

## NYRx Education & Outreach Hepatitis C Newsletter

February 2026



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### Welcome!

In this issue, you'll find trending topics, information about the NYRx Education & Outreach team, quick access to commonly used publications, calendar events, links to resources, and how to contact us.

### Highlights

#### Quiet Victims of Hepatitis C: Children. What to Do Now?

While it is difficult to find reliable statistics on the number of children currently living with the Hepatitis C Virus (HCV), one recent estimate by [hcvguidelines.org](http://hcvguidelines.org) states that approximately 132,000 children and adolescents living in the United States are HCV antibody-positive (an estimate of prior exposure and/or infection). Most of these infections occur as a result of mother-to-child transmission (MTCT) in pregnant individuals who have chronic HCV, also referred to as perinatal transmission. While HCV does not normally contribute to mortality in children, between 5.8% – 7.2% of infants and children exposed during pregnancy or delivery will develop chronic liver diseases such as cirrhosis or hepatocellular carcinoma, due to lack of testing and subsequent treatment.<sup>1</sup> This seems to be an extraordinary burden for the most vulnerable members of our population.

Preventing MTCT is difficult. To date, treatment of HCV in pregnant women is not recommended due to a lack of safety data on treatment in pregnant individuals with direct-acting antivirals (DAAs). Dutra and Fenkel<sup>2</sup> in their article "Hepatitis C Treatment During Pregnancy: Time for a Practice Change," suggest that practice standards should change and that HCV treatment during pregnancy should be considered, even if only on a case-to-case basis as they indicate that more data has become available on the safety and efficacy of DAAs. While larger studies on the safety and efficacy of DAAs during pregnancy are necessary, Dutra and Fenkel argue that emerging data support shared decision-making about treatment in pregnancy on a case-by-case basis, with consideration of initiating therapy in the second or third trimester and note that ledipasvir/sofosbuvir and sofosbuvir/velpatasvir have the most available pregnancy data to date.

They support their views by citing eight studies of DAAs in pregnancy. Their recommendations of treating HCV in the second or third trimester allows enough time for a successful course of HCV therapy before birth and avoids exposure to the fetus during organogenesis, which occurs in the first trimester.

While reducing the risk of MTCT, there are other important benefits to the treatment of HCV during pregnancy. Other complications during pregnancy can be associated with HCV infection, such as Fetal Growth Restriction (FGR), low birth weight, and preterm birth. These risks could be lowered by successful treatment of HCV during pregnancy.

Another benefit of considering treating HCV during pregnancy is the significant increase in the potential for the success of the HCV treatment in pregnant individuals. Many individuals living with HCV do not have easy and/or frequent access to health care. This

leads to increased difficulties treating HCV and an increased risk of any HCV treatment failing. However, during pregnancy, many of these individuals are in closer contact with healthcare and receive more consistent care. This can noticeably increase the possibility of successful treatment of HCV infection.

The potential benefits from successful treatment of HCV during pregnancy are many, as described here. Before treatment of HCV in pregnancy becomes standard practice, more and larger studies on the safety and efficacy of DAAs in this population are necessary.

1. Panagiotakopoulos L, Sandul AL, et al. "CDC Recommendations for Hepatitis C Testing Among Perinatally Exposed Infants and Children — United States, 2023." *MMWR Recomm Rep* 2023;72(No. RR-4):1–19. DOI: <http://dx.doi.org/10.15585/mmwr.rr7204a1>.

2. Dutra, K. Fenkel, J.M. "Hepatitis C Treatment During Pregnancy: Time for a Practice Change." *American Journal of Obstetrics & Gynecology Maternal-Fetal Medicine*. Volume 8, Issue 2, 101865, 20, [https://www.ajogmfm.org/article/S2589-9333\(25\)00263-0/fulltext](https://www.ajogmfm.org/article/S2589-9333(25)00263-0/fulltext).

## New Approach to Treating HCV in Rural Populations

The incidence of HCV among rural populations of people who use drugs is higher than among other populations of people who use drugs because of unique circumstances, e.g., reduced access to syringe exchange programs, greater distances to travel for care, and scarcity of clinicians who treat HCV. To overcome some of these barriers and thereby increase participation in HCV treatment and support potential virus elimination, a mobile telemedicine care (MTC) model for the delivery of HCV testing and pretreatment evaluation was tested. It was then compared with those receiving enhanced usual care (EUC), in which participants traveled to existing HCV treatment centers. The results showed that those receiving care through the MTC model were twice as likely to start HCV treatment and twice as likely to clear the virus compared to those in traditional care settings.<sup>3</sup> This model could provide treatment for many underserved persons living with HCV by bridging the access gap.

3. Akiyama, M. J., Gonzalez Corro, L. A., & Seaman A. "Mobile Interventions and Telemedicine for Hepatitis C Elimination." *JAMA Network Open*. 9;(1):e2555135, 2026. doi:10.1001.

## Groundbreaking New Hepatitis C Test Can Deliver Results in 15 Minutes

The new rapid HCV test uses the DASH® (Diagnostic Analyzer for Specific Hybridization) Rapid PCR (polymerase chain reaction) system which had been developed at Northwestern University to provide rapid, lab-quality PCR test results for COVID nasal swabs. Northwestern University has now adapted the DASH® system to detect HCV using blood samples. The DASH® system lyses and purifies RNA, converts RNA to DNA, amplifies it, and then detects fluorescence changes to determine the presence of active viral replication, all in 15 minutes. This gives providers the opportunity to diagnose HCV in a single patient visit and begin treatment during that same visit. This overcomes one of the major obstacles to curing HCV: follow-up care, which is recognized as perhaps the most significant impediment to treating HCV successfully.<sup>4</sup>

4. "New 15-Minute Hepatitis C Test Paves the Way for Same-Day Treatment." News Release. *Medical Xpress*; December 10, 2025.

## About Us

The NYRx Education & Outreach team serves as a liaison between all stakeholders and NYRx to support care coordination. Clinical liaisons are trained to support and help solve complex pharmacy cases for:

- Managed Care Plans
- Case workers and NYS agencies
- Prescribers and pharmacies with questions regarding NYRx drug coverage, prior approval requirements, and NYRx enrolled pharmacies
- Complex care coordination for populations such as HIV/AIDS, Hemophilia, Foster Care Children, Serious Mental Illness, Substance Use Disorder, and Hepatitis C

## Quicklinks

- [NYRx Preferred Drug List](#)
- [NYRx Preferred Drug Quick List](#)
- [NYRx eMedNY Formulary File](#)
- [NYRx Brand Less Than Generic Program Updates](#)

## Calendar

### Office Hour Q&A Pop-In

[Monday & Wednesday 12:00 PM – 1:00 PM ET](#)

### Weekly Webinar

To register for a webinar, please visit the [NYRx E&O website](#):

- Prescriber Webinar Monday 12:00 PM – 1:00 PM ET
- Pharmacy Webinar Wednesday 12:00 PM – 1:00 PM ET
- NYRx, the Medicaid Pharmacy Program Friday 12:00 PM – 1:00 PM ET

## Resources

- [NYRx E&O Website](#)
- [NYRx E&O YouTube Channel](#)
- [New York Public Health Now Podcast](#)

## Contact Us

- [NYRx E&O Mailbox](#)
- NYRx E&O Call Center at 1-833-967-7310, M – F, 8:00 AM – 5:00 PM ET, Excludes Holidays
- The NYRx E&O team is available to meet with you. To request a meeting, click [here](#).