

**Department of
Veterans Affairs**

Memorandum

Date: SEP 09 2016

From: Assistant Deputy Under Secretary for Health for Clinical Operations (10NC)

Subj: Evaluation and Treatment of Veterans with Hepatitis C (HCV) and Co-occurring Substance Use or Mental Health Concerns

To: Network Directors (10N1-23)

1. This memorandum serves to reinforce VHA's current guidelines (Criteria for Use for Direct Acting Antivirals for HCV and the VA's HCV Treatment Considerations) on the evaluation and effective treatment of Veterans with chronic hepatitis C (HCV) and co-occurring mental health or substance use disorders.
2. Ongoing substance use involving alcohol, illicit drugs, and marijuana, or participation in an opioid replacement program, should not be an automatic exclusion criterion for HCV treatment. There are no published data supporting a minimum length of abstinence or showing that these patients are less likely to achieve sustained virologic response (SVR) with HCV treatment if they remain adherent.
3. **VISN, Facility, or provider blanket policies for automatic disqualification of patients as treatment candidates based on a specific length of abstinence is not appropriate and is strongly discouraged; such decisions must be made on a case-by-case basis by individual providers in consultation with their patients.**
4. In some patients, substance use or alcohol use disorders may need to be addressed prior to initiation of HCV treatment because of the risk of non-adherence, re-infection, and/or greater clinical urgency. All patients should be evaluated for current alcohol and other substance use, with validated screening instruments, such as the AUDIT-C. Patients with severe mental health conditions (e.g., psychotic disorders, bipolar disorder, major depression, PTSD), as documented by psychiatric evaluation, who are engaged in mental health treatment should be considered for HCV therapy on a case-by-case basis.
5. Decisions regarding HCV treatment of patients with ongoing substance use or severe mental health conditions should be made by an experienced mental health provider who can assess the likelihood of adherence with medical recommendations, clinic visits, and medications.
6. If a patient is deferred for treatment based on problematic levels of alcohol or substance use, he/she should be referred for substance use treatment and must have

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a plan for re-evaluation for HCV treatment eligibility within a reasonable timeframe (e.g. 3-6 months).

7. The VA Central Office point of contact in the Office of Patient Care Services for this information is, available at Maggie.Chartier@va.gov, or 415-264-0878.
8. Thank you for your dedication and outstanding efforts to ensure all Veterans with HCV receive consideration for treatment.



Thomas G. Lynch, MD

Attachments:

CFU for DAAs

<http://www.pbm.va.gov/PBM/NationalFormulary.asp>

Chronic Hepatitis C Virus (HCV) Infection: Treatment Considerations

<http://www.hepatitis.va.gov/provider/guidelines/hcv-treatment-considerations.asp>