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RI PA Overview

In RI, hepatitis C virus infection (HCV) antiviral medications, termed direct-acting antiviral (DAA) agents, are not directly accessible via prescription at local pharmacies. DAAs are considered by payers, both public and private, to be ‘specialty medications.’ Payers require that DAAs be requested by the prescribing physician (or Nurse Practitioner or Physician’s Assistant) directly through the payer via the Prior Authorization (PA) process. The following steps are needed for all PAs:

1. After the physician evaluates the patient and selects a DAA regimen, the prescriber must complete the form specific to the patient’s payer. Forms are linked below.
 - a. Forms can also be found online via covermymeds.com using the patient’s prescription coverage benefits (BIN, PCN, and group number) and the medication/s name.
2. Attach all relevant HCV labs and insurance information requested by the specific PA. This may include:
 - a. [APRI](#).
 - b. [FIB-4](#).
 - c. Estimated stage of fibrosis and test used to determine (for prescription purposes what is needed is cirrhotic or not, and decompensated or not. Can write in less than F4 or =F4. Liver imaging/elastography is NOT medically indicated/required/necessary for all patients and for a patient to take this step may prolong time to cure, present a barrier to treatment and drive up cost/cure. Consider prioritizing history, PE, serum markers).
 - d. Presence or absence of decompensated cirrhosis.
 - e. HCV genotype, quantitative viral load and date of testing.
 - f. History of prior HCV treatment if treatment-experienced.
 - g. Liver panel.
 - h. Fibrosure/FibroTest when needed (for example when discrepancy between APRI and FIB-4) or required by payer.
 - i. Any other labs required per the specific PA.
3. List contact information for PAs as the clinical point person (e.g. pharmacist, nurse, physician, etc.). This person receives letters or phone calls from payers regarding PA decisions and notifies the prescriber.
4. The prescriber reviews and signs all PA forms prior to submission.
5. A member of care team faxes the forms and supporting clinical documentation to the number indicated on PA, or submits via EHR if the system permits.

After the PA outcome decision is made and communicated back to the prescriber:

1. If approved, help the patient receive the medication (patients will either need home delivery or must pick up at a pharmacy depending on the payer).
2. If denied, send appeal letter or request peer-to-peer review within 48 hours of denial
 - a. Recheck that all required lab work was sent to/received by the payer and the test dates are within each payer-specific requirement.
 - b. Creating templates for appeal letters is helpful to speed up this process.
3. If denied two or more times for Abbvie medications, consider applying to patient support program.

Specific Payers

RI Medicaid

PA request form for DAAs:

<http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Pharmacy/PA22.pdf>

Approval Criteria Specific to Plan:

1. HCV RNA viral load (VL) MUST be within 90 days of request (even for patients with years of documented viremia).
2. A treatment plan which must include the medication name, dose, duration of treatment, and an agreement to submit post-treatment VL data if requested. Note: If this request for sustained virologic response (SVR) data is received, consider whether this is in the patient's best interest, whether the patient agrees that the payer may have this information, whether this is the standard of care for any other disease (e.g. HIV, HBV, diabetes).

NOTE: At times, a patient may think she/he is covered by RI Medicaid. If a PA is submitted to RI Medicaid and the patient has primary coverage via Neighborhood Health Plan of RI or United Healthcare of RI, a PA form specific to those payers must be completed and submitted to the respective payer PA department.

Neighborhood Health Plan of RI (NHP)

Walgreens located on Prairie Avenue in Providence, RI is NHP's preferred pharmacy.

Preferred medications are Glecaprevir/pibrentasvir (Mavyret) and Sofosbuvir/velpatasvir/voxilaprevir (Vosevi) (only for DAA-experienced, check indications HCVguidelines.org). Documentation must be provided as to why the patient needs to be prescribed a non-preferred medication. This can be as simple as one sentence written at the bottom of the PA (e.g. "Glecaprevir/pibrentasvir (Mavyret) is contraindicated with the patient's statin medication") or can require more extensive documentation (e.g. if resistance testing is performed and patient's HCV is resistant to the preferred medication the lab test will need to be attached).

NHP PA request form for DAAs:

https://www.nhpri.org/wp-content/uploads/2019/03/HepC-PA_FORM-Jul-2018.pdf

Approval Criteria Specific to Plan:

1. HCV RNA VL MUST be within 90 days of request (even for patients with years of documented viremia).

Once Approved by NHP:

1. NHP of RI will email Walgreens about the approval. You may also fax the PA with the approval letter to Walgreens as a means of notifying Walgreens of the approval.
2. You may call and let Walgreens know when the patient is scheduled to start the medication so Walgreens can reach out to the patient.
3. The pharmacy WILL call the patient for refill reminders.

To appeal a denial from NHP:

1. After a denial of the initial PA, a peer-to-peer review can be done to expedite the appeals process. Peer-to-peer phone/physician advisor line: 401-459-6069.

Walgreens Local Specialty contact information: Phone: 401-781-4325. Provider only line: 401-781-7390. Fax: 401-781-4645; or 401-781-4392 (backline to use if first fax # is non-working).

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United Healthcare of RI (UHC)

Briova Rx is a central specialty pharmacy utilized by UHC.

Preferred medications are Glecaprevir/pibrentasvir (Mavyret) and Sofosbuvir/velpatasvir/voxilaprevir (Vosevi). Documentation must be provided as to why the patient needs to be prescribed a non-preferred medication.

PA request form for DAAS:

<https://www.uhcprovider.com/content/provider/en/viewer.html?file=%2Fcontent%2Fdam%2Fprovider%2Fdocs%2Fpublic%2Fprior-auth%2Fuhccp-pharmacy-forms%2Fh-l%2FRI-Hepatitis-C-Medications-Prior-Authorization-Form.pdf>

Approval Criteria Specific to Plan:

1. HCV RNA VL AND genotype MUST be within 90 days of request (even for patients with years of documented viremia, and even for patients with years of the documented genotype that has not changed, without risk of reinfection).
2. A treatment plan which must include the medication name, dose, duration of treatment, and an agreement to submit a post treatment viral load data if requested.

Once approved by UHC:

1. A prescription must be called into Briova Rx 855-427-4682 or 866-863-7543
2. Delivery must be scheduled for the patient to receive the medication since this pharmacy is not local. You may assist the patient in calling Briova Rx by either giving the patient the phone number above or calling on speaker with her/him.
3. The pharmacy WILL NOT call the patient for refill reminders so the patient should be notified about three weeks after treatment initiation to remind her/him to call for their refill.

To appeal a denial from UHC:

1. All members must complete and sign a member consent form so the person designated as the clinical coordinator can contact UHC on their behalf (only needed for clinical coordinator, not needed for provider, nurse, or pharmacist).
 - a. Form can be found at:
https://www.uhcommunityplan.com/content/dam/communityplan/healthcareprofessionals/providerinformation/RI-Provider-Information/RI_Member_Consent_Form_Provider_Representation.pdf
 - b. Under 'Description of Services,' write down "Coordination of care for hepatitis C medications, appeals and PAs, and coordinating medication delivery and shipment."
2. For UHC Community Plan PAs & Appeal questions: 800-310-6826; Fax: 866-950-7757

Tufts Health Plan of RI (THP)

CVS Caremark Central is Tufts Health Plan's preferred pharmacy. Although CVS Central is the preferred pharmacy, the local CVS Specialty can help with the PA process. Once a PA is submitted you can additionally send the PA to the local CVS Specialty to help in the process.

CVS specialty contact information:

Pharmacist at CVS Local Specialty located in RI Hospital (RIH).

Phone: 401-421-1555. Fax: 401-421-2666.

Preferred medication is Glecaprevir/pibrentasvir (Mavyret).

PA request form for DAAS: <https://tuftshealthplan.com/documents/providers/forms/hepatitis-c-medication-request-form> (says Massachusetts on top but this IS the correct form)

Tufts Health Plan of RI (THP) continued

Approval Criteria Specific to Plan:

1. HCV RNA VL MUST be within 90 days of request (even for patients with years of documented viremia). At times, Tufts requires that HCV genotype MUST be within 90 days of request (even for patients with years of documented genotype that has not changed, without risk of reinfection), even though this is not listed on their PA form.

Once approved by THP:

1. A prescription must be called into CVS Caremark: 800-237-2767.
2. Delivery must be scheduled for the patient to receive the medication since this pharmacy is not local. You may assist the patient in calling Briova Rx by either giving the patient the phone number above or calling on speaker with her/him.
3. The pharmacy WILL NOT call the patient for refill reminders so the patient should be notified about three weeks after treatment initiation to remind her/him to call for their refill

Blue Cross Blue Shield of RI (BCBS)

Prime Therapeutics/AllianceRx is a specialty pharmacy utilized by BCBS.

Preferred medications are sofosbuvir/velpatasvir (Epclusa), ledipasvir/sofosbuvir (Harvoni), and glecaprevir/pibrentasvir (Mavyret).

PA request form for DAAS:

https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/BCBSRI/Fax_Forms/RI_HepC_PA.pdf

Fax PA request to BCBS RI: 800-323-2445

Approval Criteria Specific to Plan:

1. HCV RNA VL MUST be within 90 days of request (even for patients with years of documented viremia).
2. If using APRI to show fibrosis score a Fibrosure MUST also be performed and included (the Fibrosure may also need its own PA).

Once approved by BCBS:

1. A prescription must be called into Prime Therapeutics/Alliance Rx 877-627-6337 or faxed to 855-212-8110.
2. Delivery must be scheduled for the patient to receive the medication since this pharmacy is not local. You may assist the patient in calling Briova Rx by either giving the patient the phone number above or calling on speaker with her/him.
3. The pharmacy WILL NOT call the patient for refill reminders so the patient should be notified about three weeks after treatment initiation to remind her/him to call for their refill.

RI Medicare

Covermymeds.com is the easiest way to find and complete Medicare PAs.

Depending on which payer the patient has for Part D may dictate which pharmacy the patient must fill through.

AIDS Drug Assistance Program (ADAP)

For HIV/HCV coinfecting patients.

1. For the full application to ADAP, contact information, and other resources, see the bottom of this page: www.eohhs.ri.gov/Consumer/Adults/RyanWhiteHIVAIDS.aspx

Aetna Health Insurance

PA request form for DAAs: <http://www.aetna.com/pharmacy-insurance/healthcare-professional/documents/medicare-prior-auth-hepatitis-c.pdf>

Fax PA form and supporting clinical documents to: 800-408-2386.

Urgent PA requests can be called in at: 800-414-2386.

Pharmaceutical Support Paths

Pharmaceutical companies may create drug assistance programs for patients who cannot access their medications through their payers, or for uninsured patients. The eligibility requirements for DAAs changes rapidly. Other companies may only offer co-pay assistance coupons (\$5)

Gilead

Gilead will only give co-pay assistance coupons.

Applications are specific to each regimen:

[SOFOSBUVIR/VELPATASVIR \(EPCLUSA\)](https://www.epclusa.com/co-pay-coupon-registration/): <https://www.epclusa.com/co-pay-coupon-registration/>

[LEDIPASVIR/SOFOSBUVIR \(HARVONI\)](https://www.harvoni.com/support-and-savings/co-pay-coupon-registration): <https://www.harvoni.com/support-and-savings/co-pay-coupon-registration>

[SOFOSBUVIR/VELPATASVIR/VOXILAPREVIR \(VOSEVI\)](https://www.vosevi.com/co-pay-coupon-registration): <https://www.vosevi.com/co-pay-coupon-registration>

Contact information: Field Manager for Gilead Support Path: Phone: 240-654-7656 E-mail:

Christian.balarezo@gilead.com Main phone: 855-769-7284 Fax: 855-298-8700

<http://www.mysupportpath.com/>

Abbvie

Glecaprevir/pibrentasvir (Mavyret) patient assistance program will provide medication if approved.

Call 877-628-9738 to request additional applications OR for any patient assistance program follow-up/updates on applications/medication delivery coordination.

Approval Criteria Specific to Plan:

1. Requires an HCV RNA within 90 days.
2. Abbvie requires that the patient speak directly to representative to authorize the release of the medication to be shipped. You cannot coordinate delivery for patients.

Contact information: Pharmaceutical Representative 401-601-1229 Matthew.kalin@abbvie.com

RI Case Manager at Mavyret Patient Assistance Program 855-765-0504 ask for Stephan.