

**HEPATITIS C TREATMENT AT A GLANCE: JANUARY 2017**

**INTRODUCTION**

The Hepatitis C (HCV) Treatment at a Glance tool provides an overview of the coverage of key HCV services in Massachusetts as of January 2017 in order to give health care providers quick access to basic coverage information to help inform discussions with patients about treatment. The tool provides a series of tables that outline coverage (and related costs and restrictions) for three categories of health insurance plans: (1) silver-level Qualified Health Plans (QHPs), (2) ConnectorCare plans, and (3) Medicaid (MassHealth) plans. The information in these tables is based upon publicly available information on the Massachusetts Health Connector website and individual insurer websites. Where information on these sites is unclear or incomplete, it has been clarified through contact with insurer customer service representatives.

Please note that health insurance plans occasionally alter coverage, associated costs, or restrictions over the course of a plan year. Health care providers and members should therefore always confirm coverage by contacting the individual plan. To confirm the current coverage status of any service, providers and members can use the contact numbers provided under each table.

**MASSACHUSETTS SILVER-LEVEL QUALIFIED HEALTH PLANS**

The table below summarizes coverage of HCV services in the silver-level Qualified Health Plans (QHPs) available to individuals via the Massachusetts health insurance marketplace (a/k/a Massachusetts Health Connector). The silver-level QHPs were chosen for inclusion in this resource because they are generally representative of coverage and are often the most cost-effective choice for low-income consumers. More information on these plans is available on the Massachusetts marketplace website: <https://mahealthconnector.optum.com/individual/>.

Please note that prior authorization requirements vary across QHPs. However, at least two insurers—Blue Cross Blue Shield and Tufts Health Plan<sup>1</sup>—have announced that they will no longer apply restrictions related to fibrosis score when covering HCV medications.

**Abbreviations:** Cost = Patient Cost-Sharing; Labs = Diagnostic Test (X-Ray, blood work); PA = Prior Authorization; PCP = Primary Care Provider; QL = Quantity Limit; ST = Step Therapy; Util. Mgmt. = Utilization Management Requirements

Plan Name	Services		Eplusa (sofosbuvir /velpatasvir)			Harvoni (ledipasvir, sofosbuvir)			Olysio (simeprevir)			Sovaldi (sofosbuvir)			Viekira Pak (ombitasvir, paritaprevir, ritonavir)			Zepatier (elbasvir and grazoprevir)		
	PCP Cost	Labs Cost	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.
Ambetter Balanced Care 14	\$30	\$25	Yes	\$90	PA	Yes	\$90	PA, QL	No	N/A	N/A	Yes	\$90	PA, QL	No	N/A	N/A	No	N/A	N/A
Access Blue Basic (BCBS of MA)	\$30	\$25	Yes	\$60	PA, QL	Yes	\$60	PA, QL	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
BMC HealthNet Plan Silver A	\$30	\$25	Yes	\$90	PA	Yes	\$90	PA, QL	Yes	\$90	PA, QL	Yes	\$90	PA, QL	Yes	\$90	PA, QL	Yes	\$90	PA
BMC HealthNet Plan Silver B	\$30	25%	Yes	35%	PA	Yes	35%	PA, QL	Yes	35%	PA, QL	Yes	35%	PA, QL	Yes	35%	PA, QL	Yes	35%	PA
Fallon Health Community Care Silver Coinsurance 35%	\$30	35%	Yes	50%	PA	Yes	50%	PA	Yes	50%	PA	Yes	50%	PA	Yes	50%	PA	Yes	50%	PA

	Services		Epclusa (sofosbuvir /velpatasvir)			Harvoni (ledipasvir, sofosbuvir)			Olysio (simeprevir)			Sovaldi (sofosbuvir)			Viekira Pak (ombitasvir, paritaprevir, ritonavir)			Zepatier (elbasvir and grazoprevir)		
Plan Name	PCP Cost	Labs Cost	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.
Fallon Health Direct Care Silver Connector	\$30	\$25	Yes	\$60	PA	Yes	\$60	PA	Yes	\$90	PA	Yes	\$90	PA	Yes	\$90	PA	Yes	\$90	PA
Fallon Health Select Care Silver Coinsurance 35%	\$30	35%	Yes	50%	PA	Yes	50%	PA	Yes	50%	PA	Yes	50%	PA	Yes	50%	PA	Yes	50%	PA
Fallon Health Select Care Silver Connector	\$30	\$25	Yes	\$60	PA	Yes	\$60	PA	Yes	\$90	PA	Yes	\$90	PA	Yes	\$90	PA	Yes	\$90	PA
Standard Silver (Harvard Pilgrim)	\$30	\$25	Yes	\$90	PA, QL	Yes	\$90	PA, QL	No	N/A	N/A	Yes	\$90	PA, QL	No	N/A	N/A	Yes	\$90	PA, QL
Core Coverage HMO 1750 (Harvard Pilgrim)	\$35	20%	Yes	\$110	PA, QL	Yes	\$110	PA, QL	No	N/A	N/A	Yes	\$110	PA, QL	No	N/A	N/A	Yes	\$110	PA, QL
HNE Silver A	\$30	\$25	Yes	\$60	PA, QL	Yes	\$60	PA	Yes	\$90	PA	Yes	\$60	PA	Yes	\$90	PA	Yes	\$90	PA, QL
MyDoc HMO Silver Basic (Minuteman)	\$30	\$25	Yes	\$60	PA, QL	Yes	\$60	PA	Yes	\$90	PA	Yes	\$60	PA	Yes	\$90	PA	Yes	\$90	PA, QL
MyDoc HMO Silver Plus (Minuteman)	\$15	\$50	Yes	\$30	PA, QL	Yes	\$30	PA	Yes	\$50	PA	Yes	\$30	PA	Yes	\$50	PA	Yes	\$50	PA, QL
NHP Prime HMO 2000/4000 30/50 35% FlexRX 4-tier	\$30	\$50	Yes	35%	PA	Yes	35%	PA	Yes*	35%	PA	Yes*	35%	PA	Yes*	35%	PA	Yes*	35%	PA
NHP Prime HMO 2000/4000 30/50 FlexRX 4-Tier	\$30	\$25	Yes	\$60	PA	Yes	\$60	PA	Yes*	\$90	PA	Yes*	\$90	PA	Yes*	\$90	PA	Yes*	\$90	PA
Tufts Health Direct Silver 2000	\$30	\$25	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Yes	\$90	PA	Yes	\$60	PA	No	N/A	N/A
Tufts Health Direct Silver 2200 with Coinsurance	\$50	20%	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Yes	50%	PA	Yes	50%	PA	No	N/A	N/A
Tufts Health Premier Silver 2000	\$30	\$25	Yes	\$90	PA	No	N/A	N/A	No	N/A	N/A	Yes	\$90	PA	Yes	\$60	PA	No	N/A	N/A

\* NHP's drug formulary does not list these drugs. However, representatives state that they are covered on Tier 4 if prior authorization requirements are met.

**Contact Numbers for Providers:** Ambetter: 1-877-687-1186; BCBS of MA: 1-800-882-2060; BMC HealthNet: 1-888-566-0008; Fallon: 1-866-275-3247; Harvard Pilgrim: 1-800-708-4414; Health New England (HNE): 1-800-842-4464, ext. 5000; Minuteman: 1-877-892-7621; Neighborhood Health Plan (NHP): 1-855-444-4647; Tufts Health Plan: 1-888-884-2404 or 1-888-257-1985

**Contact Numbers for Members:** Ambetter: 1-877-687-1186; BCBS of MA: 1-800-262-2583; BMC HealthNet: 1-855-833-8120; Fallon: 1-800-868-5200; Harvard Pilgrim: 1-888-333-4742; Health New England: 1-800-310-2835; Minuteman: 1-855-644-1776; Neighborhood Health Plan (NHP): 1-866-414-5533; Tufts Health Plan: 1-888-257-1985 or 1-800-841-2900

**CONNECTORCARE PLANS**

The table below summarizes coverage of HCV services in the Massachusetts ConnectorCare plans. ConnectorCare plans are low-cost plans available to individuals with household incomes up to 300% of federal poverty level. In general, there are three levels of ConnectorCare plans, with standardized cost-sharing on each level. More information about ConnectorCare Plans can be found on the Massachusetts marketplace website: <https://mahealthconnector.optum.com/individual/> and on individual insurer websites.

**Abbreviations:** **Cost** = Patient Cost-Sharing; **Labs** = Diagnostic Test (X-Ray, blood work); **PA** = Prior Authorization; **PCP** = Primary Care Provider; **QL** = Quantity Limit; **ST** = Step Therapy; **Util. Mgmt.** = Utilization Management Requirements

Plan Name	Services		Epclusa (sofosbuvir /velpatasvir)			Harvoni (ledipasvir, sofosbuvir)			Olysio (simeprevir)			Sovaldi (sofosbuvir)			Viekira Pak (ombitasvir, paritaprevir, ritonavir)			Zepatier (elbasvir and grazoprevir)		
	PCP Cost	Labs Cost	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.
Connector Care 1 (Ambetter)	\$0	\$0	Yes	\$3.65	PA	Yes	\$3.65	PA, QL	No	N/A	N/A	Yes	\$3.65	PA, QL	No	N/A	N/A	No	N/A	N/A
Connector Care 2 (Ambetter)	\$10	\$0	Yes	\$40	PA	Yes	\$40	PA, QL	No	N/A	N/A	Yes	\$40	PA, QL	No	N/A	N/A	No	N/A	N/A
Connector Care 3 (Ambetter)	\$15	\$0	Yes	\$50	PA	Yes	\$50	PA, QL	No	N/A	N/A	Yes	\$50	PA, QL	No	N/A	N/A	No	N/A	N/A
Connector Care Zero (BMC HealthNet)	\$0	\$0	Yes	\$0	PA	Yes	\$0	PA, QL	Yes	\$0	PA, QL	Yes	\$0	PA, QL	Yes	\$0	PA, QL	Yes	\$0	PA
Connector Care Zero Silver (BMC HealthNet)	\$0	\$0	Yes	\$0	PA	Yes	\$0	PA, QL	Yes	\$0	PA, QL	Yes	\$0	PA, QL	Yes	\$0	PA, QL	Yes	\$0	PA
Connector Care Plan Type I (BMC HealthNet)	\$0	\$0	Yes	\$3.65	PA	Yes	\$3.65	PA, QL	Yes	\$3.65	PA, QL	Yes	\$3.65	PA, QL	Yes	\$3.65	PA, QL	Yes	\$3.65	PA
Connector Care Plan Type II (BMC HealthNet)	\$10	\$0	Yes	\$40	PA	Yes	\$40	PA, QL	Yes	\$40	PA, QL	Yes	\$40	PA, QL	Yes	\$40	PA, QL	Yes	\$40	PA
Connector Care Plan Type III (BMC HealthNet)	\$15	\$0	Yes	\$50	PA	Yes	\$50	PA, QL	Yes	\$50	PA, QL	Yes	\$50	PA, QL	Yes	\$50	PA, QL	Yes	\$50	PA
Community Care Plan Type I (Fallon)	\$0	\$0	Yes	\$3.65	PA	Yes	\$3.65	PA	Yes	\$3.65	PA	Yes	\$3.65	PA	Yes	\$3.65	PA	Yes	\$3.65	PA
Community Care Plan Type II (Fallon)	\$10	\$0	Yes	\$40	PA	Yes	\$40	PA	Yes	\$40	PA	Yes	\$40	PA	Yes	\$40	PA	Yes	\$40	PA
Community Care Plan Type III (Fallon)	\$15	\$0	Yes	\$50	PA	Yes	\$50	PA	Yes	\$50	PA	Yes	\$50	PA	Yes	\$50	PA	Yes	\$50	PA

Plan Name	Services		Epclusa (sofosbuvir /velpatasvir)			Harvoni (ledipasvir, sofosbuvir)			Olysio (simeprevir)			Sovaldi (sofosbuvir)			Viekira Pak (ombitasvir, paritaprevir, ritonavir)			Zepatier (elbasvir and grazoprevir)		
	PCP Cost	Labs Cost	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.
Connector Care 1 (HNE)	\$0	\$0	Yes	\$3.65	PA, QL	Yes	\$3.65	PA	Yes	\$3.65	PA	Yes	\$3.65	PA	Yes	\$3.65	PA	Yes	\$3.65	PA, QL
Connector Care 2 (HNE)	\$10	\$0	Yes	\$20	PA, QL	Yes	\$20	PA	Yes	\$40	PA	Yes	\$20	PA	Yes	\$40	PA	Yes	\$40	PA, QL
Connector Care 3 (HNE)	\$15	\$0	Yes	\$25	PA, QL	Yes	\$25	PA	Yes	\$50	PA	Yes	\$25	PA	Yes	\$50	PA	Yes	\$50	PA, QL
MyDoc HMO ConnectorCare 1 (Minuteman)	\$0	\$0	Yes	\$3.65	PA, QL	Yes	\$3.65	PA	Yes	\$3.65	PA	Yes	\$3.65	PA	Yes	\$3.65	PA	Yes	\$3.65	PA, QL
MyDoc HMO ConnectorCare 2 (Minuteman)	\$10	\$0	Yes	\$20	PA, QL	Yes	\$20	PA	Yes	\$40	PA	Yes	\$20	PA	Yes	\$40	PA	Yes	\$40	PA, QL
MyDoc HMO ConnectorCare 3 (Minuteman)	\$15	\$0	Yes	\$25	PA, QL	Yes	\$25	PA	Yes	\$50	PA	Yes	\$25	PA	Yes	\$50	PA	Yes	\$50	PA, QL
NHP Prime HMO ConnectorCare 0/0	\$0	\$0	Yes	\$3.65	PA	Yes	\$3.65	PA	Yes*	\$3.65	PA	Yes*	\$3.65	PA	Yes*	\$3.65	PA	Yes*	\$3.65	PA
NHP Prime HMO ConnectorCare 10/18	\$10	\$0	Yes	\$20	PA	Yes	\$20	PA	Yes*	\$40	PA	Yes*	\$40	PA	Yes*	\$40	PA	Yes*	\$40	PA
NHP Prime HMO ConnectorCare 15/22	\$15	\$0	Yes	\$25	PA	Yes	\$25	PA	Yes*	\$50	PA	Yes*	\$50	PA	Yes*	\$50	PA	Yes*	\$50	PA
Direct ConnectorCare Plan Type I (Tufts)	\$0	\$0	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Yes	\$3.65	PA	Yes	\$3.65	PA	No	N/A	N/A
Direct ConnectorCare Plan Type II (Tufts)	\$10	\$0	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Yes	\$40	PA	Yes	\$20	PA	No	N/A	N/A
Direct ConnectorCare Plan Type III (Tufts)	\$15	\$0	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Yes	\$50	PA	Yes	\$25	PA	No	N/A	N/A

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**Contact Numbers for Providers:** Ambetter: 1-877-687-1186; BMC HealthNet: 1-888-566-0008; Fallon: 1-866-275-3247; Health New England: 1-800-842-4464, ext. 5000; Minuteman: 1-877-892-7621; Neighborhood Health Plan (NHP): 1-855-444-4647; Tufts Health Plan: 1-888-257-1985

**Contact Numbers for Members:** Ambetter: 1-877-687-1186; BMC HealthNet: 1-855-833-8120; Fallon: 1-800-868-5200; Health New England: 1-800-310-2835; Minuteman: 1-855-644-1776; Neighborhood Health Plan (NHP): 1-866-414-5533; Tufts Health Plan: 1-888-257-1985

**MASSHEALTH PLANS**

The table below summarizes coverage of HCV services in MassHealth, Massachusetts’s Medicaid program. MassHealth offers a variety of coverage options, depending upon applicant eligibility. The table below summarizes coverage in the MassHealth Standard, CommonHealth, Family Assistance, and CarePlus plans, which cover the majority of MassHealth participants. Coverage in these plans may be provided directly by MassHealth, through the MassHealth Primary Care Clinician Plan (PCCP), or by Managed Care Organizations (MCOs) contracting with MassHealth.<sup>2</sup>

**Please note that Massachusetts no longer allows MassHealth MCOs to apply restrictions related to fibrosis score, substance use abstinence, or prescriber specialty when covering HCV medications.<sup>3</sup>**

**Abbreviations:** Cost = Patient Cost-Sharing; Labs = Laboratory Services;<sup>4</sup> PA = Prior Authorization; PCP = Primary Care Provider; QL = Quantity Limit; ST = Step Therapy; Util. Mgmt. = Utilization Management Requirements

Insurer	Services		Eplusa (sofosbuvir /velpatasvir)			Harvoni (ledipasvir, sofosbuvir)			Olysio (simeprevir)			Sovaldi (sofosbuvir)			Viekira Pak (ombitasvir, paritaprevir, ritonavir)			Zepatier (elbasvir and grazoprevir)		
	PCP Cost	Labs Cost	Covered (Y/N)	Cost <sup>5</sup>	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.	Covered (Y/N)	Cost	Util. Mgmt.
MassHealth PCCP	\$0	\$0	Yes	\$3.65	PA	Yes	\$3.65	PA	Yes	\$3.65	PA, ST	Yes	\$3.65	PA	Yes	\$3.65	PA, ST	Yes	\$3.65	PA, ST
BMC HealthNet	\$0	\$0	Yes	\$3.65	PA	Yes	\$3.65	PA, QL	Yes	\$3.65	PA, QL	Yes	\$3.65	PA, QL	Yes	\$3.65	PA, QL	Yes	\$3.65	PA
CeltiCare Health Plan	\$0	\$0	Yes	\$3.65	PA	Yes	\$3.65	PA	No	N/A	N/A	Yes	\$3.65	PA	No	N/A	N/A	Yes	\$3.65	PA
Fallon Health	\$0	\$0	Yes	\$2.00	PA	Yes	\$2.00	PA	Yes	\$2.00	PA	Yes	\$2.00	PA	Yes	\$2.00	PA	Yes	\$2.00	PA
Health New England (HNE)	\$0	\$0	Yes	\$3.65	PA, QL	Yes	\$3.65	PA	Yes	\$3.65	PA	Yes	\$3.65	PA	Yes	\$3.65	PA	Yes	\$3.65	PA, QL
Neighborhood Health Plan (NHP)	\$0	\$0	Yes	\$3.65	PA, QL	Yes	\$3.65	PA, QL	No	N/A	N/A	Yes	\$3.65	PA, QL	No	N/A	N/A	No	N/A	N/A
Tufts Health Plan	\$0	\$0	Yes	\$3.65	PA	Yes	\$3.65	PA, QL	No	N/A	N/A	Yes	\$3.65	PA, QL	Yes	\$3.65	PA	No	N/A	N/A

**Contact Numbers for Providers:** MassHealth PCCP: 1-800-841-2900; BMC HealthNet: 1-888-566-0008; CeltiCare Health: 1-855-678-6975; Fallon: 1-866-275-3247; Health New England: 1-800-842-4464, ext. 5000; Neighborhood Health Plan: 1-855-444-4647; Tufts Health Plan: 1-888-257-1985

**Contact Numbers for Members:** MassHealth PCCP: 1-800-841-2900; BMC HealthNet: 1-888-566-0010; CeltiCare Health: 1-855-678-6975; Fallon: 1-800-341-4848; Health New England: 1-800-786-9999; Neighborhood Health Plan: 1-800-462-5449; Tufts Health Plan: 1-888-257-1985

<sup>1</sup> Felice J. Freyer, *Tufts Health Plan Lifts Restrictions on Hepatitis C Drugs*, BOSTON GLOBE (Apr. 20, 2016), <https://www.bostonglobe.com/metro/2016/04/19/tufts-health-plan-lifts-restrictions-hepatitis-drugs/2EdZqgl8nXArTmA74fWOLN/story.html>.

<sup>2</sup> KAISER FAMILY FOUNDATION, *Medicaid MCOs and Their Parent Firms* (Mar. 2016), <http://kff.org/other/state-indicator/medicaid-mcos-and-their-parent-firms/?currentTimeframe=0&selectedRows=%7B%22nested%22:%7B%22massachusetts%22:%7B%7D%7D%7D> (listing MassHealth MCOs).

<sup>3</sup> See Daniel Tsai, *MassHealth Managed Care Organization Bulletin 6* (July 2016), available at <http://www.mass.gov/eohhs/docs/masshealth/bull-2016/mco-6.pdf>.

<sup>4</sup> Laboratory Services are defined as: “all services necessary for the diagnosis, treatment and prevention of disease, and for the maintenance of health.” Certain laboratory services may be excluded from coverage.

<sup>5</sup> MassHealth requires a copayment of \$3.65 for all drugs except for certain generics and over-the-counter drugs mainly used for diabetes, high blood pressure, and high cholesterol. See MASS. EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVS., *Covered Services*, <http://www.mass.gov/eohhs/consumer/insurance/masshealth-member-info/covered-services.html> (last visited Jan. 18, 2016); 130 C.M.R. § 506.016.