



# THE PRESCRIBER e-LETTER

## Overview of Implementation of Point-of-Sale Rules for Hepatitis C Antiviral Agents

Chronic hepatitis C virus (HCV) infection is the most common chronic bloodborne infection in the United States, with an estimated prevalence of 2.4 million.<sup>1</sup> The American Association for the Study of Liver Disease (AASLD) and the Infectious Disease Society of America (IDSA) recommend combination regimens that include oral direct-acting antivirals (DAAs) due to the high cure rate, favorable side effects profile, and reduced pill burden. Treatment is primarily determined by HCV genotype, treatment history, stage of liver disease, and treatment tolerance and adherence.<sup>2</sup> Available DAA offer high cure rates of  $\geq 90\%$  as demonstrated in clinical trials and real-world studies (including MassHealth population), are well tolerated, and offer convenient once-daily administration. Mavyret (glecaprevir/pibrentasvir) or sofosbuvir/velpatasvir are recommended for most patients with HCV infection).

MassHealth has developed point of sale rules for preferred DAA agents. Point-of-sale processing provides online adjudication of pharmacy claims through coding algorithms that utilize member data to determine if a member meets criteria for drug approval. This system of processing minimizes the need for a prior authorization while promoting appropriate and cost-effective clinical care.

For medically complex members for whom HCV regimen selection is more nuanced (e.g., those with decompensated cirrhosis, previously treated for HCV infection, or whose regimens may be impacted by drug-drug interactions) a prior authorization will generally still be required.

## Description of Point-of-Sale Rules for Hepatitis C Antiviral Agents

To promote access to treatment, effective February 7, 2022, point-of-sale rules were implemented to allow most claims for sofosbuvir/velpatasvir or Mavyret (glecaprevir/pibrentasvir) to pay at the pharmacy without PA for treatment-naïve members without decompensated cirrhosis who do not have drug-interactions with the requested regimen within age and quantity limit.

Specifically, claims for sofosbuvir/velpatasvir or Mavyret will usually pay at the pharmacy without PA unless one or more of the following exceptions apply:

1. Quantity exceeds one unit/day (sofosbuvir/velpatasvir) or three units/day (Mavyret)
2. Member is < three years old
3. History of paid pharmacy claims for a hepatitis C drug
4. History of paid pharmacy claims for drugs suggestive of decompensated cirrhosis
5. Recent history of pharmacy claims (in the last 90 days) for a drug that may lower DAA efficacy

## Footnotes

1. Viral Hepatitis - Hepatitis C Information - Hepatitis C FAQs for Health Professionals. Centers for Disease Control and Prevention [webpage on the Internet]. Atlanta (GA): Centers for Disease Control and Prevention; Aug 7, 2020 [cited 2022 Feb 14]. Available from: <http://www.cdc.gov/hepatitis/hcv/hcvfaq.htm>.
2. American Association for the Study of Liver Diseases (AASLD) and Infectious Diseases Society of America (IDSA). HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C [guideline on the Internet]. Alexandria (VA) and Arlington (VA): AASLD/IDSA 2021 Sep [cited 2022 Feb 14]. Available at: <http://www.hcvguidelines.org>.