

Hepatitis C: State of Medicaid Access Report Card

Kentucky

Estimated Number of Individuals Living with Hepatitis C: 54,200¹



Grade	Summary
<p style="text-align: center; font-size: 2em; font-weight: bold;">B</p>	<p>Liver Damage (Fibrosis) Restrictions: Fee-For-Service (FFS) does not impose minimum liver damage restrictions. One Managed Care Organization (MCO), Anthem BlueCross BlueShield of Kentucky, requires severe liver damage (F3 or greater). One MCO, Passport Health Plan, requires at least moderate liver damage (F2 or greater). One MCO, CareSource, imposes severe (F3) and moderate (F2) liver damage requirements on two medications, but does not impose minimum liver damage restrictions on most prescriptions. One MCO, Aetna, follows FFS and does not impose any minimum liver damage restrictions. One MCO, WellCare, has unclear liver damage criteria.</p> <p>Sobriety Restrictions: FFS inquires about patients' past history of substance use, but does not impose mandated periods of abstinence for individuals seeking first-time treatment. One MCO, Anthem, does not list any sobriety requirements. Three MCOs, Aetna, Passport, and WellCare, require screening for current abuse and counseling as to the risks of substance use during treatment. One MCO, CareSource, requires that members are not currently participating in alcohol abuse or illicit substance abuse, evidenced by one confirmed negative urine drug and alcohol screen within the last 60 days; for previous abusers, it requires confirmation of current monthly negative urine drug and alcohol screen for 3 consecutive months.</p> <p>Prescriber Restrictions: FFS requires a prescription to be written by or in consultation with a specialist. Three MCOs, Aetna Better Health, CareSource-Humana and WellCare, require a specialist to prescribe. One MCO, Passport Health Plan, requires a prescription to be written by or in consultation with a specialist. One MCO, Anthem BlueCross BlueShield, does not specify prescriber requirements.</p> <p>Recommendations to Improve Patient Access:</p> <ul style="list-style-type: none"> • Eliminate prescriber requirements. • Ensure parity across FFS and MCO programs and transparency regarding hepatitis C coverage criteria. <p><i>Grade Rationale: Kentucky FFS and MCOs provide moderate access to hepatitis C treatment. The state made significant progress by eliminating minimum liver damage requirements and by removing sobriety requirements for patients seeking first-time therapy. However, the state continues to impose specialist restrictions and some MCOs are not following the FFS criteria.</i></p>

Background

As of May 2017, Kentucky had 1,251,671 individuals enrolled in Medicaid and Children's Health Insurance Program (CHIP)² Kentucky operates a Fee-For-Service (FFS) program and contracts with Managed Care Organizations (MCOs). Most beneficiaries, 91 percent, are enrolled in a MCO. The remaining 9 percent participate in FFS.³ Kentucky Medicaid contracts with the following five MCOs: Aetna Better Health (Aetna), Anthem BlueCross BlueShield of Kentucky (Anthem), CareSource-Humana (CareSource), Passport Health Plan (Passport), and WellCare.⁴ Kentucky's FFS program is administered by Magellan.⁵

State of Medicaid Hepatitis C Treatment Access

Kentucky's Pharmacy & Therapeutics (P&T) Committee makes coverage criteria recommendations for each Direct Acting Antiviral (DAA) agent.⁶ In November 2017, the P&T Committee recommended updated coverage requirements for all DAAs.⁷ The new criteria eliminated minimum liver damage and mandated sobriety requirements for first-time patients and now only asks about patients' past history of substance use.⁸ For patients seeking repeat DAA therapy, if the patient has a recent history (within the past six months) of alcohol or substance abuse, the criteria require documentation that the patient has completed or is participating in a recovery program, receiving alcohol or substance abuse counseling services, or is seeing an addiction specialist as part of HCV treatment and documentation that the patient is not actively participating in illicit substance use of alcohol abuse with confirmatory laboratory testing (e.g., urine drug screen).⁹ A prescription must be written by or in consultation with a specialist.¹⁰

As noted in the Preferred Drug List (PDL), FFS requires PA to access hepatitis C treatment.¹¹ The following Direct-Acting Antivirals (DAAs) are designated as preferred in the FFS PDL: Mavyret and Vosevi.¹² The following agents are listed as non-preferred: Daklinza, Epclusa, Harvoni, Olysio, Sovaldi, Technivie, Viekira Pak/XR, and Zepatier.¹³ Quantity limits are imposed, which vary by regimen.¹⁴

Aetna requires PA and a beneficiary to be 18 years old to qualify for treatment.¹⁵ The authorization guidelines are silent on minimum liver damage requirements; the authorization form inquires as to the patient's liver damage level but does not specify a minimum requirement.¹⁶ The guidelines require "documentation of prescriber counseling regarding the risks of alcohol or IV drug abuse, and an offer of a referral for substance use disorder treatment when history of abuse is present."¹⁷ Additionally, a specialist must prescribe.¹⁸ Coverage is not approved for "lost or stolen medication or fraudulent use" or for individuals with a "lifetime expectancy for less than 12 months due to non-liver related comorbid conditions."¹⁹ Initial approval is for eight weeks.²⁰ Finally, the beneficiary and prescriber must "agree to participate with nursing and pharmacy case management...to assure patient compliance with the prescribed medication, access to services, lab tests, lab reviews and offer medical guidance as needed to optimize a successful outcome for the patient."²¹ Aetna also imposes quantity limits.²² The formulary lists Mavyret as the preferred agent.²³

Anthem requires PA and a beneficiary to be 18 years old.²⁴ The plan has a separate *Clinical Pharmacy Policy* for each DAA.²⁵ The eligibility criteria requires that a beneficiary must have severe liver damage (F3 or greater) or be a liver transplant recipient, have extrahepatic manifestations or be a woman of childbearing age who wishes to become pregnant to access treatment.²⁶ Anthem does not specify either sobriety or prescribing requirements in each agent's *Clinical Pharmacy Policy*.²⁷ Additionally, a beneficiary must not have "a short life expectancy (less than 12 months) owing to non-liver related comorbid conditions."²⁸ Anthem also imposes quantity and duration limits that vary depending on the prescribed regimen.²⁹ The plan's PDL establishes Mavyret as the preferred agent.³⁰

CareSource requires PA and a beneficiary to be 18 years old (beneficiaries 12 years and older may qualify for Harvoni).³¹ The P&T committee has approved new eligibility criteria effective April 1, 2018.³² The new criteria differ based on the agent prescribed.³³ For patients needing Daklinza, Harvoni, Mavyret, Olysio, Technivie, Sovaldi, Viekira, or Vosevi.³⁴ For patients needing treatment with Epclusa or Zepatier, CareSource requires the medication to be prescribed by a specialist or a nurse practitioner working with a specialist, and a minimum of moderate (F2) and severe (F3) liver damage, respectively.³⁵ The criteria have also slightly relaxed the sobriety requirements for all agents.³⁶ It requires that members are not currently participating in alcohol abuse or illicit substance abuse, evidenced by one confirmed negative urine drug and alcohol screen within the last 60 days; for previous abusers, it requires confirmation of current monthly negative urine drug and alcohol screen for 3 consecutive months.³⁷ Additionally, a beneficiary must not have "less than one year life expectancy due to non-liver related comorbidities" and must have been tested for hepatitis B.³⁸ The new guideline lists Mavyret as preferred for all genotypes, and Zepatier as preferred for genotypes 1a, 1b, 4, and Epclusa as preferred for genotypes 2, 3, 5, 6.³⁹ A comprehensive PDL or Formulary is available effective January 1, 2018.⁴⁰

Passport restricts access to hepatitis C medication but imposes slightly less severe liver damage and prescribing requirements as other MCO plans.⁴¹ Passport requires PA and a beneficiary to be 18 years old to access treatment.⁴² The plan has clinical criteria for each DAA and a PA request for all regimens.⁴³ Passport requires at least moderate liver damage (F2 or greater).⁴⁴ However, patients with highest risk for severe complications must present one of the following clinical manifestations to qualify for treatment: hepatitis B or HIV co-infection, an extrahepatic manifestation, or be a liver transplant recipient.⁴⁵ Passport requires the prescriber to screen for alcohol and substance use.⁴⁶ If the beneficiary has recent history of use in the previous six months, then the prescriber must document that the individual has "completed or is participating in a recovery program, or receiving substance or alcohol abuse counseling services, or seeing an addiction specialist as part of hepatitis C treatment."⁴⁷ Alternatively, the prescriber must attest that the beneficiary is not actively using alcohol and substances during treatment and provide "confirmation tests administered both randomly and periodically throughout treatment."⁴⁸ A prescription must be written by or in consultation with a specialist.⁴⁹ Beneficiaries must be screened for hepatitis B co-infection.⁵⁰ Finally, the prescriber must sign and submit the *Passport Health Plan Member Disclosure and Commitment to Take Hepatitis C Medications*, which also must be signed by the patient.⁵¹ This *Commitment* requires the beneficiary to take medications as ordered; attend all follow-up appointments; take all lab tests and alcohol and drug tests ordered; and receive medicine counseling, education and training.⁵² Passport's PDL designates the following DAAs as preferred: Epclusa (Genotypes 2 & 3), Harvoni (Genotypes 1, 4, 5 & 6) and Zepatier (Genotypes: 1 & 4) and non-preferred: Daklinza, Olysio, Sovaldi, Technivie and Viekira XR, Viekira PAK.⁵³

WellCare's hepatitis C coverage requirements are less transparent. The plan requires PA.⁵⁴ However, the liver damage criteria are unclear.⁵⁵ The PA states that beneficiaries with "active substance or alcohol use disorders should be considered for therapy on a case-by-case basis, and care should be coordinated with substance use treatment specialists."⁵⁶ The PA indicates a prescription must be written by a specialist.⁵⁷ Additionally, the prescriber must provide adherence counseling and confirm the beneficiary has "agreed to adhere to and complete the drug regimen as prescribed."⁵⁸ WellCare's PDL establishes Mavyret as preferred agents.⁵⁹

Liver Damage (Fibrosis) Restrictions

Kentucky does not impose minimum liver damage restrictions.⁶⁰

Aetna authorization guidelines are silent on minimum liver damage requirements; the authorization form inquires as to the patient's liver damage level but does not specify a minimum requirement.⁶¹

Anthem's current authorization guidelines require severe liver damage (F3 or greater).⁶²

CareSource has removed minimum liver damage requirements for all DAAs except for Eplclusa and Zepatier, which require documentation of moderate (F2) and severe (F3) liver damage, respectively.⁶³

Passport has not updated its authorization guidelines and still requires at least moderate liver damage (F2 or greater).⁶⁴

WellCare's liver damage criteria are unclear.⁶⁵

Sobriety Restrictions

Kentucky FFS does not impose sobriety requirements for those first-time patients, however, for patients seeking repeat DAA therapy, if the patient has a recent history (within the past six months) of alcohol or substance abuse, the criteria require documentation that the patient has completed or is participating in a recovery program, receiving alcohol or substance abuse counseling services, or is seeing an addiction specialist as part of HCV treatment and documentation that the patient is not actively participating in illicit substance use of alcohol abuse with confirmatory laboratory testing (e.g., urine drug screen).⁶⁶

Aetna has eliminated the six month sobriety from alcohol and substance use requirement; however, it still requires provider counseling and referral if a history of abuse is present.⁶⁷

Anthem does not specify sobriety requirements.⁶⁸

CareSource requires a beneficiary not be "currently participating in alcohol abuse or illicit substance abuse program and has documented current monthly negative urine drug and alcohol screens for three consecutive months (laboratory documentation required)."⁶⁹

Passport requires the prescriber to screen for alcohol and substance use.⁷⁰ If the beneficiary has recent history of use in the previous six months then the prescriber must document that the individual has "completed or is participating in a recovery program, or receiving substance or alcohol abuse counseling services, or seeing an addiction specialist as part of hepatitis C treatment."⁷¹ Alternatively, the prescriber must attest that the beneficiary is not actively using alcohol and substances during treatment as well as provide "confirmation tests administered both randomly and periodically throughout treatment." Passport further explains that "urine toxicology screen results for substance abuse are acceptable in lieu of the actual laboratory drug screen report."⁷² Additionally, test "results must be documented in the patient's medical record including substances tested, results of testing, and date tested."⁷³ If the beneficiary, has a positive test for alcohol or substance use then the prescriber must "submit clinical rationale for treatment continuation, for positive tests that are false positives and not thought to be due to a relapse in alcohol or substance abuse."⁷⁴

WellCare's PA states that beneficiaries with "active substance or alcohol use disorders should be considered for therapy on a case-by-case basis, and care should be coordinated with substance use treatment specialists."⁷⁵

Prescriber Restrictions

Kentucky FFS requires a prescription to be written by or in consultation with a specialist.⁷⁶

Aetna requires a prescription to be written by a "physician specializing in infectious disease, HIV, gastroenterology, hepatology, or transplant."⁷⁷

Anthem does not specify prescribing requirements.⁷⁸

CareSource requires therapy to be prescribed by a specialist or a nurse practitioner working with a specialist for Eplclusa or Zepatier; all other DAAs do not require a specialist prescription.⁷⁹

Passport requires a prescription to be written by or in consultation with a "gastroenterologist, hepatologist, or infectious disease physician."⁸⁰

WellCare's PA indicates a prescription must be written by a specialist.⁸¹

Points of Contact for Questions & Concerns about Kentucky's State of Medicaid Hepatitis C Access

Medicaid⁸²: Stephen P. Miller, Commissioner, Department for Medicaid Services, Commonwealth of Kentucky, Cabinet for Health and Family Services

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¹ Kentucky, State Profile, HepVu (Accessed March 2018): <https://hepvu.org/state/kentucky/>

² Medicaid and CHIP in Kentucky, By-State, Medicaid.gov (Accessed March 2018): <https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=kentucky>

³ Share of Medicaid Population Covered Under Different Delivery Systems, Medicaid Managed Care Market Tracker, Henry J. Kaiser Family Foundation, July 1, 2016 (Accessed March 2018): <http://www.kff.org/medicaid/state-indicator/share-of-medicaid-population-covered-under-different-delivery-systems/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

⁴ Department of Medicaid Services (DMS) MCO Contracts, Kentucky Cabinet for Health and Family Services (Accessed March 2018): <http://chfs.ky.gov/dms/contracts.htm>

⁵ Kentucky Medicaid Pharmacy Program, Kentucky Cabinet for Health and Family Services (Accessed March 2018): <http://chfs.ky.gov/dms/Pharmacy.htm>

⁶ Commissioner for the Department for Medicaid Services Selections for Preferred Products, Pharmacy & Therapeutics Advisory Committee, November 19, 2015 (Accessed March 2018): http://chfs.ky.gov/NR/rdonlyres/A655AE45-E786-486C-9773-8009AFF67FDD/0/KY_Commissioner_Decisions19NOV2015_Final.pdf; See also: Commissioner for the Department for Medicaid Services Selections for Preferred Products, Pharmacy & Therapeutics Advisory Committee, November 16, 2017 (Accessed March 2018): http://chfs.ky.gov/NR/rdonlyres/3F70EE36-F55B-40DA-BCBE-5590FA9C4F43/0/Commissioner_Decisions_For_Posting_2017_11_16.pdf; See also: Pharmacy and Therapeutics Advisory Committee, Department of Medicaid Services, Kentucky Cabinet for Health and Family Services (Accessed March 2018): <http://www.chfs.ky.gov/dms/pt.htm>

⁷ Ibid. Commissioner for the Department for Medicaid Services Selections for Preferred Products, Pharmacy & Therapeutics Advisory Committee, November 16, 2017; See also: Commissioner for the Department for Medicaid Services Selections for Preferred Products, Pharmacy & Therapeutics Advisory Committee, May 19, 2016; See also: Pharmacy and Therapeutics Advisory Committee, Department of Medicaid Services, Kentucky Cabinet for Health and Family Services

⁸ Ibid. Commissioner for the Department for Medicaid Services Selections for Preferred Products, Pharmacy & Therapeutics Advisory Committee, November 16, 2017; See also: Commissioner for the Department for Medicaid Services Selections for Preferred Products, Pharmacy & Therapeutics Advisory Committee, May 19, 2016; See also: Pharmacy and Therapeutics Advisory Committee, Department of Medicaid Services, Kentucky Cabinet for Health and Family Services

⁹ Ibid. Commissioner for the Department for Medicaid Services Selections for Preferred Products, Pharmacy & Therapeutics Advisory Committee, November 16, 2017; See also: Commissioner for the Department for Medicaid Services Selections for Preferred Products, Pharmacy & Therapeutics Advisory Committee, May 19, 2016; See also: Pharmacy and Therapeutics Advisory Committee, Department of Medicaid Services, Kentucky Cabinet for Health and Family Services

¹⁰ Ibid. Commissioner for the Department for Medicaid Services Selections for Preferred Products, Pharmacy & Therapeutics Advisory Committee, November 16, 2017; See also: Commissioner for the Department for Medicaid Services Selections for Preferred Products, Pharmacy & Therapeutics Advisory Committee, May 19, 2016; See also: Pharmacy and Therapeutics Advisory Committee, Department of Medicaid Services, Kentucky Cabinet for Health and Family Services

¹¹ Kentucky Pharmacy Preferred Drug List, KyHealth Choices, Effective: January 15, 2018 (Accessed: March 2018): https://kyportal.magellanmedicaid.com/public/client/static/kentucky/documents/PreferredDrugGuide_full.pdf; See also: Preferred Drug List (PDL), Medicaid Provider Portal, Magellan Medicaid Administration (Accessed March 2018): <https://kyportal.magellanmedicaid.com/provider/public/home.xhtml>; See also: Commissioner for the Department for Medicaid Services Selections for Preferred Products, Review of November 17, 2016 Pharmacy and Therapeutics Advisory Committee (P&T) (Accessed March 2018): http://chfs.ky.gov/NR/rdonlyres/F15303F4-C5AF-4576-BDDC-AEF70306225F/0/Commissioner_Decisions_For_Posting_2016_11_17.pdf

¹² Ibid. Kentucky Pharmacy Preferred Drug List, KyHealth Choices, Effective: January 15, 2015; See also: Preferred Drug List (PDL), Medicaid Provider Portal, Magellan Medicaid Administration; See also: Commissioner for the Department for Medicaid Services Selections for Preferred Products, Review of November 17, 2016 Pharmacy and Therapeutics Advisory Committee (P&T)

¹³ Ibid. Kentucky Pharmacy Preferred Drug List, KyHealth Choices, Effective: January 15, 2015; See also: Preferred Drug List (PDL), Medicaid Provider Portal, Magellan Medicaid Administration; See also: Commissioner for the Department for Medicaid Services Selections for Preferred Products, Review of November 17, 2016 Pharmacy and Therapeutics Advisory Committee (P&T)

¹⁴ Ibid. Kentucky Pharmacy Preferred Drug List, KyHealth Choices, Effective: January 15, 2015; See also: Preferred Drug List (PDL), Medicaid Provider Portal, Magellan Medicaid Administration; See also: Commissioner for the Department for Medicaid Services Selections for Preferred Products, Review of November 17, 2016 Pharmacy and Therapeutics Advisory Committee (P&T)

¹⁵ Hepatitis C – Clinical Guideline, Pharmacy Prior Authorization, Aetna Better Health, Updated: 10/2017 (Accessed March 2018): https://www.aetnabetterhealth.com/kentucky/assets/pdf/Pharmacy/pa-guideline/Hepatitis_C.pdf; See also: Pharmacy Authorization Guidelines, Pharmacy, For Providers, Aetna Better Health (Accessed March 2018): <https://www.aetnabetterhealth.com/kentucky/providers/pharmacy/>; See also: Prior Authorization, Hepatitis C Medications, Aetna Better Health, Effective: 12/01/2017 (Accessed March 2018): https://www.aetnabetterhealth.com/kentucky/assets/pdf/Pharmacy/ABH-KY_Hepatitis_C_Fax_Form.pdf

¹⁶ Ibid. Hepatitis C – Clinical Guideline, Pharmacy Prior Authorization, Aetna Better Health, Updated: 10/2017; See also: Pharmacy Authorization Guidelines, Pharmacy, For Providers, Aetna Better Health; See also: Prior Authorization, Hepatitis C Medications, Aetna Better Health, Effective: 12/01/2017

¹⁷ Ibid. Hepatitis C – Clinical Guideline, Pharmacy Prior Authorization, Aetna Better Health, Updated: 10/2017; See also: Pharmacy Authorization Guidelines, Pharmacy, For Providers, Aetna Better Health; See also: Prior Authorization, Hepatitis C Medications, Aetna Better Health, Effective: 12/01/2017

¹⁸ Ibid. Hepatitis C – Clinical Guideline, Pharmacy Prior Authorization, Aetna Better Health, Updated: 10/2017; See also: Pharmacy Authorization Guidelines, Pharmacy, For Providers, Aetna Better Health; See also: Prior Authorization, Hepatitis C Medications, Aetna Better Health, Effective: 12/01/2017

¹⁹ Ibid. Hepatitis C – Clinical Guideline, Pharmacy Prior Authorization, Aetna Better Health, Updated: 10/2017; See also: Pharmacy Authorization Guidelines, Pharmacy, For Providers, Aetna Better Health; See also: Prior Authorization, Hepatitis C Medications, Aetna Better Health, Effective: 12/01/2017

²⁰ Ibid. Hepatitis C – Clinical Guideline, Pharmacy Prior Authorization, Aetna Better Health, Updated: 10/2017; See also: Pharmacy Authorization Guidelines, Pharmacy, For Providers, Aetna Better Health; See also: Prior Authorization, Hepatitis C Medications, Aetna Better Health, Effective: 12/01/2017

²¹ Ibid. Hepatitis C – Clinical Guideline, Pharmacy Prior Authorization, Aetna Better Health, Updated: 10/2017; See also: Pharmacy Authorization Guidelines, Pharmacy, For Providers, Aetna Better Health; See also: Prior Authorization, Hepatitis C Medications, Aetna Better Health, Effective: 12/01/2017

²² Ibid. Hepatitis C – Clinical Guideline, Pharmacy Prior Authorization, Aetna Better Health, Updated: 10/2017; See also: Pharmacy Authorization Guidelines, Pharmacy, For Providers, Aetna Better Health; See also: Prior Authorization, Hepatitis C Medications, Aetna Better Health, Effective: 12/01/2017

²³ Aetna Better Health of Kentucky, Formulary Guide, May 2017 (Accessed March 2018): https://www.aetnabetterhealth.com/kentucky/assets/pdf/Pharmacy/ABHKY_7747_Single%20Tier%20with%20Ref%20Drug_2154.pdf

²⁴ Zepatier, Prior Authorization, Anthem BlueCross BlueShield (BCBS) of Kentucky, Effective: 03/01/2017 (Accessed March 2018): https://medproviders.anthem.com/Clinical%20Pharmacy%20Policies/PHARM_ALL_Zepatier.pdf; See also: Mavyret, Prior Authorization, Anthem BCBS, Effective: See also: Eplclusa, Prior Authorization, Anthem BCBS, Effective: 06/01/2017 (Accessed March 2018): https://medproviders.anthem.com/Clinical%20Pharmacy%20Policies/PHARM_ALL_Eplclusa.pdf; See also: Sovaldi, Prior Authorization, Anthem BCBS, Effective: 10/02/2016 (Accessed March 2018): https://medproviders.anthem.com/Clinical%20Pharmacy%20Policies/PHARM_ALL_Sovaldi.pdf; See also: Viekira XR/PAK, Prior Authorization, Anthem BCBS, Effective: 03/01/2017 (Accessed March 2018): https://medproviders.anthem.com/Clinical%20Pharmacy%20Policies/PHARM_ALL_Viekira.pdf; See also: Technivie, Prior Authorization, Anthem BCBS, Effective: 10/02/2016 (Accessed March 2018): https://medproviders.anthem.com/Clinical%20Pharmacy%20Policies/PHARM_ALL_Technivie.pdf; See also: Harvoni, Prior Authorization, Anthem BCBS, Effective: 10/02/2016 (Accessed March 2018): https://medproviders.anthem.com/Clinical%20Pharmacy%20Policies/PHARM_ALL_Harvoni.pdf; See also: Olysio, Prior Authorization, Anthem BCBS, Effective: 03/01/2017 (Accessed March 2018): https://medproviders.anthem.com/Clinical%20Pharmacy%20Policies/PHARM_ALL_Olysio.pdf; See also: Daklinza, Prior Authorization, Anthem BCBS, Effective: 03/01/2017 (Accessed March 2018): https://medproviders.anthem.com/Clinical%20Pharmacy%20Policies/PHARM_ALL_Daklinza.pdf; See also: Clinical Pharmacy Policies, Kentucky Providers, Anthem BCBS (Accessed March 2018): <https://medproviders.anthem.com/ky/pages/clinical-pharmacy-policies.aspx>

²⁵ Ibid. Zepatier, Prior Authorization, Anthem BlueCross BlueShield (BCBS) of Kentucky, Effective: 03/01/2017; See also: Eplclusa, Prior Authorization, Anthem BCBS, Effective: 06/01/2017; See also: Sovaldi, Prior Authorization, Anthem BCBS, Effective: 10/02/2016; See also: Viekira XR/PAK, Prior Authorization, Anthem BCBS, Effective: 03/01/2017; See also: Technivie, Prior Authorization, Anthem BCBS, Effective: 10/02/2016; See also: Harvoni, Prior Authorization, Anthem BCBS, Effective: 10/02/2016; See also: Olysio, Prior Authorization, Anthem BCBS, Effective: 03/01/2017; See also: Daklinza, Prior Authorization, Anthem BCBS, Effective: 03/01/2017; See also: Clinical Pharmacy Policies, Kentucky Providers, Anthem BCBS

²⁶ Ibid. Mavyret, Prior Authorization, Anthem BlueCross BlueShield (BCBS) of Kentucky, Effective: 11/01/2017; See also: Eplclusa, Prior Authorization, Anthem BCBS, Effective: 06/01/2017; See also: Sovaldi, Prior Authorization, Anthem BCBS, Effective: 10/02/2016; See also: Viekira XR/PAK, Prior Authorization, Anthem BCBS, Effective: 03/01/2017; See also: Technivie, Prior Authorization, Anthem BCBS, Effective: 10/02/2016; See also: Harvoni, Prior Authorization, Anthem BCBS, Effective: 10/02/2016; See also: Olysio, Prior Authorization, Anthem BCBS, Effective: 03/01/2017; See also: Daklinza, Prior Authorization, Anthem BCBS, Effective: 03/01/2017; See also: Clinical Pharmacy Policies, Kentucky Providers, Anthem BCBS

²⁷ Ibid. Mavyret, Prior Authorization, Anthem BlueCross BlueShield (BCBS) of Kentucky, Effective: 11/01/2017; See also: Eplclusa, Prior Authorization, Anthem BCBS, Effective: 06/01/2017; See also: Sovaldi, Prior Authorization, Anthem BCBS, Effective: 10/02/2016; See also: Viekira XR/PAK, Prior Authorization, Anthem BCBS, Effective: 03/01/2017; See also: Technivie, Prior Authorization, Anthem BCBS, Effective: 10/02/2016; See also: Harvoni, Prior Authorization, Anthem BCBS, Effective: 10/02/2016; See also: Olysio, Prior Authorization, Anthem BCBS, Effective: 03/01/2017; See also: Daklinza, Prior Authorization, Anthem BCBS, Effective: 03/01/2017; See also: Clinical Pharmacy Policies, Kentucky Providers, Anthem BCBS

²⁸ Ibid. Mavyret, Prior Authorization, Anthem BlueCross BlueShield (BCBS) of Kentucky, Effective: 11/01/2017; See also: Eplclusa, Prior Authorization, Anthem BCBS, Effective: 06/01/2017; See also: Sovaldi, Prior Authorization, Anthem BCBS, Effective: 10/02/2016; See also: Viekira XR/PAK, Prior Authorization, Anthem BCBS, Effective: 03/01/2017; See also: Technivie, Prior Authorization, Anthem BCBS, Effective: 10/02/2016; See also: Harvoni, Prior Authorization, Anthem BCBS, Effective: 10/02/2016; See also: Olysio, Prior Authorization, Anthem BCBS, Effective: 03/01/2017; See also: Daklinza, Prior Authorization, Anthem BCBS, Effective: 03/01/2017; See also: Clinical Pharmacy Policies, Kentucky Providers, Anthem BCBS

²⁹ Ibid. Mavyret, Prior Authorization, Anthem BlueCross BlueShield (BCBS) of Kentucky, Effective: 11/01/2017; See also: Eplclusa, Prior Authorization, Anthem BCBS, Effective: 06/01/2017; See also: Sovaldi, Prior Authorization, Anthem BCBS, Effective: 10/02/2016; See also: Viekira XR/PAK, Prior Authorization, Anthem BCBS, Effective: 03/01/2017; See also: Technivie, Prior Authorization, Anthem BCBS, Effective: 10/02/2016; See also: Harvoni, Prior Authorization, Anthem BCBS, Effective: 10/02/2016; See also: Olysio, Prior Authorization, Anthem BCBS, Effective: 03/01/2017; See also: Daklinza, Prior Authorization, Anthem BCBS, Effective: 03/01/2017; See also: Clinical Pharmacy Policies, Kentucky Providers, Anthem BCBS

³⁰ Preferred Drug List, Anthem BCBS of Kentucky, Version: 11/2017 (Accessed March 2018): https://medproviders.anthem.com/Documents/KYKY_CAID_PU_FormularyChangeDEC2017.pdf

³¹ P&T decisions on proposed formulary changes, CareSource, Effective: 04/01/2018 (Accessed March 2018): <https://www.caresource.com/documents/ky-proposed-formulary-changes-effective-04012018/>.

³² Ibid. P&T decisions on proposed formulary changes, CareSource, Effective: 04/01/2018.

³³ Ibid. P&T decisions on proposed formulary changes, CareSource, Effective: 04/01/2018.

³⁴ Ibid. P&T decisions on proposed formulary changes, CareSource, Effective: 04/01/2018.

³⁵ Ibid. P&T decisions on proposed formulary changes, CareSource, Effective: 04/01/2018.

³⁶ Ibid. P&T decisions on proposed formulary changes, CareSource, Effective: 04/01/2018.

³⁷ Ibid. P&T decisions on proposed formulary changes, CareSource, Effective: 04/01/2018.

³⁸ Ibid. P&T decisions on proposed formulary changes, CareSource, Effective: 04/01/2018.

³⁹ Ibid. P&T decisions on proposed formulary changes, CareSource, Effective: 04/01/2018.

⁴⁰ Ibid. Current Pharmacy Policies, Kentucky Medicaid, CareSource-Humana; See also: Kentucky, Medicaid Plans, Pharmacy Policies, Health Partner Policies, Providers, CareSource

⁴¹ Zepatier, Prior Authorization Request, Passport Health Plan (Accessed March 2018): <http://passporthealthplan.com/wp-content/uploads/2014/12/Zepatier-Passport-5.2017.pdf>; See also: Eplclusa, Prior Authorization Request, Passport Health Plan (Accessed March 2018): <http://passporthealthplan.com/wp-content/uploads/2014/12/Eplclusa-Passport-12.2016.pdf>; See also: Hepatitis C, Pharmacy Benefit Management-Medicaid, Passport Health Plan, Revised: 05/2017 (Accessed March 2018): <http://passporthealthplan.com/wp-content/uploads/2017/07/Hepatitis-C-Products.pdf>; See also: Specialty Prior Authorizations, Prior Authorizations, Pharmacy, Passport Health Plan (Accessed March 2018): <http://passporthealthplan.com/pharmacy/prior-authorizations/>

⁴² Ibid. Zepatier, Prior Authorization Request, Passport Health Plan; See also: Eplclusa, Prior Authorization Request, Passport Health Plan; See also: Hepatitis C, Pharmacy Benefit Management-Medicaid, Passport Health Plan, Revised: 05/2017; See also: Specialty Prior Authorizations, Prior Authorizations, Pharmacy, Passport Health Plan

