursement criteria 01-2018

- Prescription by a Specialist in Gastroenterology or Internal Medicine
 - Attached to an academic centre if 580, 588 or 987
 - Attached to academic **or** non academic hospital if 650, 651 or 659
 - Training in Hepatology (**15 CME/year**, see details on next slide)
 - Agrees to record follow-up data of treated patients
- Trough e-health platform
- According to international Recommendations

How to obtain 15 CME credits in Hepatology?

- BASL winter meeting: 6 CME credits
- BASL Liver course: 3 CME credits
- Belgian Week (BASL session-specific accreditation): 6 CME credits
- EASL meeting: 27 CME credits
- AASLD meeting: 40.5 CME credits
- EPU journée d'Hépatologie de l'hôpital Beaujon: 6 CME credits
- Erasmus Liver day Rotterdam: 6 CME credits

This is the responsibility of each prescriber to be able to demonstrate his/her credits in Hepatology

How to obtain 15 CME credits in Hepatology?

- Paris Hepatitis conference (2 days): 12 CME credits
- Barcelona Liver course (every 2 years, 3 days): 18 CME credits
- Other international or foreign national liver meetings not mentioned above like EASL monothematic conferences, Dutch Liver week, AFEF meeting in France... are also accepted CME credits in Hepatology
- Other national meetings, not mentioned above, and focused on liver diseases are also accepted CME credits in Hepatology

This is the responsibility of each prescriber to be able to demonstrate his/her credits in Hepatology

METAVIR F2-F3-F4 criteria consensus

(agreed at RIZIV-INAMI 01.12.2016)

EITHER A LIVER BIOPSY, or

EITHER 1 ELASTOGRAPHY TEST (CUT-OFFS SEE NEXT SLIDE)

+ 1 BIOLOGICAL FIBROSIS SCORE (CUT-OFFS SEE NEXT SLIDE)

TESTS
MAXIMUM AGE OF ELASTOGRAPHY AND LAB VALUES TO BE USED FOR BIOLOGICAL
= 1 YEAR
RESULTS TO BE KEPT IN FILE OF PATIENT (SCORES & LAB VALUES USED FOR THE
TEST)

cut-offs of **ELASTOGRAFY for fibrosis assessment F2-F3-F4**
chronic hepatitis C

(agreed at RIZIV-INAMI 01.12.2016)

1. FIBROSCAN¹

Valid if 10 correct measurements, success rate > 60%, IQR < 30%

F2 ≥ 7.1 kPA

F3 ≥ 9.5 kPA

F4 ≥ 12.5 kPA

2. SHEAR WAVE ELASTOGRAFIE²

F2 ≥ 7.1 kPA

F3 ≥ 8.7 kPA

F4 ≥ 10.4 kPA

3. ACOUSTIC RADIATION FORCE IMPULSE (ARFI, SIEMENS TECHNIQUE)^{3,4}

F2 ≥ 1.22 m/s

F3 ≥ 1,55 m/s

F4 ≥ 1,80 m/s

¹Castera et al. Gastroenterology 2005

²Ferraioli et al Hepatology 2012

³Friedrich-Rust et al J Viral Hepat 2012

⁴Ferraioli et al J Ultrasound Med 2014

cut-offs of ***BIOLOGICAL FIBROSIS-SCORES*** for assessment
F2-F3-F4 in chronic hepatitis C
(agreed at RIZIV-INAMI 01.12.2016)

1. FIBROTEST (BIOPREDICTIVE):

Elements : α 2 macroglobulin, haptoglobin, apolipoprotein A1, total bilirubin, GGT

F2 : ≥ 0.49

F3: 0.59-0.72

F3-F4: 0.73-0.74

F4: ≥ 0.75

2. APRI (AST-PLATELET RATIO)

In a pure HCV cohort

F2: APRI not to use for detection of F2

F3: ≥ 1

F4: ≥ 1.6

Reference: Holmberg, Clin Infect Dis 2013

3. FIB-4 (age, AST,ALT, platelets)

F2 ≥ 1.45

F3: ≥ 2.1

F3-F4: ≥ 3.25

F4: ≥ 3.85

References: Vallet-Pichard, Hepatology 2007, Holmberg, Clin Infect Dis 2013, Martinez APT 2011

Useful website: www.hepatitisc.uw.edu/page/clinical-calculators

Treatment options for antiviral therapy in Belgium

Update 06-2018

	Genotype 1a	Genotype 1b
Non-cirrhotic	<p>Sofosbuvir + Daclatasvir 12 wk Glecaprevir/Pibrentasvir 8 wk Ledipasvir/Sofosbuvir 12 wk* Velpatasvir/Sofosbuvir 12 wk Elbasvir/Grazoprevir 12 wk**</p> <p>*consider 8 wk if naïve and HCVRNA < 6.10⁶ IU/mL **consider 16 wk + RBV if HCVRNA>800.000 IU/mL or if baseline NS5a RAs</p>	<p>Sofosbuvir + Daclatasvir 12 wk Glecaprevir/Pibrentasvir 8 wk Ledipasvir/Sofosbuvir 12 wk* Velpatasvir/Sofosbuvir 12 wk Elbasvir/Grazoprevir 12 wk</p> <p>*consider 8 wk if naïve and HCVRNA < 6.10⁶ IU/mL</p>
Cirrhotic compensated	<p>Sofosbuvir + Daclatasvir + RBV 12 wk* Ledipasvir/Sofosbuvir + RBV 12 wk* Glecaprevir/Pibrentasvir 12 wk Velpatasvir/Sofosbuvir 12 wk Elbasvir/Grazoprevir 12 wk**</p> <p>*In case of poor RBV tolerance, prolong to 24 wk without RBV **consider 16 wk + RBV if HCVRNA>800.000 IU/mL or if baseline NS5a RAs</p>	<p>Sofosbuvir + Daclatasvir +/- RBV 12 wk* Glecaprevir/Pibrentasvir 12 wk Ledipasvir/Sofosbuvir +/- RBV 12 wk* Velpatasvir/Sofosbuvir 12 wk Elbasvir/Grazoprevir 12 wk</p> <p>*In case of poor RBV tolerance, prolong to 24 wk without RBV</p>
PI experienced	<p>Sofosbuvir + Daclatasvir + RBV 12 wk Ledipasvir/Sofosbuvir + RBV 12 wk Velpatasvir/Sofosbuvir + RBV 12 wk</p> <p>Consider 24 wk + RBV in F3-F4 patients</p>	<p>Sofosbuvir + Daclatasvir + RBV 12 wk Ledipasvir/Sofosbuvir + RBV 12 wk Velpatasvir/Sofosbuvir + RBV 12 wk</p> <p>Consider 24 wk + RBV in F3-F4 patients</p>
NS5a experienced	<p>Sofosbuvir/Velpatasvir/Voxilaprévir 12 wk (contraindicated in decompensated cirrhosis)</p>	<p>Sofosbuvir/Velpatasvir/Voxilaprévir 12 wk (contraindicated in decompensated cirrhosis)</p>

No priority in the listing

Treatment options for antiviral therapy in Belgium

Update 06-2018

<p>Cirrhotic decompensated</p>	<p>Sofosbuvir + Daclatasvir + RBV 12 wk* Ledipasvir/Sofosbuvir + RBV 12 wk* Velpatasvir/Sofosbuvir + RBV 12 wk*</p> <p>*In case of poor RBV tolerance, prolong to 24 wk without RBV</p> <p>consider treating after Tx if MELD > 18</p>	<p>Sofosbuvir + Daclatasvir + RBV 12 wk* Ledipasvir/Sofosbuvir + RBV 12 wk* Velpatasvir/Sofosbuvir + RBV 12 wk*</p> <p>*In case of poor RBV tolerance, prolong to 24 wk without RBV</p> <p>consider treating after Tx if MELD > 18</p>
<p>Post-organ transplant</p>	<p>Same recommendations than non transplanted patients</p> <p>RBV should be considered in all patients. However, the need for RBV in non-cirrhotic patients has not been established</p> <p>However, potential drug-drug interactions with immunosuppressant agents requires careful selection of agents</p>	<p>Same recommendations than non transplanted patients</p> <p>RBV should be considered in all patients. However, the need for RBV in non-cirrhotic patients has not been established</p> <p>However, potential drug-drug interactions with immunosuppressant agents requires careful selection of agents</p>
<p>HIV-HCV coinfectd</p>	<p>Same recommendations than monoinfected HCV patients</p> <p>However, potential drug-drug interactions in patients receiving antiretroviral agents requires careful selection of agents</p>	<p>Same recommendations than monoinfected HCV patients</p> <p>However, potential drug-drug interactions in patients receiving antiretroviral agents requires careful selection of agents</p>

No priority in the listing

Treatment options for antiviral therapy in Belgium

Update 06-2018

	Genotype 2
Non-cirrhotic	<p>Sofosbuvir + Velpatasvir 12 wk Sofosbuvir + Daclatasvir 12 wk Glecaprevir/Pibrentasvir 8 wk</p> <p>If previous failure of Sofosbuvir + Ribavirin: Glecaprevir/Pibrentasvir 8 wk or Sofosbuvir + Velpatasvir or Daclatasvir + Ribavirin 12 weeks</p>
Cirrhotic compensated	<p>Sofosbuvir + Velpatasvir 12 weeks Sofosbuvir + Daclatasvir 12 weeks Glecaprevir/Pibrentasvir 12 wk</p> <p>If previous failure of Sofosbuvir + Ribavirin: Glecaprevir/Pibrentasvir 12 wk or Sofosbuvir + Velpatasvir or Daclatasvir + Ribavirin 24 weeks</p>
PI experienced	<p style="text-align: center;">Not applicable</p> <p>1.</p>
NS5a experienced	<p>Sofosbuvir/Velpatasvir/Voxilaprévir 12 wk (contraindicated in decompensated cirrhosis)</p>

No priority in the listing

Treatment options for antiviral therapy in Belgium

Update 06-2018

	Genotype 2
Cirrhotic decompensated	<p>Sofosbuvir + Velpatasvir + Ribavirin 12 weeks Sofosbuvir + Daclatasvir + Ribavirin 12 weeks</p> <p>*In case of poor RBV tolerance, prolong to 24 wk without RBV consider treating after Tx if MELD > 18</p>
Post-organ transplant	<p>Same recommendations than non transplanted patients</p> <p>RBV should be considered in all patients. However, the need for RBV in non-cirrhotic patients has not been established</p> <p>However, potential drug-drug interactions with immunosuppressant agents requires careful selection of agents</p>
HIV-HCV coinfectd	<p>Same recommendations than monoinfected HCV patients</p> <p>However, potential drug-drug interactions in patients receiving antiretroviral agents requires careful selection of agents</p> <p>No priority in the listing</p>

Treatment options for antiviral therapy in Belgium

Update 06-2018

	Genotype 3
Non-cirrhotic	<p>Sofosbuvir + Daclatasvir 12 wk Velpatasvir/Sofosbuvir 12 wk Glecaprevir/Pibrentasvir 8 wk*</p> <p>both for treatment-experienced (IFN) or -naive patients *16 wk for patients who failed prior therapy with IFN-based therapy+/- SOF or SOF+RBV</p>
Cirrhotic compensated	<p>Sofosbuvir + Daclatasvir + RBV 24 wk* ** Velpatasvir/Sofosbuvir 12 wk* + RBV** Glecaprevir/Pibrentasvir 12-16 wk***</p> <p>*treatment naive **treatment experienced (IFN) ***16 wk for patients who failed prior therapy with IFN-based therapy+/- SOF or SOF+RBV</p>
PI experienced	<p>Not applicable</p> <p>1.</p>
NS5A experienced	<p>Sofosbuvir/Velpatasvir/Voxilaprévir 12 wk (contraindicated in decompensated cirrhosis)</p>

No priority in the listing

Treatment options for antiviral therapy in Belgium

Update 06-2018

	Genotype 3
Cirrhotic decompensated	<p>Sofosbuvir + Daclatasvir + RBV 24 wk Velpatasvir/Sofosbuvir + RBV 12 wk</p> <p>consider treating after Tx if MELD > 18</p>
Post-organ transplant	<p>Same recommendations than non transplanted patients</p> <p>RBV should be considered in all patients. However, the need for RBV in non-cirrhotic patients has not been established</p> <p>Potential drug-drug interactions with immunosuppressant agents requires careful selection of agents</p>
HIV-HCV coinfectd	<p>Same recommendations than monoinfected HCV patients</p> <p>Potential drug-drug interactions in patients receiving antiretroviral agents requires careful selection of agents</p>

No priority in the listing

Treatment options for antiviral therapy in Belgium

Update 06-2018

	Genotype 4
Non-cirrhotic	<p>Sofosbuvir + Daclatasvir 12 wk Glecaprevir/Pibrentasvir 8 wk Ledipasvir/Sofosbuvir 12 wk Velpatasvir/Sofosbuvir 12 wk Elbasvir/Grazoprevir 12 wk</p>
Cirrhotic compensated	<p>Sofosbuvir + Daclatasvir 12 wk Glecaprevir/Pibrentasvir 12 wk Ledipasvir /Sofosbuvir 12 wk Velpatasvir/Sofosbuvir 12 wk Elbasvir/Grazoprevir 12 wk</p>
PI experienced	<p>Sofosbuvir + Daclatasvir + RBV 12 wk Ledipasvir/Sofosbuvir + RBV 12 wk Velpatasvir/Sofosbuvir + RBV 12 wk</p> <p>Consider 24 wk + RBV in F3-F4 patients</p>
NS5a experienced	<p>Sofosbuvir/Velpatasvir/Voxilaprèvir 12 wk (contraindicated in decompensated cirrhosis)</p>

No priority in the listing

Treatment options for antiviral therapy in Belgium

Update 06-2018

	Genotype 4
Cirrhotic decompensated	<p>Sofosbuvir + Daclatasvir + RBV 12 wk*</p> <p>Ledipasvir/Sofosbuvir + RBV 12 wk*</p> <p>Velpatasvir/Sofosbuvir + RBV 12 wk*</p> <p>*In case of poor RBV tolerance, prolong to 24 wk without RBV</p> <p>consider treating after Tx if MELD > 18</p>
Post-organ transplant	<p>Same recommendations than non transplanted patients</p> <p>RBV should be considered in all patients. However, the need for RBV in non-cirrhotic patients has not been established</p> <p>However, potential drug-drug interactions with immunosuppressant agents requires careful selection of agents</p>
HIV-HCV coinfectd	<p>Same recommendations than monoinfected HCV patients</p> <p>However, potential drug-drug interactions in patients receiving antiretroviral agents requires careful selection of agents</p> <p>No priority in the listing</p>

Treatment options for antiviral therapy in Belgium

Update 06-2018

	Genotype 5	Genotype 6
Non-cirrhotic	<p>Glecaprevir/Pibrentasvir 8 wk Sofosbuvir+Velpatasvir 12 wk Sofosbuvir+Ledipasvir 12 wk Sofosbuvir+Daclatasvir 12 wk</p>	<p>Glecaprevir/Pibrentasvir 8 wk Sofosbuvir+Velpatasvir 12 wk Sofosbuvir+Ledipasvir 12 wk Sofosbuvir+Daclatasvir 12 wk</p>
Cirrhotic compensated	<p>Glecaprevir/Pibrentasvir 12 wk Sofosbuvir+Velpatasvir 12 wk Sofosbuvir+Ledipasvir 12 wk Sofosbuvir+Daclatasvir 12 wk</p>	<p>Glecaprevir/Pibrentasvir 12 wk Sofosbuvir+Velpatasvir 12 wk Sofosbuvir+Ledipasvir 12 wk Sofosbuvir+Daclatasvir 12 wk</p>
PI experienced	<p>1. Sofosbuvir+Velpatasvir 12 wk Sofosbuvir+Ledipasvir 12 wk Sofosbuvir+Daclatasvir 12 wk</p>	<p>Sofosbuvir+Velpatasvir 12 wk Sofosbuvir+Ledipasvir 12 wk Sofosbuvir+Daclatasvir 12 wk</p>
NS5a experienced	<p>Sofosbuvir/Velpatasvir/Voxilaprévir 12 wk (contraindicated in decompensated cirrhosis)</p>	<p>Sofosbuvir/Velpatasvir/Voxilaprévir 12 wk (contraindicated in decompensated cirrhosis)</p>

No priority in the listing

Treatment options for antiviral therapy in Belgium

Update 06-2018

	Genotype 5	Genotype 6
Cirrhrotic decompensated	<p>Sofosbuvir+Velpatasvir+RBV* 12 wk Sofosbuvir+Ledipasvir+RBV* 12 wk Sofosbuvir+Daclatasvir+RBV*12 wk</p> <p>*In case of poor RBV tolerance, prolong to 24 wk without RBV</p> <p style="text-align: center;">consider treating after Tx if MELD > 18</p>	<p>Sofosbuvir+Velpatasvir+RBV* 12 wk Sofosbuvir+Ledipasvir+RBV* 12 wk Sofosbuvir+Daclatasvir+RBV*12 wk</p> <p>*In case of poor RBV tolerance, prolong to 24 wk without RBV</p> <p style="text-align: center;">consider treating after Tx if MELD > 18</p>
Post-organ transplant	<p style="text-align: center;">Same recommendations than non transplanted patients</p> <p>RBV should be considered in all patients. However, the need for RBV in non-cirrhrotic patients has not been established</p> <p>However, potential drug-drug interactions with immunosuppressant agents requires careful selection of agents</p>	<p style="text-align: center;">Same recommendations than non transplanted patients</p> <p>RBV should be considered in all patients. However, the need for RBV in non-cirrhrotic patients has not been established</p> <p>However, potential drug-drug interactions with immunosuppressant agents requires careful selection of agents</p>
HIV-HCV coinfectd	<p style="text-align: center;">Same recommendations than monoinfected HCV patients</p> <p>However, potential drug-drug interactions in patients receiving antiretroviral agents requires careful selection of agents</p>	<p style="text-align: center;">Same recommendations than monoinfected HCV patients</p> <p>However, potential drug-drug interactions in patients receiving antiretroviral agents requires careful selection of agents</p>

No priority in the listing