

HEPATITIS C TREATMENT AT A GLANCE: MAY 2018

INTRODUCTION

The Hepatitis C (HCV) Treatment at a Glance tool provides an overview of the coverage of key HCV services in Massachusetts as of May 2018 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.

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 Plan¹—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		Epclusa (sofosbuvir /velpatasvir)			Daklinza (daclatasvir)			Harvoni (ledipasvir, sofosbuvir)			Mavyret (glecaprevir / pibrentasvir)			Sovaldi (sofosbuvir)			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.
BCBSMA Standard Silver: HMO Blue Basic	\$30	\$25	Yes	\$60	PA, QL	No	N/A	N/A	Yes	\$60	PA, QL	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
BMC HealthNet Standard Silver A II	\$30	\$25	Yes	\$90	PA, QL	Yes	\$90	PA, QL	Yes	\$90	PA, QL	Yes	\$90	PA	Yes	\$90	PA, QL	Yes	\$90	PA
BMC HealthNet Non-Standard Silver B II	\$30	30%	Yes	35%	PA, QL	Yes	35%	PA, QL	Yes	35%	PA, QL	Yes	35%	PA	Yes	35%	PA, QL	Yes	35%	PA

	Services		Epclusa (sofosbuvir /velpatasvir)			Daklinza (daclatasvir)			Harvoni (ledipasvir, sofosbuvir)			Mavyret (glecaprevir / pibrentasvir)			Sovaldi (sofosbuvir)			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 Community Care Silver Coinsurance 35% II	\$60	\$50	Yes	50%	PA	Yes	50%	PA	Yes	50%	PA	Yes	50%	PA	Yes	50%	PA	Yes	50%	PA
Fallon Direct Care Silver Connector II	\$30	\$25	Yes	\$60	PA	Yes	\$90	PA	Yes	\$60	PA	Yes	\$60	PA	Yes	\$90	PA	Yes	\$90	PA
Fallon Select Care Silver Connector II	\$30	\$25	Yes	\$60	PA	Yes	\$90	PA	Yes	\$60	PA	Yes	\$60	PA	Yes	\$90	PA	Yes	\$90	PA
Harvard Pilgrim Standard Silver	\$30	\$25	Yes	\$90	PA, QL	Yes	\$90	PA, QL	Yes	\$90	PA, QL	Yes	\$90	PA, QL	Yes	\$90	PA, QL	Yes	\$90	PA, QL
HNE Silver A II	\$30	\$25	Yes	\$60	PA, QL	Yes	\$90	PA	Yes	\$60	PA	Yes	\$60	PA	Yes	\$60	PA	Yes	\$90	PA, QL
NHP Prime HMO 2000/4000 30/50 FlexRx 6-Tier II	\$30	\$25	Yes	\$60	PA, QL	No	N/A	N/A	Yes	\$60	PA, QL	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
NHP Prime HMO 2000/4000 30/50 35% FlexRx 6-Tier II	\$30	\$50	Yes	35%	PA, QL	No	N/A	N/A	Yes	35%	PA, QL	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
NHP Prime HMO 3000/6000 30/50 35% FlexRx 6-Tier II	\$30	\$50	Yes	35%	PA, QL	No	N/A	N/A	Yes	35%	PA, QL	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Tufts Direct Silver 2000 II	\$30	\$25	Yes	\$60	PA	No	N/A	N/A	Yes	\$60	PA	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Tufts Direct Silver 2500 with Coinsurance II	\$30	20%	Yes	50%	PA	No	N/A	N/A	Yes	50%	PA	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Tufts Premier Silver 2000	\$30	\$25	Yes	\$60	PA	No	N/A	N/A	Yes	\$60	PA	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A

Contact Numbers for Providers: 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; Neighborhood Health Plan (NHP): 1-855-444-4647; Tufts Health Plan: 1-888-884-2404 or 1-888-257-1985

Contact Numbers for Members: 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; Neighborhood Health Plan (NHP): 1-866-414-5533; Tufts Health Plan: 1-888-257-1985 (Direct) or 1-800-462-0224 (Premier)

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		Eplclusa (sofosbuvir /velpatasvir)			Daklinza (daclatasvir)			Harvoni (ledipasvir, sofosbuvir)			Mavyret (glecaprevir / pibrentasvir)			Sovaldi (sofosbuvir)			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.
BMC HealthNet ConnectorCare Plan Type 1	\$0	\$0	Yes	\$3.65	PA, QL	Yes	\$3.65	PA, QL	Yes	\$3.65	PA, QL	Yes	\$3.65	PA	Yes	\$3.65	PA, QL	Yes	\$3.65	PA
BMC HealthNet ConnectorCare Plan Type 2	\$10	\$0	Yes	\$40	PA, QL	Yes	\$40	PA, QL	Yes	\$40	PA, QL	Yes	\$40	PA	Yes	\$40	PA, QL	Yes	\$40	PA
BMC HealthNet ConnectorCare Plan Type 3	\$15	\$0	Yes	\$50	PA, QL	Yes	\$50	PA, QL	Yes	\$50	PA, QL	Yes	\$50	PA	Yes	\$50	PA, QL	Yes	\$50	PA
BMC HealthNet ConnectorCare Limited Cost Share Plan	\$0	\$0	Yes	\$0	PA, QL	Yes	\$0	PA, QL	Yes	\$0	PA, QL	Yes	\$0	PA	Yes	\$0	PA, QL	Yes	\$0	PA
BMC HealthNet ConnectorCare No Cost Share Plan	\$0	\$0	Yes	\$0	PA, QL	Yes	\$0	PA, QL	Yes	\$0	PA, QL	Yes	\$0	PA	Yes	\$0	PA, QL	Yes	\$0	PA
Fallon Community Care Wrap Type I	\$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
Fallon Community Care Wrap Type II	\$10	\$0	Yes	\$20	PA	Yes	\$40	PA	Yes	\$20	PA	Yes	\$20	PA	Yes	\$40	PA	Yes	\$40	PA
Fallon Community Care Wrap Type III	\$15	\$0	Yes	\$25	PA	Yes	\$50	PA	Yes	\$25	PA	Yes	\$25	PA	Yes	\$50	PA	Yes	\$50	PA
HNE HMO Connector Care 1	\$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
HNE HMO Connector Care 2	\$10	\$0	Yes	\$20	PA, QL	Yes	\$40	PA	Yes	\$20	PA	Yes	\$20	PA	Yes	\$20	PA	Yes	\$40	PA, QL
HNE HMO Connector Care 3	\$15	\$0	Yes	\$25	PA, QL	Yes	\$50	PA	Yes	\$25	PA	Yes	\$25	PA	Yes	\$25	PA	Yes	\$50	PQ, QL
NHP Prime HMO ConnectorCare 0/0	\$0	\$0	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	No	N/A	N/A

Plan Name	Services		Epclusa (sofosbuvir /velpatasvir)			Daklinza (daclatasvir)			Harvoni (ledipasvir, sofosbuvir)			Mavyret (glecaprevir / pibrentasvir)			Sovaldi (sofosbuvir)			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.
NHP Prime HMO ConnectorCare 10/18	\$10	\$0	Yes	\$20	PA, QL	No	N/A	N/A	Yes	\$20	PA, QL	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
NHP Prime HMO ConnectorCare 15/22	\$15	\$0	Yes	\$25	PA, QL	No	N/A	N/A	Yes	\$25	PA, QL	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Tufts Direct ConnectorCare I	\$0	\$0	Yes	\$3.65	PA	No	N/A	N/A	Yes	\$3.65	PA	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Tufts Direct ConnectorCare II	\$10	\$0	Yes	\$20	PA	No	N/A	N/A	Yes	\$20	PA	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Tufts Direct ConnectorCare III	\$15	\$0	Yes	\$25	PA	No	N/A	N/A	Yes	\$25	PA	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A

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

Contact Numbers for Members: BMC HealthNet: 1-855-833-8120; Fallon: 1-800-868-5200; Health New England: 1-800-310-2835; 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 fee-for-service or MassHealth Primary Care Clinician Plan (PCCP), by Managed Care Organizations (MCOs) contracting with MassHealth, or by an Accountable Care Organization (ACO) contracting with MassHealth or an MCO. More information regarding these coverage options can be found on the MassHealth website: <https://www.mass.gov/service-details/masshealth-health-plans> and on individual insurer or ACO websites. In the table below, coverage information is organized by the insurer associated with the plan. **Please consult the notes below the table for additional information on the individual plans associated with these insurers.**

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.²

Abbreviations: **Cost** = Patient Cost-Sharing; **Labs** = Laboratory Services;³ **PA** = Prior Authorization; **PCP** = Primary Care Provider; **QL** = Quantity Limit; **ST** = Step Therapy; **Util. Mgmt.** = Utilization Management Requirements

Insurer	Services		Epclusa (sofosbuvir /velpatasvir)			Daklinza (daclatasvir)			Harvoni (ledipasvir, sofosbuvir)			Mavyret (glecaprevir / pibrentasvir)			Sovaldi (sofosbuvir)			Zepatier (elbasvir and grazoprevir)		
	PCP Cost	Labs Cost	Covered (Y/N)	Cost ⁴	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*	\$0	\$0	Yes	\$3.65	PA	Yes	\$3.65	PA, ST	Yes	\$3.65	PA	Yes	\$3.65	PA	Yes	\$3.65	PA	Yes	\$3.65	PA, ST
BMC HealthNet Plan**	\$0	\$0	Yes	\$3.65	PA	Yes	\$3.65	PA, QL	Yes	\$3.65	PA, QL	Yes	\$3.65	PA	Yes	\$3.65	PA, QL	Yes	\$3.65	PA
Fallon Health***	\$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
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	No	N/A	N/A	Yes	\$3.65	PA, QL	Yes	\$3.65	PA, QL	Yes	\$3.65	PA, QL	No	N/A	N/A
Tufts Health Together*****	\$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

* Describes coverage for MassHealth fee-for-for service, PCCP, and Primary Care ACO Plans (Community Care Cooperative, Partners HealthCare Choice, and Steward Health Choice)

** Describes coverage for BMC HealthNet MCO coverage AND for BMC HealthNet-associated ACOs (BMC HealthNet Plan Community Alliance, BMC HealthNet Plan Mercy Alliance, BMC HealthNet Plan Signature Alliance, and BMC HealthNet Plan Southcoast Alliance)

*** Describes coverage for Fallon-associated ACOs (Berkshire Fallon Health Collaborative, Fallon 365 Care, and Wellforce Care Plan)

**** Describes coverage for Health New England (HNE)-associated ACOs (Be Healthy Partnership)

***** Describes coverage for the Neighborhood Health Plan-associated ACOs (My Care Family)

***** Describes coverage for Tufts Health Together MCO coverage AND Tufts Health Together-associated ACOs (Tufts Health Together with Atrius Health, Tufts Health Together with Beth Israel Deaconess Care Organization (BIDCO), Tufts Health Together with Boston Children’s ACO, and Tufts Health Together with Cambridge Health Alliance (CHA))

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

Contact Numbers for Members: MassHealth: 1-800-841-2900; BMC HealthNet: 1-888-566-0010; Fallon: 1-855-203-4660 (Berkshire Fallon Health Collaborative), 1-855-508-3390 (Fallon 365 Care), 1-855-508-4715 (Wellforce Care Plan); Health New England (HNE): 1-800-786-9999; Neighborhood Health Plan (NHP): 1-800-462-5449; Tufts Health Plan: 1-888-257-1985

¹ 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>.

² 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>.

³ 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.

⁴ MassHealth requires a copayment of \$3.65 for most drugs except for certain generics and over-the-counter drugs mainly used for diabetes, high blood pressure, and high cholesterol. See MASS.GOV *Covered Services*, <https://www.mass.gov/service-details/covered-services> (last visited May 7, 2018); 130 C.M.R. § 506.016.