

05/13/2024

Hepatitis C Information Letter for Prescribers to Distribute by June 14, 2024

Background:

HHSC contracted with drug manufacturer AbbVie to improve awareness, screening, diagnosis, and treatment of Hepatitis C Virus (HCV) for Medicaid clients.

Key Details:

HHSC has provided a letter detailing information regarding the hepatitis C benefit for Texas Medicaid members.

Action:

MCOs must distribute the attached letter **by June 14, 2024** to your prescriber network. The letter includes information regarding the hepatitis C treatment benefit for Medicaid members, detailed information on hepatitis C testing and treatment, and resources for prescribers regarding the benefit.

Certain optional highlighted sections within the letter exist, and MCOs can remove them based on your specific distribution plan. The letter also contains a date field in the header of pages 2 and 3.

Resources:

Hep C Prescriber Letter.docx (attached)

Contact:

vdp-operations@hhsc.state.tx.us

Attachment:

Hep C Prescriber Letter.docx

Type: Action Required

To: STAR; STAR+PLUS; STARHEALTH; STAR_KIDS

From: VDP

<DATE>

Re: Texas Medicaid HepCure

Dear <Prescriber>,

The Texas Health and Human Services Commission (HHSC) launched a public health initiative called *Texas Medicaid HepCure* to reduce the rate of Hepatitis C virus (HCV) in Texas. HHSC removed administrative barriers to improve access to HCV treatment for all patients.

The preferred direct-acting antiviral (DAA) agent is MAVYRET for Texas Medicaid. The product MAVYRET (glecaprevir/pibrentasvir) does not require clinical prior authorization when prescribed following Food and Drug Administration (FDA)-approved labeling. No HCV medication is required to be prescribed by or in consultation with a hepatologist, gastroenterologist, or infectious disease specialist. All providers with prescriptive authority can prescribe this treatment to their patients with HCV. All Medicaid patients are eligible for DAA treatment with Mavyret, regardless of the patient's METAVIR fibrosis score. Drug screening is not required.

You can help us reach Medicaid's goal of reducing HCV in Texas by prescribing HCV treatment to your patients impacted by the virus. This letter provides information on HCV, testing, patient evaluation, and treatment. We encourage you to speak with your patients about HCV testing."

Background on Hepatitis C

Hepatitis C is a liver infection caused by HCV. It spreads through contact with blood from an infected person. For some people, hepatitis C is a short-term illness that resolves spontaneously, but it becomes a chronic infection for most people who become infected with HCV. Chronic HCV can result in serious, even life-threatening, health problems like cirrhosis and liver cancer.

People with HCV often have no symptoms and do not feel sick. When symptoms appear, they often are a sign of advanced liver disease. The number of persons unknowingly living with undiagnosed HCV infection is why broad population-based HCV screening is important. Screening, testing and treatment can save and prolong life.

DAA medications use molecules that target specific nonstructural proteins of the virus which results in disruption of viral replication and infection. They are oral medications taken once per day for several weeks. With cure rates above 90%, these drugs can virtually eliminate the disease. The medications can be prescribed using simplified treatment algorithms for most patients and do not require specialized clinical oversight or management.

HCV Screening and Testing

The Centers for Disease Control and Prevention (CDC) recommends that all adults ages 18 and older be screened for HCV at least once in a lifetime. Screening for HCV involves measuring antibodies to HCV in a person's serum. A reactive or positive test (detection of the antibody) is not a disease diagnosis; it only indicates that a person was previously exposed to the virus. If the antibody test is reactive, a nucleic acid test (also known as a polymerase chain reaction [PCR] test) for HCV ribonucleic acid (RNA) is needed to determine whether the person currently has active HCV infection. Often, the antibody test and the RNA test can be performed on a single blood draw, with a positive antibody test automatically reflexing to the HCV RNA test. The patient can be prescribed HCV treatment if the HCV RNA test is positive. In most instances, a simplified HCV treatment algorithm can be followed. See additional information in the "Resources for Providers" section.

Treatment Coverage

MAVYRET is an oral prescription medication for adults and children 3 and older with chronic HCV genotypes 1-6. In most cases, the treatment regimen is three pills taken once daily for eight weeks. MAVYRET treats all common HCV genotypes; therefore, a genotype test is not required before starting a patient on MAVYRET. MAVYRET is the only DAA identified as preferred on the Texas

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Preferred Drug List (PDL) and does not require clinical prior authorization when prescribed following FDA-approved labeling. Clinical prior authorization is still required for PDL non-preferred agents.

Follow-Up After Treatment

Patients who have received treatment should be tested for HCV RNA 12 weeks (or longer) after treatment completion. Undetectable or unquantifiable HCV RNA 12 weeks or longer after treatment completion is defined as a sustained virologic response (SVR) consistent with the cure of HCV infection.

Pregnant Persons

The CDC recommends that all pregnant persons should be screened for HCV during each pregnancy, regardless of age. This will aid providers in identifying HCV-infected pregnant persons, which can lead to treatment for the birthing person during the postpartum period. It can also help identify infants with perinatal exposure who should receive testing at a pediatric visit. There are currently no approved curative treatments available for pregnant persons or children under 3 years, but curative treatments are available for non-pregnant persons and for children 3 years and older.

Resources for Providers

HCV DAAs are safe, associated with high rates of cure, and have few side effects and contraindications. Some HCV patients may need to have their treatment managed by a specialist, such as those with hepatitis B virus or HIV co-infection, those who previously failed HCV treatment, or those with liver cancer or who have had a liver transplant. However, most cases of HCV can be treated by primary care physicians or advanced practice providers. Providers may find the following resources helpful, and can also visit txvendordrug.com/formulary/hepatitis-c-treatment for more information on *Texas Medicaid HepCure* and Hepatitis C:

- **CDC Resources:**
 - **Recommended Testing Sequence for Identifying Current HCV Infection:** cdc.gov/hepatitis/hcv/pdfs/hcv_flow.pdf
 - **Testing Recommendations for HCV infection:** cdc.gov/hepatitis/hcv/guidelinesc.htm
 - **Hepatitis C Questions and Answers for Health Professionals:** cdc.gov/hepatitis/hcv/hcvfaq.htm
- **Prescriber Resources:** www.hcv.com/provider-resources
- **Texas Department of State Health Services (DSHS) Resources:** <https://www.dshs.texas.gov/hivstd/info/hepatitis-c>

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- **Resources from the American Association for the Study of Liver Diseases:** hcvguidelines.org
- **Texas Hepatitis C Report Card:** stateofhepc.org/states/texas/