

April 26, 2019

1870 W. Rio Salado Parkway
Suite 2A
Tempe, AZ 85281-2145

Dear Valued Provider,

Thank you for your continued partnership with Ambetter from Arizona Complete Health (Ambetter). In order to better care for the health and wellbeing of our members we regularly review our clinical policy to ensure our members have the benefit of current industry standards.

GUIDELINE CHANGE FOR HEPATITIS C

The clinical prior authorization guidelines for Hepatitis C treatment were updated in July of 2018. Coverage for direct acting combination antiretroviral medications has been expanded to allow for the treatment of all fibrosis score levels. On the second page of this document, please find an initial approval checklist of the clinical policy requirements for treatment of Chronic Hepatitis C Infection.

PREFERRED PRODUCTS

Ambetter's preferred combination antiretroviral is Mavyret. The formulary is reviewed monthly and agents are subject to change.

SPECIALTY PHARMACY

Acaria Health is our preferred specialty pharmacy for Ambetter members. Please call 1-800-511-5144 to speak with a representative about submitting a prescription for your qualifying patients.

Please take a few minutes to review your patients' charts and the criteria on the next page to determine if they now meet the guidelines. To request a prior authorization review, please call 1-866-399-0928 or fax your request to 1-866-399-0929.

If you have any questions about this letter, please call the Arizona Complete Health Pharmacy Department at 1-866-796-0542 (TTY/TDY: 711).

Thank you for your time and consideration.

Arizona Complete Health Pharmacy Department

✓	Initial Approval Checklist (Must Meet All)
	Diagnosis of chronic HCV infection as evidenced by detectable serum HCV RNA levels by quantitative assay in the last 6 months
	Confirmed HCV genotype is one of the following (a, b, or c) <ul style="list-style-type: none"> a For treatment-naïve patients: genotypes 1, 2, 3, 4, 5, or 6 b For patients treatment-experienced with interferon (IFN)/pegylated-interferon (pegIFN), ribavirin (RBV), and/or sofosbuvir only: genotypes 1, 2, 3, 4, 5, or 6 c For patients treatment-experienced with either an NS5A inhibitor or an NS3/4A protease inhibitor: genotype 1 <p><i>*Chart note documentation and copies of lab results are required*</i></p>
	Prescribed by or in consultation with a gastroenterologist, hepatologist, or infectious disease specialist
	Patient age ≥ 18 years
	Confirmation of Child-Pugh A status if cirrhosis is present
	If contraindicated to Mavyret, member must use Epclusa® for applicable genotypes and treatment status, unless contraindicated or clinically significant adverse effects are experienced
	Life expectancy ≥ 12 months with HCV treatment
	Documented sobriety from alcohol and illicit IV drugs for ≥ 6 months prior to starting therapy, if applicable
	Member is not treatment-experienced with both NS3/4A protease inhibitor AND NS5A inhibitors, such as combination therapies including Technivie™, Viekira™, and Zepatier®
	Member agrees to participate in a medication adherence program
	Prescribed regimen is consistent with an FDA or AASLD-IDSAs recommended regimen