



RID Hep C DAA Guide to Prior Authorizations by Payer

The Prior Authorization (PA) process for accessing DAAs can be complex, time-consuming, and inefficient [see Taylor LE. One Small Step for Rhode Island Medicaid, One Giant Leap Towards Hepatitis C Elimination. *R I Med J* (2013). 2021 Dec 1;104(10):48-52 and Duryea P, Habchi J, Sprecht-Walsh S, et al. A Modifiable Barrier to HCV Elimination in Rhode Island: The PA Process for Direct-Acting Antiviral Agents. *R I Med J* (2013). 2020 Jun 1;103(5):41-44.] This is a pre-approval process to determine if a patient meets payer-specific DAA criteria – although DAAs are FDA-approved and indicated for people infected with HCV, ages 3 and older (except those with short life expectancy that DAAs cannot remediate and in pregnancy).

On Aug. 1, 2021, Rhode Island (RI) Medicaid removed PAs for two DAA regimens for glecaprevir/pibrentasvir (Mavyret) and sofosbuvir/velpatasvir/voxilaprevir (Vosevi, as long as there is documentation of prior treatment failure), following seven other states. Some DAAs will still need a PA before coverage if they are not listed as one of the payer's preferred regimens.

Most commercial insurance providers still require PAs. These include varied requirements regarding required lab results, estimates of fibrosis and other elements.

DAAs are considered specialty medications by payers. Thus, most insurance providers restrict patients to one specific pharmacy where they will cover the medication. Below is a breakdown of the insurance providers in the area that we have worked with and the preferred pharmacies that each payer is linked with. If using a preferred regimen and no PA is required, a prescription may be submitted to one of the preferred pharmacies listed below depending on the payer.

Select a patient's DAA regimen in accordance with the most up to date evidence as per *the current HCVguidelines.org*, and if there are two equal alternatives, in accordance with patient preference. Once you have selected the optimal regimen for that individual, check the patient's complete medication list against the DAAs and alter your DAA prescription plan as needed based on drug-drug interactions. Then see what the preferred DAAs are per the patient's payer/insurance. If NOT a preferred agent, complete the PA. For example, do not change estrogen-based contraceptives to suit DAAs, but select DAAs that do not interact with the patient's chosen estrogen-based contraceptive and complete a PA if not a preferred regimen. RI payers have a good track record recently of honoring sound medical decisions re selecting the best medications for an individual.

RI Medicaid (RIMED)

Preferred Regimens with No PA requirement:

- glecaprevir/pibrentasvir (Mavyret) or sofosbuvir/velpatasvir/voxilaprevir (Vosevi)
- Other regimens will still require a PA.

Preferred Pharmacy:

- RIMED has no restrictions to which pharmacy a patient may use. Local specialty pharmacies CVS and Walgreens will reach out to patients to make sure the refill is being picked up in a timely manner to ensure no gaps in therapy between months (only four weeks of DAAs is provided at a time). They also offer shipment to accommodate patient preference.

CVS Local Specialty Contact Information:

- 2 Dudley St Providence, RI 02905 located in Rhode Island Hospital
Phone: 401-421-1555 Fax: 401-421-2666

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Walgreens Local Specialty Contact Information:

- 335 Prairie Ave Providence, RI 02905
Phone: 401-781-4325 MD/DO/NP/PA/other HCW only line: 401-781-7390 Fax: 401-781-4392

PA Requests for DAAs:

- <https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-03/PriorAuthHIV-HepC.pdf>

Once Approved by RI Medicaid:

- RIMED will fax the approval to the ordering physician via fax number provided on the PA form.
- A prescription will then need to be sent to the patient's pharmacy or specialty pharmacy.

NOTE: RIMED is typically a secondary insurance. Many times, a patient may think she/he/they is covered by RIMED but will actually have another insurer as their primary. If a PA is submitted to RIMED and the patient has primary coverage via Neighborhood Health Plan of RI or United Healthcare, a PA form specific to those payers must be completed if not a preferred regimen, and submitted to the respective PA department.

RI Medicaid contact information:

Karen- Medicaid pharmacy: 401-784-3824

Neighborhood Health Plan (NHP) – changing as of January 1, 2023 so there may be kinks to work out. They ended their contract with Walgreens and switched to CVS/Lifespan/CNE.

Patients in the midst of DAA therapy as of 1/1/23 may get refills via Walgreens. Patients starting after 1/1/23 need to use one of these 3 new pharmacies via CVS/Lifespan pharmacies/CNE pharmacies. Patients may fill their prescriptions at any of their in-network pharmacies for any of these three corporations. We have been told that these pharmacies offer shipment to another in-network pharmacy or to the patient's home address when there is one, as per patient preference.

Medicaid Plan Preferred Regimens with No PA:

- Glecaprevir/pibrentasvir (Mavyret); sofosbuvir/velpatasvir/voxilaprevir (Vosevi) is considered preferred but still requires a stepped PA; (other regimens require a PA)
- Rx Group numbers: RX6437 or RX6438

Commercial (non-Medicaid) NHP Plan Preferred Regimens **REQUIRING** PA:

- Sofosbuvir/velpatasvir (Eplclusa), ledipasvir/sofosbuvir (Harvoni), elbasvir/grazoprevir (Zepatier) and sofosbuvir/velpatasvir/voxilaprevir (Vosevi) are all covered equally with a PA
- Rx Group number: Rx2323 or Rx2325

NOTE: NHP has managed Medicaid plans as well as commercial plans. Patients covered under the commercial plan will still require a PA. One way to tell if a patient is covered under a Medicaid plan versus commercial plan is the group number.

Preferred Pharmacies as of 1/1/2023:

- Care New England Specialty Pharmacy
- Lifespan Specialty Pharmacy
- CarePlus Specialty Pharmacy
- CVS Specialty Pharmacy

Care New England Specialty Pharmacy Contact Information:

- Address: 455 Toll Gate Road, Warwick RI 02886
- Phone Number: 855-981-1908

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Lifespan Specialty Pharmacy Contact Information:

- Address: 117 Chapman St, Providence RI 02905
- Phone Number: 401-444-9909

CarePlus Specialty Pharmacy Contact Information:

- Address: 2 Dudley St Suite 170, Providence RI 02905
- Phone Number: 401-421-1555 best else 800-237-2767

CVS Specialty Pharmacy Contact Information:

- Address: 25 Birch St Building B, Suite 100, Milford MA 01757
- Phone Number: 401-421-1555 else 800-237-2767

NOTE: Care New England Specialty Pharmacy, Lifespan Specialty Pharmacy and CarePlus Specialty Pharmacy are local pharmacies so patients can walk in for pick up or can have their DAAs delivered. The pharmacy **WILL** call for refill reminders. The pharmacy **WILL** reach out personally to the office if they have not been able to get in touch with a patient.

NOTE: If the patient is covered under the NHP commercial plan they **WILL** have a copay. The copay with DAAs can be very high. The pharmacist at any of the in network Specialty Pharmacies can help patients find copay assistance; however, should you like to sign the patient up for copay assistance beforehand the information will be listed below under “Copay Assistance.”

NOTE: If a patient cannot use one of the preferred regimens listed above for any reason (intolerant to the preferred regimen, potential drug-drug interactions, etc.) a PA will be needed.

Prior authorization request form for DAAS:

- https://www.nhpri.org/wp-content/uploads/2019/03/HepC-PA_FORM-Jul-2018.pdf
- The PA can also be filled out via covermymed.com

Once Approved by Neighborhood Health Plan:

- Once approved NHP will fax the ordering physician an approval letter to the fax number included on the PA form.
- Submit a prescription to an in-network Specialty Pharmacy.
- The pharmacists at an in-network Specialty Pharmacy will reach out to patients to get them started on their treatment. Note that a long list of potential adverse effects is read from a required script not tailored to the individual patient – patients may benefit from the physician reviewing this as patients have been needlessly scared off and have not initiated treatment (for example – patients are told they may get diarrhea with DAAs while patients on methadone maintenance will not).

Appeals Process:

- A peer-to-peer review can be conducted to expedite the appeals process.
- Peer-to-peer phone/physician advisor line: 401-459-6069

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United Healthcare

Preferred Regimens with No PA:

- Medicaid recipients: glecaprevir/ pibrentasvir (Mavyret) or sofosbuvir/velpatasvir/voxilaprevir (Vosevi)

Preferred Pharmacy:

- Optum Pharmacy (formerly known as Briova Rx)

Optum Pharmacy Contact Information:

- Address: 1050 Patrol Rd Jeffersonville, IN 047130
Phone: 1-855-427-4682 Fax: 1-877-342-4596

NOTE: Optum pharmacy is **NOT** a local pharmacy and will need to ship the medication to the patient's home address. This can be difficult for patients with housing instability. There can be long wait times on the phone. This pharmacy will reach out for refill reminders, but patients have reported not being called for their refill reminders with this pharmacy. We set a reminder to check in and make sure the patient received her/his/their refill. The pharmacy **WILL NOT** reach out personally and will only send a fax if they have not been able to get in touch with a patient or if there are any issues with a prescription.

NOTE: If a patient cannot use one of the preferred regimens listed above for any reason (intolerant to the preferred regimen, potential drug-drug interactions, etc.) a PA will be needed.

Prior authorization 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>
- The PA can also be filled out on covermymeds.com.

Once approved by United Healthcare:

- Once approved United Healthcare will fax the ordering physician an approval letter to the fax number included on the PA form.
- Submit a prescription to Optum pharmacy.
- The pharmacist at Optum will reach out to the patient to initiate treatment. Delivery must be scheduled for the patient to receive the medication since this pharmacy is not local. You may assist the patient in calling Optum by either giving her/him/them the phone number above or calling on speaker with her/him/them. Note that a long list of potential adverse effects is read from a required script not tailored to the individual patient – patients may benefit from the physician reviewing this as patients have been needlessly scared off and have not initiated treatment (for example – patients are told they may get diarrhea with DAAs while patients on methadone maintenance will not).

To appeal a denial from UHC:

- For UHC Community Plan PA & Appeal questions: 1-800-310-6826; Fax: 1-866-950-7757



Tufts Health Public Plan

Preferred Regimens with No PA:

- Medicaid Patients: glecaprevir/pibrentasvir (Mavyret) or sofosbuvir/velpatasvir/voxilaprevir (Vosevi)

Preferred Pharmacy:

- CVS Caremark Specialty Pharmacy

CVS Caremark Specialty Pharmacy Contact Information:

- Address: 800 Biermann Ct Suit B Mount Prospect, Illinois 60056
General Phone Line: 1-800-237-2767
MD/DO/NP/PA/other HCW Phone Line: 1-877-408-9742 Fax: 1-877-408-9743

NOTE: CVS Caremark pharmacy is **NOT** a local pharmacy and will need to ship the medication to the patient's home address. The pharmacy **WILL** call for refill reminders. The pharmacy **WILL NOT** reach out personally and will only send a fax if they have not been able to get in touch with a patient or if there is any issue with a prescription. The CVS Local Specialty in the Rhode Island Hospital can help if there are any problems with a patient's medication and you cannot get in touch with CVS Caremark Specialty; their information is listed below.

CVS Local Specialty Contact Information:

- Address: 2 Dudley St Providence, RI 02905 located in Rhode Island Hospital
Phone: 401-421-1555 Fax: 401-421-2666

NOTE: If a patient cannot use one of the preferred regimens listed above for any reason (intolerant to the preferred regimen, potential drug-drug interactions, etc.) a PA will be needed.

PA request form for DAAs (says Massachusetts on top but this IS the correct form):

- <https://tuftshealthplan.com/documents/providers/forms/hepatitis-c-medication-request-form>
- The PA can also be completed and submitted via covermy meds.com.

Once approved by Tufts Health Plan:

- Once approved Tufts will fax an approval letter to the fax number provided
- A prescription must be submitted to CVS Caremark.
- Delivery must be scheduled for the patient to receive the medication since this pharmacy is not local. You may assist the patient in calling CVS Caremark by either giving her/him/them the phone number above or calling on speaker with her/him/them.

Blue Cross Blue Shield (BCBS)

Preferred Regimens WITH PA:

- Sofosbuvir/velpatasvir (Epclusa), ledipasvir/sofosbuvir (Harvoni), glecaprevir/pibrentasvir (Mavyret), and sofosbuvir/velpatasvir/voxilaprevir (Vosevi)

Preferred Pharmacy:

- Accredo Pharmacy

Accredo Specialty Pharmacy Contact Information:

- Address: 1620 Century Center Parkway Memphis, TN 38134

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General Phone Line: 1-800-803-2523

MD/DO/NP/PA/other HCW Phone Line: 1-844-516-3319

Fax: 1-877-329-4605

NOTE: Accredo pharmacy is **NOT** a local pharmacy and will need to ship the medication to the patient's home address. This pharmacy will reach out for refill reminders, but patients have reported not being called for their refill reminders with this pharmacy. We set a reminder to check in and make sure the patient received their refill. The pharmacy **WILL NOT** reach out personally and will only send a fax if they have not been able to get in touch with a patient or if there are any issues with a prescription

Prior authorization request form for DAAs:

- https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/BCBSRI/Fax_Forms/RI_HepC_PA.pdf
- The PA can also be completed and submitted via covermymeds.com.

Approval Criteria Specific to Plan:

- HCV viral load **MUST** be within 90 days of request.
- If using APRI to show estimated fibrosis, score a FibroSure **MUST** also be performed and included. Some BCBS plans require a PA for FibroSure.
- Turnaround time for approval can take as long as 30 days.

Once approved by BCBS:

- Once approved BCBS will fax an approval letter to the fax number provided
- A prescription must be submitted to Accredo pharmacy.
- Delivery must be scheduled for the patient to receive the medication since this pharmacy is not local. You may assist the patient in calling Accredo by either giving her/him/them the phone number above or calling on speaker with her/him/them.

NOTE: Patients **WILL** have a copay. The copay with DAAs can be very high. You may sign the patient up for copay assistance beforehand, the information will be listed below under "Copay Assistance." We have had issues with a previous pharmacy reporting to patients and physicians that BCBS does not allow

patients to use coupons for DAAs. You will need to tell BCBS that this is **NOT** a coupon, it is **copay assistance** and can be used. We have had this issue every time we submit a prescription with copay assistance for patient insured under BCBS and every time after pushing back the copay assistance has been applied and saved the patient thousands of dollars.

Medicare

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

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

Express Scripts Part D

Preferred Regimens WITH PA:

- Sofosbuvir/velpatasvir (Epclusa), ledipasvir/sofosbuvir (Harvoni), glecaprevir/pibrentasvir (Mavyret), and sofosbuvir/velpatasvir/voxilaprevir (Vosevi)

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NOTE: This insurer requires documentation that either the physician is or is working in collaboration with a gastroenterologist or infectious disease physician.

Copay Assistance

Depending on the patient's insurance provider they may have a copay with their prescription. The copays with DAAs can be very high. Copay assistance is specific to the medication. Links are provided below to each medication's copay assistance program. Follow the prompts and fill out the required information for approval. Turnaround time for approval is a few minutes.

Glecaprevir/pibrentasvir (Mavyret)

- <https://www.mavyret.com/savings-card>

Sofosbuvir/velpatasvir (Epclusa)

- <https://www.epclusa.com/saving-on-epclusa>

Ledipasvir/sofosbuvir (Harvoni)

- <https://www.harvoni.com/support-and-savings/co-pay-coupon-registration>

Sofosbuvir/velpatasvir/voxilaprevir (Vosevi)

- <https://www.vosevi.com/co-pay-coupon-registration>

PA General Tips

For all PAs:

- After the patient is evaluated and DAA regimen selected that requires a PA, complete the form specific to the patient's insurance company.
 - Forms can also be found online via covermymeds.com using the patient's prescription coverage benefits (BIN number, PCN number, and Group number) and the medication name. Links to all current forms are included below.
- Attach all relevant HCV labs + insurance card information requested by PAs.
 - APRI
 - FIB-4
 - Stage of disease and test used to **estimate** fibrosis stage
 - Presence or absence of decompensated cirrhosis.
 - HCV genotype, quantitative viral load and date of testing.
 - History of prior HCV treatment if relevant.
 - Liver panel and when available, FibroSure/FibroAct
 - Any other labs requested per the form. Do not include urine or blood toxicology as you would not when prescribing meds for HIV, cancer, HTN, etc.
- Fax forms and supporting clinical documentation to number indicated on PA

After an outcome is decided:

- If approved, work to help patient receive medication (home delivery or pick up at a pharmacy)
- If denied, send appeal letter or request peer-to-peer review within 48 hours of denial
 - Recheck that all relevant lab work was sent to/received by the insurance and the test dates are within each insurance specific requirements