Provider Update

Hepatitis C Medication Coverage for Amerigroup Maryland, Inc.

Background or summary of change: Important updates about the pharmacy benefit for the coverage of Hepatitis C medications (Sovaldi and Olysio) for Amerigroup Maryland members.

✦ **What this means to you:** Providers must follow specific instructions for authorization of Hepatitis C Therapy (Sovaldi and Olysio).

Prior Authorization

For All prior authorization requests for Sovaldi and Olysio, providers will need to submit a completed Prior Authorization form and provide copies of the patient medical history summary, lab and genetic test reports. The clinical criteria that will be applied to all Sovaldi and Olysio request can be found at https://mmcp.dhmh.maryland.gov/pap/docs/Clinical%20Criteria%20for%20Hepatitis%20.pdf.

Please review the clinical criteria before submitting the prior authorization form.

Any request for retreatment will be initially denied and sent to the Maryland Department of Health and Mental Hygiene for further review and approval. If retreatment is authorized, enhanced adherence documentation criteria will apply (including every two week viral load, psychosocial services) and documentation of the following:

- Change in medical condition since start of first treatment course (including Metavir score)
- Effect of medications on patient (adverse drug reactions, exacerbation of co-morbid condition)
- Possible resistance to Sovaldi and Olysio will have to be taken into account
- Availability of new drug regimens

Retreatment definition

- Previous failure of triple therapy regimen that includes Incivek, Victrelis or Olysio
- Previous therapy with Sovaldi

For additional questions

If you have questions about this communication, received this fax in error or need general assistance, contact the Pharmacy Helpdesk at 1-800-454-7330.