

# HCV Medication Acquisition

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# Payment Sources

- AHCCCS (AZ Medicaid)
- Private Insurance
- Medicare D
- Patient Assistance
- IHS National Core Formulary
- NSSC Donations (Zepatier)

# AHCCCS (AZ Medicaid)

- Many restrictions, including sobriety

## Hepatitis C Direct Acting Antiviral (DAA) Agents

The following recommended changes were approved by AHCCCS for the AHCCCS Drug List:

- Effective January 1, 2018:
  - Mavyret shall be the only preferred DAA for the treatment of Hepatitis C;
  - The fibrosis level will be removed from the AHCCCS Medical Policy Manual Policy 320-N - Hepatitis C Prior Authorization of Direct Acting Antiviral Agents; and
  - Members shall be grandfathered on other DDA agents when treatment was initiated prior to January 1, 2017.
- Mavyret has been added as a preferred agent with the current preferred DAA agents for the 4<sup>th</sup> quarter, October, November and December of 2017.
  - Mavyret shall not be advantaged over the current DAA products for this quarter.

As a prerequisite to requesting direct acting antiviral medications for treatment of Hepatitis C, members must have received at least one Hepatitis A and at least one Hepatitis B vaccine prior to requesting treatment unless the member demonstrates laboratory evidence of immunity.

If a member has a substance use disorder in the past 12 months from the request date for treatment, the member must be in remission for the past three months from the request date for treatment and must be engaged in a substance use disorder treatment program at the time of the prior authorization request and over the course of treatment if the HCV medications are approved.

## **A. TREATMENT MONITORING REQUIREMENTS**

1. Members prescribed HCV treatment must participate in a treatment adherence program.
2. At a minimum, providers are responsible for completing HCV viral load laboratory testing at weeks 4 and 12, for members approved for 12 week HCV regimens.
3. At a minimum, providers are responsible for completing HCV viral load laboratory testing at weeks 4 and 24 for members approved for 24 week HCV regimens.

# AHCCCS Documentation



CHAPTER 300  
MEDICAL POLICY FOR AHCCCS COVERED SERVICES

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POLICY 320  
SERVICES WITH SPECIAL CIRCUMSTANCES

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**C. REQUIRED DOCUMENTATION FOR SUBMISSION OF HCV PRIOR AUTHORIZATION REQUESTS**

In order for a prior authorization request for HCV medications to be considered, the following minimum information must be submitted for the member:

1. Evidence of liver fibrosis as referenced in I.4a-4b.
2. HCV treatment history and responses.
3. Evidence of Hepatitis A & B vaccinations or laboratory evidence of immunity.
4. Current medication list.
5. Laboratory results for all of the following:

HCV screen, genotype and current baseline viral load, total bilirubin, albumin, INR, CrCl or GFR, LFTs, CBC and drug/alcohol screen completed within the past 90 days.

# Private Insurance

- Check formulary for individual plan re: preferred agents
- Prescriber may need to be a specialist
- Can request through [CoverMyMeds.com](https://CoverMyMeds.com)

# Medicare D

- Check formulary for individual plan re: preferred agents
- Prescriber may need to be a specialist
- Can request through [CoverMyMeds.com](https://CoverMyMeds.com)

# Patient Assistance

- Offered by Gilead and AbbVie
  - Great success previously
  - Rejections now that meds are on core formulary

# National Core Formulary

- G/P, LED/SOF, SOF/VEL added to IHS National Core Formulary 11/2018
- Check pharmacy acquisition cost (McKesson)
  - 12 week treatment course in particular



# NSSC Donation

- Elbasvir/grazoprevir (Zepatier)
  - Short-dated donation to NSSC from manufacturer
  - 1 tablet daily for 12 weeks
  - GT 1a requires NS5A resistance testing (long turnaround)
    - \* No resistance testing needed for GT 1b
  - Only genotypes 1a, 1b, 4
  - Contraindicated in CTP Class B & C
- Overall poor experience at PIMC
  - Resistance
  - Decompensation
  - Loss to follow up

Questions??

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