

Direct Acting Antivirals for Treatment of Hepatitis C Drug Use Criteria

Created: October 2016
Revised: February 2019

Includes:

Zepatier®	<i>Elbasvir/Grazoprevir</i>
Mavyret®	<i>Glecaprevir/Pibrentasvir</i>
Vosevi®	<i>Sofosbuvir/Velpatasvir/Voxilaprevir</i>
Epclusa® and generic	<i>Sofosbuvir/Valpatasvir</i>
Daklinza®	<i>Daclatasvir dihydrochloride</i>
Harvoni® and generic	<i>Ledipasvir/Sofosbuvir</i>
Viekira Pak®	<i>Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir</i>
Technivie®	<i>Ombitasvir/Paritaprevir/Ritonavir</i>
Sovaldi®	<i>Sofosbuvir</i>

Preferred agents on FFS Preferred Drug List

GUIDELINE FOR USE:

For consideration of coverage refer to the Oregon Medicaid Fee-For-Service Drug Use Criteria for Hepatitis C Direct Acting Antivirals available at:

http://www.orpdl.org/durm/PA_Docs/HepatitisC_DAAs.pdf

Rationale:

To ensure medically appropriate, cost effective use of medications based on the best available evidence. To align with FFS Preferred Drug List (PDL) and drug use criteria consistent with requirements for the Oregon Health Authority Hepatitis C Risk Corridor.

References:

1. Oregon Medicaid FFS Drug Use Criteria. Hepatitis C Direct Acting Antivirals (Effective March 1, 2019). Drug Use Research and Management. Health Systems Division. Oregon Health Authority.