



AETNA BETTER HEALTH® OF MICHIGAN

August 25, 2022

RE: We Treat Hep C

Dear Provider,

The Michigan Department of Health and Human Services (MDHHS) launched a public health initiative, called *We Treat Hep C*, aimed at eliminating Hepatitis C virus (HCV) in Michigan. As part of the initiative, the Medicaid Drug Utilization Review (DUR) Board is using its already established academic detailing processes to reach out to you because our records indicate that you have Medicaid patients with an HCV diagnosis, and recent policy changes have made it easier than ever to treat these patients. MDHHS has removed administrative barriers to improve access to HCV treatment for program beneficiaries.

Effective April 1, 2021, the product MAVYRET® (glecaprevir/pibrentasvir) no longer requires clinical prior authorization (PA) when prescribed in accordance with Food and Drug Administration (FDA)-approved labeling. This includes removal of the requirement that HCV medications must be prescribed by or in consultation with a hepatologist, gastroenterologist, or infectious disease specialist. All providers who have prescriptive authority can prescribe this treatment to their patients with HCV.

You can help us reach our goal of eliminating HCV in Michigan by prescribing HCV treatment to your patients impacted by the virus. This letter provides information on HCV as well as testing, patient evaluation, and treatment. Please contact MDHHS by email at MDHHSPharmacyServices@michigan.gov or by fax at (517) 346-9877 to request a list of your patients with untreated HCV to be sent to you securely. MDHHS is making clinical experts and trainings available to the medical community to help accelerate progress towards HCV elimination. For additional information on We Treat Hep C please visit www.michigan.gov/WeTreatHepC.

Background on Hepatitis C

Hepatitis C is a liver infection caused by the hepatitis C virus (HCV). It is spread through contact with blood from an infected person. For some people, hepatitis C is a short-term illness that resolves spontaneously, but for most people who become infected with HCV, it becomes a chronic infection. 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. Approximately 115,000 people in Michigan are known to have HCV, though when taking undiagnosed persons into account, that number may be as high as 200,000. 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.

Direct-Acting Antiviral (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.

We Treat Hep C Initiative

MDHHS launched the We Treat Hep C Initiative to take important steps towards eliminating HCV in Michigan. MDHHS has entered into an agreement with the manufacturer AbbVie for its DAA MAVYRET to be the preferred agent for Medicaid and Healthy Michigan Plan (HMP). To expand access to treatment, previous PA criteria (i.e., prescription by or in consultation with a specialist and documentation of current or recent substance use) is no longer required.

HCV Screening and Testing

The Centers for Disease Control and Prevention (CDC) recommends that all adults ages 18 and older should be screened for HCV at least once in a lifetime. Screening for HCV involves measuring antibody to HCV in a person's serum. A reactive or positive test (detection of the antibody) is not a diagnosis of the disease; 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. If the HCV RNA test is positive, the beneficiary can be prescribed HCV treatment. 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 used to treat adults and children ages 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. Starting April 1, 2021, MAVYRET is the only DAA identified as Preferred on the Michigan Preferred Drug List (PDL) and no longer requires clinical PA when prescribed in accordance with FDA-approved labeling. Clinical PA is still required for PDL Non-Preferred agents. This form can be found at <https://michigan.magellanrx.com/provider/forms>.

Follow-Up After Treatment

Beneficiaries 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) which is consistent with 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 of age 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:

- Recommended Testing Sequence for Identifying Current Hepatitis C Virus (HCV) Infection: https://www.cdc.gov/hepatitis/hcv/pdfs/hcv_flow.pdf
- Simplified HCV Treatment Algorithms from the American Association for the Study of Liver Diseases: hcvguidelines.org
- WSU and Midwest AIDS Education and Training Center (MATEC): Developing curricula and offering free HCV case-based office hours available for all health care professionals: (313) 962-2000.
- Henry Ford Health System: Free consultation line for all health care professionals with questions about HCV disease management and treatment, available Monday-Friday 8 A.M. - 5 P.M.: (313) 575-0332; <https://www.henryford.com/hcp/academic/medicine/divisions/id/hep-c-consult>
- MSU and Michigan Center for Rural Health: Assist providers and members of the health care team throughout Northern Michigan and the Upper Peninsula to manage infectious disease patients more effectively and confidently. Free CME for health care professionals. <https://mcrh.msu.edu/education/project-ECHO.html>

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- Michigan Opioid Collaborative: Biweekly hepatitis C education and case consultation to support primary care and community providers with diagnosis, treatment planning, and medication management of people living with hepatitis C. [https://michiganopioidcollaborative.org/initiatives/Additional resources](https://michiganopioidcollaborative.org/initiatives/Additional%20resources) for providers and patients are available at www.michigan.gov/WeTreatHepC.

Please contact MDHHS by email at MDHHSPharmacyServices@michigan.gov or by fax at (517) 346-9877 to request a list of your patients with untreated HCV to be sent to you securely. A fax cover sheet is enclosed for your convenience. We encourage you to follow up with these patients to determine whether a confirmatory HCV test is needed, and whether treatment should be initiated. Thanks to recent medical advancements, no one should have to live with HCV. We look forward to partnering with you in eliminating this deadly virus.

Sincerely,

Lawrence Hayes
Sr Mgr., Provider Relations