



**Drug Name:** Mavyret, Vosevi

**Last Revision Date:** 12-2017

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<b>Drug Name:</b>	<b>Mavyret and Vosevi</b>
<b>Prescriber Restrictions:</b>	Prescribers of hepatitis C drugs are required to be enrolled as a Preferred Provider for hepatitis C medications within the State of Rhode Island Executive Office of Health & Human Services (EOHHS). Physician Assistants and Nurse Practitioners employed and co-located with a physician on the Preferred Provider List may request Preferred Provider status.
<b>Required Medical Information:</b>	<ul style="list-style-type: none"> <li>• Patient is being treated for chronic hepatitis C (CHC) genotype 1,2,3,4,5 or 6; and</li> <li>• Patient has a positive quantitative viral load with test date within 90 days of PA request; and</li> <li>• Patient’s HIV co-infection treatment status is provided; and</li> <li>• Patient’s CHC treatment status is provided (e.g. treatment naïve or treatment experienced) along with previous CHC therapy, if relevant; and</li> <li>• Patient’s hepatic function is provided (e.g. compensated or decompensated); and</li> <li>• Patient with decompensated hepatic function is under the care of a specialist (e.g. liver transplant center); and one of the following:             <ul style="list-style-type: none"> <li>a) Patient has been diagnosed with stage 3 or 4 hepatic fibrosis and/or stage 3 or 4 cirrhosis using at least one of the following methods (documentation must be provided):                 <ul style="list-style-type: none"> <li>a. AST to Platelet Ratio Index (APRI) greater than or equal to 1.0; <i>or</i></li> <li>b. Previous liver biopsy indicating METAVIR score 3 or 4; <i>or</i></li> <li>c. Fibroscan score greater than or equal to 9.5kPa; <i>or</i></li> <li>d. Fibrotest score greater than or equal to 0.58; <i>or</i></li> <li>e. Imaging study consistent with cirrhosis; <i>or</i></li> </ul> </li> <li>b) Patient is co-infected with HIV and has been diagnosed with stage 2 hepatic disease using at least one of the following methods (documentation must be provided):                 <ul style="list-style-type: none"> <li>a. AST to Platelet Ratio Index (APRI) greater than or equal to 0.5 to 1.0; <i>or</i></li> <li>b. Previous liver biopsy indicating METAVIR score of 2; <i>or</i></li> <li>c. Fibroscan score greater than or equal to 7.0kPa; <i>or</i></li> <li>d. Fibrotest score greater than or equal to 0.32; <i>or</i></li> <li>e. Imaging study consistent with cirrhosis.</li> </ul> </li> </ul> </li> </ul>
<b>Coverage Duration:</b>	Up to a total of 84 days of therapy