

Considerations for Medication for Addiction Treatment in HCV+ Patients

Patient name: _____

Has patient been treated for HCV? Yes No

If yes, with what drug regimen? _____

Has patient achieved sustained viral response (SVR; i.e. is cured of HCV)? Yes No

HCV provider contact information: _____

Points for discussion:

Buprenorphine, naloxone, and naltrexone are all metabolized through the liver; MAT is reasonable for patients with HCV with appropriate follow-up and cautious use in cases of advanced liver disease or acute hepatitis

Hepatic enzymes will be monitored at regular intervals

Patients must be educated about signs/symptoms of liver inflammation and advised to contact the clinical team or emergency department as needed

If buprenorphine/naloxone treatment is planned, key discussion points include:

- Baseline testing for transaminases is needed with retests based on clinical assessment
- Reports exist of rare increases in ALT levels; reductions in buprenorphine/naloxone may be indicated
- Patients with advanced hepatic impairment may experience higher peak exposure levels of naloxone than buprenorphine; dose adjustments and/or consideration of mono-tablet may be necessary

If naltrexone treatment is planned, key discussion points include:

- AST and ALT should be less than 5x the upper limit of normal at treatment initiation and retested 8-12 weeks after initiating naltrexone; use clinical discretion to guide frequency of monitoring
- Patients using extended-release injectable naltrexone who develop signs or symptoms of acute hepatitis should discontinue medication

Notes from patient discussion:

CONSIDER SCANNING THIS DOCUMENT INTO THE PATIENT RECORD.
MORE INFORMATION IS AVAILABLE IN THE OBAT POLICY AND PROCEDURE MANUAL