### Missouri Pharmacy Program – Preferred Drug List

#### Hepatitis C (HCV) Therapy

**Effective 02/02/2014**  
**Revised 10/04/2018**

<table>
<thead>
<tr>
<th>Preferred Agents for 8 Weeks Duration of Treatment</th>
<th>Non-Preferred Agents for 8 Weeks Duration of Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mavyret®</td>
<td>• Daklinza®</td>
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<tr>
<td></td>
<td>• Epclusa®</td>
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<tr>
<td></td>
<td>• Harvoni®</td>
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<td></td>
<td>• Olysio®</td>
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<td></td>
<td>• Sovaldi®</td>
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<td>• Technivie®</td>
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<td></td>
<td>• Viekira Pak®</td>
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<td>• Viekira XR®</td>
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<td></td>
<td>• Vosevi®</td>
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<tr>
<td></td>
<td>• Zepatier®</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preferred Agents for 12 Weeks Duration of Treatment</th>
<th>Non-Preferred Agents for 12 Weeks Duration of Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Epclusa®</td>
<td>• Daklinza®</td>
</tr>
<tr>
<td>• Mavyret®</td>
<td>• Harvoni®</td>
</tr>
<tr>
<td>• Vosevi® (for retreatment)</td>
<td>• Olysio®</td>
</tr>
<tr>
<td>• Zepatier®</td>
<td>• Sovaldi®</td>
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<tr>
<td></td>
<td>• Viekira Pak®</td>
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<tr>
<td></td>
<td>• Viekira XR®</td>
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<tr>
<td></td>
<td>• Technivie®</td>
</tr>
</tbody>
</table>
### Preferred Agents for 16 Weeks Duration of Treatment

- Mavyret®
- Zepatier®

### Non-Preferred Agents for 16 Weeks Duration of Treatment

- Daklinza®
- Epclusa®
- Harvoni®
- Olysio®
- Sovaldi®
- Technivie®
- Viekira Pak®
- Viekira XR®
- Vosevi®

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
- 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
- Baseline Fibrosis Score
- Fibrosis score of F4 requires a CP Score to be submitted
- NS5A RAV polymorphism test results must be submitted if prescribing Zepatier
- Adult patients age ≥ 18 years old (Harvoni®) will be approved for patient’s less than 18 years of age but ≥ 12 years of age according to the FDA approved indication
- 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 Epclusa® with billed units = 28 tablets for 28 day supply
• Prescription claim for Mavyret® with billed units = 84 tablets for 28 day supply
• Prescription claim for Zepatier® with billed units = 28 tablets for 28 day supply
• Prescription claim for Vosevi® with billed units = 28 tablets for 28 day supply
• Prescription claim for non-preferred agents with billed units should equal number of tablets in a daily dose x 28 for 28 day supply
• No more than a 7 day gap between prior claim and incoming claim with a 168 day look back

References

4. USPDI, Micromedex; 2018.
5. eFacts and Comparisons; 2018.
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