



Hep C Virus Frequently Asked Questions for Providers

In 2021, the Michigan Department of Health and Human Services announced a public health campaign, *We Treat Hep C*. It's aimed at eliminating hepatitis C virus (HCV) in Michigan. The initiative involves:

- Increasing the number of people who are tested for HCV
- Increasing the number of providers who treat HCV
- Expanding access to HCV curative treatments

Hepatitis C facts

Hepatitis C is a liver infection caused by the hepatitis C virus. It's spread through contact with blood from an infected person. Hepatitis C can be a short-term illness that resolves spontaneously. However, 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. In Michigan, about 115,000 people are known to have HCV. However, that number may actually be as high as 200,000 considering those undiagnosed. Screening, testing and treatment can save and prolong life.

Below are some frequently asked questions about HCV. We will post this information on our website.

Member outreach

1. How do you educate members on hepatitis C?

We sent a letter to all HAP CareSource Medicaid members, age 18 and older. The letter had general information about HCV and the importance of testing. We'll also send a letter to new members that enroll with HAP CareSource.

2. How do you help members who need transportation for testing or treatment?

Members can call our Member Services team to schedule a ride. They can be reached at **(833) 230-2053 (TTY 711)**. Information about the transportation benefit can be found:

- On the HAP CareSource website
- In the member handbook

Testing

1. What testing guidelines should be followed?

The CDC recommends all adults ages 18 and older should be tested for HCV at least once in a lifetime. Pregnant women should be tested during each pregnancy. The table below outlines the CDC recommendations for HCV screening. Providers are encouraged to make this testing part of routine primary care.

For	CDC recommendations
Universal hepatitis C screening	<ul style="list-style-type: none"> • Hepatitis C screening at least once in a lifetime for all adults aged 18 years and older, except in settings where the prevalence of HCV infection (HCV RNA-positivity) is less than 0.1%* • Hepatitis C screening for all pregnant women during each pregnancy, except in settings where the prevalence of HCV infection (HCV RNA-positivity) is <0.1%*
One-time hepatitis C testing regardless of age or setting prevalence among people with recognized conditions or exposures	<ul style="list-style-type: none"> • People with HIV • People who ever injected drugs and shared needles, syringes, or other drug preparation equipment, including those who injected once or a few times many years ago • People with selected medical conditions, including persons who ever received maintenance hemodialysis and persons with persistently abnormal ALT levels • Prior recipients of transfusions or organ transplants, including people who: <ul style="list-style-type: none"> - Received clotting factor concentrates produced before 1987 - Received a transfusion of blood or blood components before July 1992 - Received an organ transplant before July 1992 - Were notified that they received blood from a donor who later tested positive for HCV infection - Health care, emergency medical, and public safety personnel after needle sticks, sharps, or mucosal exposures to HCV-positive blood - Children born to mothers with HCV infection
Routine periodic testing for people with ongoing risk factors, while risk factors persist	<ul style="list-style-type: none"> • People who currently inject drugs and share needles, syringes, or other drug preparation equipment • People with selected medical conditions, including people who ever received maintenance hemodialysis
Any person who requests hepatitis C testing	These persons should receive it, regardless of disclosure of risk, because many persons might be reluctant to disclose stigmatizing risks
<p>*Determining prevalence: In the absence of existing data for hepatitis C prevalence, health care providers should initiate universal hepatitis C screening until they establish that the prevalence of HCV RNA positivity in their population is less than 0.1%, at which point universal screening is no longer explicitly recommended but may occur at the provider's discretion.</p>	
<p>Source: https://www.cdc.gov/hepatitis/hcv/guidelinesc.htm</p>	

2. What does HCV screening involve?

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 means a person was previously exposed to the virus. Note:

- If the antibody test is reactive, then:
 - A nucleic acid test (known as a polymerase chain reaction [PCR] test) for HCV ribonucleic acid (RNA) is needed to determine if the person currently has active HCV infection. (Note: 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, then:
 - HCV treatment can be prescribed.

Be sure to follow the CDC HCV testing algorithms. They can be found [here](#).

3. How does HAP CareSource help members who test positive?

Our case managers assess the current treatment status. They will help resolve any issues or barriers to receiving treatment.

4. Does HAP CareSource have any initiatives to routinize testing?

Yes. We have the following initiatives:

- Our Care Management team is developing an outreach plan for:
 - Members needing HCV screening
 - Members diagnosed with HCV
- We ensure the member is connected with their primary care physician. We continue to provide ongoing support and follow up.
- Part of our maternity care program ensures the member gets all recommended screenings. HCV screening is included.
- Part of the health screening of new members includes HCV screening questions. Our care management team will follow up with members who have not completed screening.
- We will add information on hepatitis C screening and treatment to:
 - The member handbook
 - The member newsletter
 - Our website
- Our Care Management team partners with the following groups to outreach to members:
 - Community-based organizations
 - Homeless shelters
 - Local health departments
 - Federally Qualified Health Centers

5. Does HAP CareSource have any initiatives to increase HCV testing and treatment among persons with a history of substance use?

All members, including those with a history of substance abuse, are encouraged to get HCV testing and treatment. Our Care Management team collaborates with Prepaid Inpatient Health Plans on shared members during monthly meetings. HCV testing and treatment for these members will be addressed.

Treatment

1. What is the recommended treatment for HCV?

Recently, direct-acting antivirals (DAA) were developed to treat hepatitis C. DAAs are oral medications that can cure the disease when taken daily for several weeks. They have few side effects or contraindications.

The MDHHS has a three-year agreement with the manufacturer AbbVie to expand access to the DAA MAVYRET® (glecaprevir/pibrentasvir) for Medicaid and Healthy Michigan Plan beneficiaries. MAVYRET is an oral prescription medication. It's used to treat adults and children ages 12 and older with HCV.

To minimize medication barriers, the prescription should be written for the full course of therapy in one fill. In most cases, this is an eight week supply. If you prescribe the full course of therapy in one fill, the pharmacy can fill it in one prescription.

Providers are encouraged to enroll their patients receiving MAVYRET into the MAVYRET Nurse Ambassador program. Information can be found [here](#).

2. What are authorization requirements for MAVYRET and other DAAs?

Prior authorization is not required for MAVYRET. Since April 1, 2021, MAVYRET is the only preferred DAA on the Michigan Preferred Drug List (PDL). The PDL is available [here](#).

Prior authorization is required for the PDL non-preferred agents below. An explanation of why MAVYRET cannot be used is required.

- Eplusa™
- Harvoni™
- ledipasvir/sofosbuvir
- sofosbuvir/velpatasvir
- Sovaldi™
- Vosevi™
- Zepatier™

Any provider who can prescribe, can prescribe MAVYRET and other DAAs.

3. How does HAP CareSource ensure members with an HCV diagnosis are linked to a provider familiar with HCV treatment?

Our Care Management team will help coordinate care with the member's PCP. If specialist care is needed, we'll help find contracted providers close to the member's home. We'll also help with scheduling appointments.

4. How does HAP CareSource follow up with members receiving treatment to offer support on medication adherence?

Our Pharmacy team gets a weekly report of all claims (YTD) for hepatitis C antivirals. Note:

If the MAVYRET prescription is filled for	Then
A 28-day supply	The Pharmacy team contacts the pharmacy to ensure there is a refill allowed on the prescription. Then they contact the member to encourage them to get the refill in a timely manner.
A 56 or 84-day supply	The member has the full course of therapy. Members being followed by our Care Management team will receive a medication reminder. The Pharmacy team will contact the member as needed.

If a prescription is not filled within a certain time period after a positive HCV test, the Pharmacy team will contact the member and provider. They will ensure the provider wrote for the full course of therapy so the member can get it filled in one prescription. Then they will call the member to make sure they get the prescription filled.

5. Does HAP CareSource track members with an HCV diagnosis and no record of treatment?

Yes. A report will be shared with Care Management and Pharmacy teams weekly.

Resources

1. Where can I find helpful resources about HCV?

The MDHHS has partnered with several organizations for resources to help providers treat HCV patients. Please see the table below.

For	Contact
Consulting line for all health care professionals with questions about HCV treatment	Henry Ford Health (313) 575-0332 8 a.m. to 5 p.m. daily
<ul style="list-style-type: none">• On-demand webinars• Live training events• Office hours• Other resources for health care professionals on treating HCV	Midwest AIDS Training and Education Center (MATEC) at Wayne State University School of Medicine Division of Infectious Diseases matecmichigan.com
Education and case consultation on HCV	Michigan Opioid Collaborative
Additional resources	Michigan.gov/WeTreatHepC
Notification of new training opportunities and events	Send a request to be added to the listserv: Email MDHHS-Hepatitis@michigan.gov