

Battling a Stormy C: Addressing Managed Care Challenges and Opportunities in Management of Hepatitis C

This supplement to *The American Journal of Managed Care* will provide an overview of hepatitis C virus (HCV) including risk factors for HCV infection, factors associated with disease progression, treatment options, and considerations for managed care. Standard-of-care therapies and new and emerging therapeutic strategies for the management of HCV are discussed, along with strategies for promoting adherence.

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Type of activity: Knowledge

Medium: Print with Internet-based posttest, evaluation, and request for credit.

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Intended Audience

Medical directors, pharmacy directors, specialty pharmacists, and other managed care professionals who oversee the care of patients with hepatitis C.

Statement of Educational Need

Hepatitis C virus (HCV) infects approximately 3% of the world's population and has been declared a global health threat by the World Health Organization due to its impact in terms of morbidity and mortality. An estimated 75% of individuals who acquire HCV develop persistent chronic HCV infection, with associated risk of progressive liver disease, cirrhosis, liver failure, or hepatocellular carcinoma. These complications and comorbidities lead to increased utilization of healthcare resources among HCV-infected patients. In the United States, HCV is the leading cause of liver disease-related death and end-stage liver disease requiring transplantation. Moreover, the burden of HCV-related morbidity and mortality continues to rise, because many individuals infected with HCV in the 1970s and 1980s are now facing increased risk of mortality after decades of progression to advanced liver disease. Liver disease has overtaken drug-related harm as the major cause of mortality in HCV-infected individuals in many settings.

Improving HCV management and outcomes involves addressing practice gaps in screening and diagnosis, as well as focusing research efforts into newer therapies that may overcome limitations of current treatments. The development and approval of direct-acting antiviral (DAA) therapy (eg, boceprevir, telaprevir) for chronic HCV infection has generated considerable optimism, with studies indicating significant improvement in treatment responses with the addition of DAAs to traditional interferon-based regimens. These therapeutic advances are essential, since the high HCV incidence 20 to 30 years ago is now reflected in the growing burden of advanced HCV-related liver disease. Without effective therapeutic intervention, the projected liver disease burden will continue to rise for at least the next 1 to 2 decades (and beyond) in those settings that have experienced ongoing high rates of HCV transmission.

Educational Objectives

Upon completion of the educational activity, the participants should be able to:

- Describe the clinical and economic burden associated with HCV infection
- Evaluate the efficacy and adverse effects of standard-of-care therapies in management of HCV infection and efforts to optimize viral eradication
- Assess the potential of new and emerging HCV therapeutic strategies, including safety and efficacy data in regard to improving treatment response and patient outcomes
- Examine managed care considerations in the management of HCV, including strategies for determining cost-effectiveness of treatment and the impact of changing treatment outcomes on managed care organizations
- Identify challenges in maintaining adherence with HCV treatment and discuss solutions in promoting adherence

Activity Fee

Physician: This activity is free of charge for physician participants requesting *AMA PRA Category 1 Credit™*.

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Obtaining Credit

Participants must read each article in this supplement, complete the posttest (achieving a passing score of 70% or higher), and complete an evaluation and request for credit. Detailed instructions on obtaining CE credit are included on the evaluation/posttest page contained in this supplement.