Missouri Pharmacy Program – Preferred Drug List

Hepatitis C (HCV) Therapy

Effective 10/02/2014
Revised 10/03/2019

Preferred Agents for 8 Weeks Duration of Treatment
- Mavyret™

Non-Preferred Agents for 8 Weeks Duration of Treatment
- Epclusa®
- Harvoni®
- Ledipasvir-Sofosbuvir
- Sofosbuvir-Velpatasvir
- Sovaldi®
- Vosevi®
- Zepatier™

Preferred Agents for 12 Weeks Duration of Treatment
- Epclusa®
- Mavyret™
- Vosevi® (retreatment only)

Non-Preferred Agents for 12 Weeks Duration of Treatment
- Harvoni®
- Ledipasvir-Sofosbuvir
- Sofosbuvir-Velpatasvir
- Sovaldi®
- Zepatier™

Preferred Agents for 16 Weeks Duration of Treatment
- Mavyret™

Non-Preferred Agents for 16 Weeks Duration of Treatment
- Epclusa®
- Harvoni®
- Ledipasvir-Sofosbuvir
- Sofosbuvir-Velpatasvir
- Sovaldi®
- Vosevi®
- Zepatier™

Approval for duration of treatment greater than those listed above requires approval by MHD clinical consultant.

Approval for non-preferred agent requires approval by MHD clinical consultant. A letter of medical necessity indicating why no preferred agents are clinically appropriate based upon FDA approved prescribing information should be submitted.
Required Information

- Diagnosis of Hepatitis C (HCV) Infection in the past year
- Prescribing provider is responsible for addressing ongoing misuse of alcohol and continued use of illicit IV drugs
- Prescriber required to attest that the member demonstrates treatment readiness
- Baseline
  - Viral Load
  - Fibrosis Score
    - Fibrosis score of F4 requires a Child Pugh Score to be submitted
- Zepatier available:
  - NS5A RAV polymorphism test results must be submitted
  - Billed units = 28 tablets for 28 day supply
- Mavyret available:
  - Billed units = 84 tablets for 28 day supply
- Epclusa available:
  - Billed units = 28 tablets for 28 day supply
- Vosevi available:
  - Billed units = 28 tablets for 28 day supply
- Adult patients age ≥ 18 years old
- Patients age > 12 years and < 18 years: Mavyret, Harvoni, or Sovaldi
- Viral load must be submitted upon completion of treatment, 12 weeks post treatment, and 24 weeks post treatment. **FAILURE TO SUBMIT THESE LAB REPORTS OR IN A TIMELY FASHION MAY RESULT IN DENIAL OF RE-TREATMENT SHOULD THAT SITUATION ARISE**
- Occasionally duration of treatment of 24 weeks is necessary, a viral load must be obtained and submitted at week 10 of treatment with any results of > 25 International Units resulting in possible discontinuance of treatment. Not submitting this viral load in a timely fashion may result in patient having difficulty getting medication to begin week 13 of treatment.
- MO HealthNet uses three resources for drug interaction information, Facts and Comparisons, Micromedex and University of Liverpool Hepatitis C Drug Interaction tool. Provider resources other than the three listed will not supersede MO HealthNet’s resources.
- Retreatment is at the discretion of MO HealthNet.
- Prescription claim for non-preferred agents with billed units should equal number of tablets in a daily dose x 28 for 28 day supply

References

4. USPDI, Micromedex; 2019.
5. eFacts and Comparisons; 2019.
6. Evidence-Based Medicine “Sofosbuvir for the Treatment of Hepatitis C and Evaluation of the 2014 American Association for the Study of Liver Diseases Treatment Guidelines” April 2018
7. Mavyret (glecaprevir/pibrentasvir) [prescribing information]. North Chicago, IL: AbbVie Inc; April 2019.