

Frequently Asked Questions (FAQs)

MEDICAID

NOTE: For Medicaid-related questions not listed in the FAQs, please contact MDHHSPharmacyServices@Michigan.gov.

1. When will the system be set up where MAVYRET® will be approved without prior authorization (PA)?

The system will be set up to approve MAVYRET® without PA effective 4/1/21.

2. When will the Preferred Drug List (PDL) be updated to reflect the changes?

The Preferred Drug List was updated on 4/1/21 and can be found at https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_PDL.pdf.

3. When will expanded treaters (non-specialists) be able to prescribe MAVYRET®?

Expanded treaters will be able to prescribe effective 4/1/21.

4. What has to be submitted with a MAVYRET® claim now that no PA is required?

The claim will be paid if submitted in accordance with our Pharmacy Claims Processing Manual: https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_D0_claims_processing_manual.pdf. Diagnosis codes are not required on these claims.

5. Will MAVYRET® be covered without a PA in the rare case a patient requires 12 weeks of therapy?

Yes.

6. For patients currently taking another Direct-Acting Antiviral (DAA) therapy (Zepatier, Epclusa, etc.), will they be able to complete their course of therapy (i.e., refills)?

Yes.

7. Will there be specific PA criteria listed in the PDL for the non-preferred DAAs?

Non-preferred DAAs will require a PA explaining why MAVYRET® is not clinically appropriate: [MIRx_PAfaxform_General.pdf \(magellanrx.com\)](#)

8. Are prisoners covered by Medicaid upon release and therefore able to get MAVYRET® without a PA?

We are working on a Targeted Case Management benefit that provides support and resources for individuals recently released from a correctional facility, including some degree of in-reach, but this has not yet been implemented.

9. Can patients fill their MAVYRET® prescription at any Specialty or Retail Pharmacy?

Yes.

10. What is the co-pay for MAVYRET® under this agreement? What is the co-pay for a non-preferred DAA?

For Medicaid, co-pay for MAVYRET® is \$1, and co-pay for non-preferred DAAs are \$3. There are no co-pays for viral hepatitis treatments for Healthy Michigan Plan.

11. Can more than 4 weeks of therapy be prescribed at a single time (e.g., 8 weeks of therapy, or less frequently 12 weeks of therapy, as opposed to 4 weeks with refill(s))?

Pharmacies are authorized to dispense up to 102 days of therapy at a single time. However, many pharmacies may default to dispensing in 4-week increments, unless the script specifies an 8- or 12-week supply.

12. Is MAVYRET® covered for patients on Emergency Services Only (ESO) Medicaid?

Yes. MAVYRET® is covered for beneficiaries on Emergency Service (ESO) Medicaid. The Pharmacy should indicate level of service 3 (emergency) on the claim.

CLINICAL

Testing

1. How soon after exposure to HCV can HCV RNA be detected?

People with recently acquired acute infection typically have detectable with HCV RNA levels as early as 1-2 weeks after exposure to the virus.

2. How soon after exposure to HCV can HCV antibodies be detected?

Detection of HCV antibodies occurs an average of 8-11 weeks after exposure, although cases delayed seroconversion have been documented in people who are immunosuppressed (e.g., those with HIV infection).

Course of Seroconversion

1. Is it possible for someone to become infected with HCV and then spontaneously clear the infection?

Yes. However, 55 to 85% of people who become infected with HCV will develop chronic HCV infection. Patients who have a hepatitis C viral load that detectable should be treated.

2. Can people become infected with a different strain of HCV after they have clear the initial infection?

Yes. Prior infection with HCV does not protect against later infection with the same or different genotypes of the virus. This is because people infected with HCV typically have an ineffective immune response due to changes in the virus during infection.

At least annual HCV RNA screening is recommended for persons who inject drugs and

for men living with HIV who have condomless sex with men.

Decompensated Cirrhosis

1. How do I link someone to care HCV and decompensated cirrhosis?

- a) Individuals with cirrhosis are considered to have decompensated cirrhosis if they score 7 or higher on the Child -Turcotte-Pugh score and/or develop any of the following complications: ascites, jaundice, variceal hemorrhage, or hepatic encephalopathy.
- b) To calculate Child-Turcotte-Pugh score, there are helpful calculators, for example: <https://www.hepatitisc.uw.edu/page/clinical-calculators/ctp>
- c) For patients with decompensated cirrhosis, refer to hepatology or transplant hepatology, such as at University of Michigan, Henry Ford Hospital, or Beaumont Hospital.

Prevention and Linkage to Care

Guidance for People Living With Hepatitis C

1. Should people with hepatitis C be restricted from working in certain occupations or settings?

No. No one should be excluded from work, school, play, child-care, or other settings on the basis of their infection status. There is no evidence that hepatitis C can be transmitted from food handlers, teachers, or other service providers in the absence of blood-to-blood contact.

2. Should a woman with hepatitis C be advised against breastfeeding?

No. There is no evidence that breastfeeding spreads hepatitis C. Currently, both the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists support breastfeeding in HCV-infected women. Not enough information is available regarding the risks of transmission through breastfeeding by infected mothers with cracked or bleeding nipples. However, because HCV is a bloodborne infection, if a mother with hepatitis C has cracked or bleeding nipples, she should stop nursing temporarily until her nipples heal.

Miscellaneous

Can a patient have a normal liver enzyme (e.g., ALT) level and still have chronic hepatitis C?

Yes. It's common for patients with chronic hepatitis C to have fluctuating liver enzymes levels, with periodic returns to normal or near normal levels. Liver enzymes can remain normal for over a year despite chronic liver disease.