



Drug Name: Mavyret, Vosevi
Effective Date: 7/1/2018; 03/01/2021
Last Revision Date: 07-2018, 02/2021
Review Date: 07-2018, 12-2019, 09-2020, 02/2021

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Prescriber Restrictions:	For coverage under Medicaid: Patients with Stage 0, 1, or 2 disease: Prescriber restriction would <u>NOT</u> apply - The requesting prescriber does <u>NOT</u> have to be registered with the State of RI EOHHS with Preferred Provider Status. Patients with Stage 3 or 4 disease: The requesting prescriber must be registered with the State of RI EOHHS with Preferred Provider Status.
Required Medical Information:	<ul style="list-style-type: none"> • Patient is being treated for chronic hepatitis C (CHC) genotype 1, 2, 3, 4, 5 or 6 unless the request is for initial therapy with Mavyret then genotyping is not required; or • If the request is for retreatment, the provider must provide documentation of the patient's chronic hepatitis C (CHC) genotype; and • Patient's stage of hepatic disease has been provided (All patients with documented CHC Stages 0 to 4 are eligible for treatment); and • Documentation of test used to determine disease stage must be provided (ie. APRI score, Fibroscan score, Fibrotest score, imaging study consistent with cirrhosis, liver biopsy indicating METAVIR score); and • Presence or absence of cirrhosis (compensated or decompensated if cirrhotic) and for a patient with decompensated hepatic function, the patient is under the care of a specialist (e.g. liver transplant center); and • Patient's CHC treatment status is provided (e.g. treatment naïve or treatment experienced) along with previous CHC therapy (if relevant); and • Provider attestation confirming to submit a post treatment viral load data if requested.
Coverage Duration:	<ul style="list-style-type: none"> • Up to a total of 84 days of therapy from date of approval <p>If the member is continuing treatment, the request will be authorized until the appropriate treatment duration is completed.</p>