

December 12, 2022

**HEPATITIS C TREATMENT COVERAGE AND PDL UPDATE SCHEDULED FOR JAN. 1**

**Summary of Notification:**

On Jan. 1, 2023, HHSC will designate one medication as the primary preferred direct-acting antiviral (DAA) drug option for treating Hepatitis C infection. HHSC will designate all other DAA drugs on the Medicaid formulary as non-preferred.

**Key Details:**

All Medicaid clients are eligible for DAA treatment with the primary preferred agent regardless of the client’s METAVIR fibrosis score, and prior authorization is not required. Any enrolled Medicaid provider can prescribe the preferred drug, and a drug screening is not required.

Drugs identified on the preferred drug list (PDL) as preferred are available without prior authorization. The table below summarizes the national drug codes (NDCs) impacted by this change:

Drug Name	NDC	Jan 1, 2023, PDL status
Mavyret	00074260028	Preferred
	00074262528	
Eplclusa	61958220101	Non-Preferred
	61958220301	
	61958220401	
	61958220402	
	61958220501	
	61958220502	
Vosevi	61958240101	Non-Preferred

HHSC will publish an update to the Texas Medicaid Preferred Drug List (PDL) on Jan. 1, 2023, to designate preferred and non-preferred options for DAA treatment. HHSC will include the changes in the daily PDL file delivered to managed care plans via TXMedconnect by Dec. 15. PDL statuses will be future-dated to reflect the Jan. 1 changes.

The PDL status for all other non-preferred DAA drugs currently on the formulary will not change. For any non-preferred DAA drugs, HHSC will continue to apply PDL prior authorization criteria for all Medicaid clients, both fee-for-service and managed care. Additionally, effective Jan. 1, the following clinical prior authorization forms for Hepatitis C treatment agents will be retired and no longer necessary:

- Antiviral Agents for Hepatitis C Virus – Initial Request (HHS Form 1335)
- Antiviral Agents for Hepatitis C Virus – Initial Request – Addendum (HHS Form 1342)