

Hepatitis C: State of Medicaid Access Report Card

Minnesota

Estimated Number of Individuals Living with Hepatitis C: 41,500¹



Grade	Summary
<p style="font-size: 2em; font-weight: bold; color: #8B4513;">D+</p>	<p>Liver Damage (Fibrosis) Restrictions: Fee-For-Service (FFS) liver damage requirements differ for preferred versus non-preferred hepatitis C medications. Beneficiaries prescribed a preferred agent could qualify for treatment with no liver damage (F0). Patients needing a non-preferred regimen must have severe liver damage (F3 or greater). Three MCOs, Blue Plus, South Country Health Alliance and UCare, have the same requirements as FFS. One MCO, HealthPartners, has no liver damage requirements. Two MCOs, Itasca Medical Care and PrimeWest Health, have unclear liver damage requirements. One MCO, Hennepin Health, does not provide hepatitis C coverage criteria publicly.</p> <p>Sobriety Restrictions: FFS requires six months abstinence from alcohol and substance use. Beneficiaries who meet certain criteria could qualify for treatment after three months sobriety. Three MCOs, Blue Plus, South Country Health Alliance and UCare, have the same sobriety requirements as FFS. One MCO, HealthPartners, requires documentation of the individual’s alcohol and drug use history. The beneficiary must agree to abstinence during the course of treatment and be subject to random alcohol and drug screening. One MCO, Itasca Medical Care, requires abstinence during and after treatment with the beneficiary committing to random drug screening. One MCO, PrimeWest Health, has unclear sobriety requirements. One MCO, Hennepin Health, does not provide hepatitis C coverage criteria publicly.</p> <p>Prescriber Restrictions: FFS requires a prescription by or in consultation with a specialist. Three MCOs, Blue Plus, South Country Health Alliance and UCare, have the same prescriber requirements as FFS. One MCO, PrimeWest Health, requires a specialist or provider who has participated in a hepatitis C training and management collaboration to prescribe. Two MCOs, HealthPartners and Itasca Medical Care, have unclear prescriber requirements. One MCO, Hennepin Health, does not provide hepatitis C coverage criteria publicly.</p> <p>Recommendations to Improve Patient Access:</p> <ul style="list-style-type: none"> • Eliminate liver damage, sobriety and prescribing requirements. • Ensure parity across FFS and MCOs and transparency regarding hepatitis C coverage criteria. <p><i>Grade Rationale: While Minnesota FFS and most MCOs have minimal liver damage restrictions (if the beneficiary is prescribed a preferred regimen), FFS and some MCOs require unacceptable six months abstinence from alcohol and substance use. With these restrictions, many people with hepatitis C do not have access to treatment.</i></p>

Background

As of June 2017, Minnesota had 1,043,268 individuals enrolled in Medicaid and Children’s Health Insurance Program.² Minnesota Medicaid, known as Medical Assistance, operates a Fee-For-Service (FFS) program and contracts with Managed Care Organizations (MCOs).³ Most beneficiaries, 75 percent, are enrolled in a MCO. The remaining 25 percent participate in FFS.⁴ Minnesota currently has seven MCOs that serve the Medical Assistance population: Blue Plus, HealthPartners, Hennepin Health, Itasca Medical Care (IMCare), PrimeWest Health, South Country Health Alliance, and UCare.⁵ Not all MCOs operate statewide; three plans only provide coverage in certain counties (Itasca Medical Care, Hennepin Health, and South Country Health Alliance).⁶

State of Medicaid Hepatitis C Treatment Access

Minnesota FFS restricts access to hepatitis C medications. FFS requires prior authorization (PA) and a patient to be 18 years old to qualify for treatment.⁷ FFS imposes different liver damage requirements for preferred versus non-preferred hepatitis C Direct-Acting Antivirals (DAAs).⁸ The Preferred Drug List (PDL) includes Epclusa (Genotypes 2 and 3), Harvoni (Genotypes 5 and 6) and Zepatier (Genotypes 1 and 4).⁹ Beneficiaries requesting one of these medications could qualify for treatment with no liver damage (F0) whereas patients requesting a non-preferred regimen must demonstrate severe liver damage (F3 or greater) or another severe clinical issue to access therapy.¹⁰

Patients with a history of substance use must be abstinent from alcohol and substance use for six months before starting treatment.¹¹ If certain detailed requirements are met, a beneficiary could qualify for treatment with three months sobriety.¹² A prescription must be written by or in consultation with a specialist.¹³ The prescriber must attest that he/she has “evaluated the patient for readiness for treatment, including identification of potential impediments to effective treatment (for example, adequate social support, missing appointments, stable behavioral health status, alcohol use disorder, IV drug use, difficulties with compliance).”¹⁴ The clinical criteria further state that “potential impediments to successful treatment must be addressed in treatment notes prior to initiating treatment and submitted with authorization request.”¹⁵ The prescriber must also attest that the beneficiary has been screened for current and prior hepatitis B infection.¹⁶ The prescriber must have a “monitoring plan for hepatitis B (HBV) flare-ups or reactivation during treatment and post-treatment follow-up and where indicated, the treating clinician must provide documentation that the patient has been counseled on the HBV reactivation adverse events management plan and the risk of HBV reactivation including serious liver injury and death.”¹⁷

MCOs also restrict access to hepatitis C medications. Some plans impose the same or similar restrictions as FFS. One plan (Hennepin Health) does not provide any coverage information publicly. Transparency needs to be improved to fully assess treatment access for beneficiaries enrolled in MCOs in Minnesota.

Blue Plus (BlueCross Blue Shield) requires PA and a beneficiary to be at least 18 years old to qualify for treatment.¹⁸ Blue Plus imposes the same requirements as FFS (which varies depending on the agent prescribed and the regimens preferred/non-preferred status) or other severe clinical condition.¹⁹ Preferred agents do not require liver damage (F0) whereas requesting non-preferred regimens require the demonstration of severe liver damage (F3 or greater).²⁰ The plan requires 6 months sobriety from alcohol and substance use for those with a prior history of use, and a prescription written by or on in consultation with a specialist.²¹ Blue Plus also requires the additional conditions detailed in FFS clinical criteria. If certain requirements are met, a beneficiary could qualify for treatment with three months sobriety.²² The prescriber must attest that he/she has “evaluated the patient for readiness for treatment, including identification of potential impediments to effective treatment (for example, adequate social support, missing appointments, stable behavioral health status, alcohol use disorder, IV drug use, difficulties with compliance).”²³ The clinical criteria further state that “potential impediments to successful treatment must be addressed in treatment notes prior to initiating treatment and submitted with authorization request.”²⁴ The prescriber must also attest that the beneficiary has been screened for current and prior hepatitis B infection.²⁵ The prescriber must have a “monitoring plan for hepatitis B (HBV) flare-ups or reactivation during treatment and post-treatment follow-up and where indicated, the treating clinician must provide documentation that the patient has been counseled on the HBV reactivation adverse events management plan and the risk of HBV reactivation including serious liver injury and death.”²⁶ The plan imposes quantity and duration limits that vary depending on the regimen prescribed.²⁷ Blue Plus preferred regimens are Epclusa (Genotypes 2 & 3), Harvoni (Genotypes 5 & 6) and Zepatier (Genotypes 1 & 4).²⁸

HealthPartners requires PA and beneficiaries to be 18 years old.²⁹ The plan lists hepatitis C medications as specialty products.³⁰ HealthPartners removed liver damage requirements effective January 1, 2017.³¹ Prescribers must provide “pertinent social history includes use of alcohol or illicit drugs.”³² Additionally, a beneficiary must agree to “abstain from all illegal and recreational drugs (including alcohol) while on the treatment and provide urine or blood specimens at the doctor’s request to monitor compliance.”³³ It is unclear if HealthPartners requires a period of sobriety before requesting hepatitis C treatment. The plan’s prescribing requirements are unclear.³⁴ Both the prescriber and beneficiary must sign the *Hepatitis C Medication Coverage Request*.³⁵ The prescriber must commit that he/she has counseled and educated the beneficiary on the following issues: “the high cost of the medication,” medication adherence, attending follow-up provider and lab appointments, participation in health plan initiated outreach, attesting the beneficiary is at low risk for HCV re-infection, living in a stable living condition and has evidence of active health insurance during entire course of treatment.”³⁶ Finally, the prescriber must attest that the beneficiary is “likely to achieve a long term clinical benefit from HCV treatment [as well as] likely to complete the HCV treatment and has discussed any concerns that may prevent completion of treatment with MD.”³⁷ Beneficiaries must acknowledge that the costs of DAA treatment are “are approximately \$1,000 for each day of treatment.”³⁸ A beneficiary must also commit to taking medication as instructed; attending all follow up appointments, participating in health plan initiated outreach, providing a daytime phone number.³⁹ Additionally, the beneficiary must confirm he/she is “highly motivated to achieve a cure and to refrain from behaviors that might lead to re-infection, recognize that lost or stolen medications will not be replaced and agree to inform both the provider and pharmacy within one business day if there is an interruption in therapy or [if the individual is] hospitalized for any reason during the course of treatment.”⁴⁰ HealthPartners formulary includes Epclusa, Harvoni, Olysio, Sovaldi and Zepatier (Genotypes 1 & 4).⁴¹

IMCare requires PA.⁴² The PA does not provide much detail. The prescriber must provide the following information: “planned treatment regimen, genotype, prior treatment history, presence or absence of cirrhosis (compensated or decompensated [CTP class B or C]), presence or absence of HIV coinfection, presence or absence of resistance-associated variants (e.g., NS5A polymorphisms) where applicable, liver transplantation status if applicable.”⁴³ The PA further states that “coverage conditions and specific durations of approval will be based on current prescribing information and AASLD-IDSA treatment guidelines.”⁴⁴ The PA includes these coverage requirements for Daklinza, Sovaldi, and Zepatier.⁴⁵ The *Medicaid Formulary: Hepatitis C Medication Provider/Member Attestation* includes additional requirements for prescribers and beneficiaries.⁴⁶ Both prescribers and beneficiaries must sign the *Attestation*.⁴⁷ According to the *Attestation*, the prescriber must submit documentation of “HBV status and, if applicable, monitoring plan for HBV flare-ups or reactivation during treatment [as well as] pertinent social history, including past and current alcohol and illicit drug use.”⁴⁸ The *Attestation* commits prescribers to evaluate and educate beneficiaries regarding the “importance of following medication instructions...prevent[ion] of HCV transmission and reinfection” and acknowledge that the beneficiary is willing to follow prescribing instructions and “all recommendations regarding necessary lab and follow-up appointments.”⁴⁹ The prescriber must also attest that the beneficiary is “willing to abstain from alcohol during treatment [and is] aware of the high cost of the planned medication(s).”⁵⁰ Additionally, the prescriber must acknowledge that the patient “does not have a history of non-compliance with a previous hepatitis C medication treatment course [and] agree to submit Sustained Viral Response (SVR) 12 week results.”⁵¹ Finally, prescribers must confirm that the beneficiary is “at low risk for HCV reinfection.”⁵² The *Attestation* form commits beneficiaries to acknowledge that the “meds cost a lot (up to \$1,000 per day) [and commit to following] what the provider says about taking

the meds.”⁵³ Beneficiaries must inform the “provider, IMCare and [the] pharmacy right away if [the patient] quits taking the meds” and acknowledge that if the “meds are lost or stolen they will not be replaced.”⁵⁴ The beneficiary must also commit “not to drink any alcohol while taking these meds [or] use any illegal drugs during or after treatment.”⁵⁵ The beneficiary must agree to take “urine drug screens at any time [and] go to all lab and follow-up appointments.”⁵⁶ Finally, the beneficiary must recognize that he/she knows “how to prevent giving hepatitis C to other people [and] agree to receive IMCare case management during treatment [as well as] to tell IMCare if hepatitis C is cured by the meds.”⁵⁷ IM Care’s PDL includes Epclusa, Harvoni and Zepatier.⁵⁸

Hennepin Health is only available in certain counties. The plan requires PA.⁵⁹ The formulary includes Zepatier and indicates that quantity limits are applied.⁶⁰ Hennepin Health does not provide hepatitis C coverage criteria publicly.⁶¹

PrimeWest requires PA.⁶² A prescription must be written by a “gastroenterologist, infectious disease or physician specializing in the treatment of hepatitis C (hepatologist) or by a specially trained group such as ECHO (Extension for Community Healthcare Outcomes) model.”⁶³ The plan’s liver disease and sobriety requirements are unclear.⁶⁴ The contract with PrimeWest Health states that “the MCO shall adopt the state’s preferred drugs and prior authorization criteria for direct acting antiviral drugs used to treat hepatitis C. Upon notice of any upcoming changes to the state’s criteria or preferred drugs for hepatitis C, the MCO will have forty-five (45) days to implement the updated criteria and/or preferred drugs.”⁶⁵ However, the plan’s PA criteria do not include liver damage or sobriety requirements. PrimeWest includes Epclusa, Harvoni and Zepatier on the formulary.⁶⁶ The following DAAs are listed as non-formulary: Olysio, Sovaldi, Technivie, and Viekira XR, Viekira Pak.⁶⁷

South Country Health Alliance requires PA and imposes the same hepatitis C coverage requirements as FFS.⁶⁸ The plan’s liver damage requirements vary depending on the requested regimens preferred status.⁶⁹ Liver damage requirements are not applied to preferred regimens whereas beneficiaries requesting a non-preferred agent must demonstrate severe liver damage (F3 or greater).⁷⁰ The plan requires six months sobriety from alcohol and substance use for those with a prior history of use, and a prescription written by or on in consultation with a specialist.⁷¹ If certain requirements are met, a beneficiary could qualify for treatment with three months sobriety.⁷² The plan’s preferred regimens are Epclusa (Genotypes 2 & 3), Harvoni (Genotypes 5 & 6) and Zepatier (Genotypes 1 & 4).⁷³ Hepatitis C medications must also be dispensed at a specialty pharmacy, AcariaHealth.⁷⁴

UCare requires PA and a beneficiary to be at least 18 years old to access treatment.⁷⁵ UCare imposes very similar requirements as FFS.⁷⁶ The plan’s liver damage requirements vary depending on the regimen requested. Beneficiaries requesting Epclusa, Harvoni or Zepatier could qualify for treatment with no liver damage (F0) whereas patients requesting a non-preferred regimen must demonstrate severe liver damage (F3 or greater) or another severe clinical issue to access therapy.⁷⁷ A beneficiary must be abstinent from alcohol and substance use for at least six months unless the individual meets certain requirements (laid out in FFS criteria) allowing for three months sobriety.⁷⁸ A prescription must be written by “gastroenterologist, hepatologist, infectious disease specialist, or a practitioner specializing in the treatment of hepatitis” who had a consult with the specialist.⁷⁹ The PA states that “notes of consultation with specialist must be attached to authorization request.”⁸⁰ The prescriber must “attest that the patient has been evaluated for “readiness” for treatment, including identification of potential impediments to effective treatment (e.g. difficulties with compliance, missing appointments, adequate social support, adequate control of mental health conditions, alcohol use disorder, IV drug use).”⁸¹ The PA also states that “potential impediments to successful treatment must be addressed in treatment notes prior to initiating treatment and submitted with authorization request.”⁸² The prescriber must also attest that the beneficiary has been “screened for current or prior hepatitis B virus (HBV) infection before starting treatment ... and [must] have a monitoring plan for HBV flare-ups or reactivation during treatment and post-treatment follow-up.”⁸³ UCare’s preferred DAAs are Epclusa (Genotypes 2 and 3), Harvoni (Genotypes 5 and 6) and Zepatier (Genotypes 1 and 4).⁸⁴ Hepatitis C medications must be dispensed at a Fairview Specialty Pharmacy.⁸⁵

Liver Damage (Fibrosis) Restrictions

Minnesota FFS liver damage requirements differ depending on if the regimen requested is preferred or non-preferred (the preferred agents are designated for each genotype). Beneficiaries requesting a preferred agent do not need to show liver damage (F0) to qualify for treatment.⁸⁶ Beneficiaries requesting a non-preferred regimen must demonstrate severe liver damage (F3 or greater).⁸⁷

Blue Plus, South Country Health Alliance and UCare have the same liver damage requirements as FFS.⁸⁸

HealthPartners removed liver damage requirements starting January 1, 2017.⁸⁹

IMCare and PrimeWest Health have unclear liver damage requirements.⁹⁰

Hennepin Health does not provide hepatitis C coverage criteria publicly.⁹¹

Sobriety Restrictions

Minnesota FFS requires six months abstinence from alcohol or substance use for beneficiaries with a history of past use before initiating treatment if a patient has a history of use.⁹² Exceptions can be made for beneficiaries with prior history of alcohol use if the individual has abstained for three months and is receiving treatment at an approved facility and the patient agrees to abstain during treatment or if the beneficiary is “under the care of an addiction medicine/chemical dependency treatment provider and provider attests that patient agrees to abstain from alcohol use during treatment.”⁹³ For beneficiaries with a previous history of substance use an exception can be made for individuals who “have abstained for at least three months and are receiving chemical dependency treatment and the treating chemical

dependency provider (addiction medicine specialist or buprenorphine waived provider) attests that the patient has abstained from use for three months and the...provider has reviewed a urine tox screen completed within 30 days prior to initiating hepatitis C treatment.”⁹⁴

Blue Plus, South Country Health Alliance and UCare have the same abstinence requirements as FFS.⁹⁵

HealthPartners requires the prescriber to document alcohol and substance use history as well as the beneficiary to agree to abstinence throughout drug treatment and random alcohol and drug testing.⁹⁶

IMCare requires abstinence during and after treatment and the beneficiary to commit to random drug screening. However, it is unclear if the plan imposes a period of sobriety prior to initiating treatment.⁹⁷

PrimeWest Health’s sobriety requirements are unclear.⁹⁸

Hennepin Health does not provide hepatitis C coverage criteria publicly.⁹⁹

Prescriber Restrictions

Minnesota FFS requires a prescription to be written by “or had a documented consult with a gastroenterologist, hepatologist, infectious disease specialist, or a practitioner specializing in the treatment of hepatitis.”¹⁰⁰

Blue Plus, South Country Health Alliance and UCare also require a prescription by or in consultation with a specialist.¹⁰¹

PrimeWest Health requires a prescription to be written by a “gastroenterologist, infectious disease or physician specializing in the treatment of hepatitis C (hepatologist) or a specially trained group such as ECHO (Extension for Community Healthcare Outcomes) model.”¹⁰²

HealthPartners and IMCare’s prescriber requirements are unclear.¹⁰³

Hennepin Health does not provide hepatitis C coverage criteria publicly.¹⁰⁴

Points of Contact for Questions & Concerns about Minnesota’s State of Medicaid Hepatitis C Access

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¹ Minnesota, State Profile, HepVu (Accessed September 2017): <https://hepvu.org/state/minnesota/>

² Medicaid and CHIP in Minnesota, By-State, Medicaid.gov (Accessed September 2017): <https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=minnesota>

³ Medical Assistance, Minnesota Department of Human Services (Accessed September 2017): <https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>

⁴ Share of Medicaid Population Covered Under Different Delivery Systems, Medicaid Managed Care Tracker, Henry J Kaiser Family Foundation, July 1, 2016 (Accessed September 2017): <http://www.kff.org/medicaid/state-indicator/share-of-medicaid-population-covered-under-different-delivery-systems/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

⁵ Minnesota Health Care Programs (MHCP) Managed Care Organization (MCO) Contacts, MHCP Enrolled Providers, Partners and Providers, Minnesota Department of Human Services (Accessed September 2017):

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_147769#; See also: Christopher Snowbeck, Minnesota Medicaid Shakeup Affects 311,000, Star Tribune, December 1, 2016 (Accessed September 2017): <http://www.startribune.com/citing-losses-medica-threatens-to-drop-medicaid-market/404069416/>

⁶ Ibid. Minnesota Health Care Programs (MHCP) Managed Care Organization (MCO) Contacts, MHCP Enrolled Providers, Partners and Providers, Minnesota Department of Human Services

⁷ Fee-for-Service PA Criteria Sheet – Hepatitis C Direct Acting Antivirals, MHCP Enrolled Providers – Pharmacies, Department of Human Services, April 2017 (Accessed September 2017):

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_194008; Hepatitis C Drug Prior Authorization, Minnesota Health Care Programs (MHCP), Department of Human Services (Accessed September 2017): <https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-7085-ENG>; See also: Prior Authorization Forms and Instructions, Prescription Drug Information, MHCP Enrolled Providers, Department of Human Services (September 2017):

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⁸ Hepatitis C Drug Prior Authorization, Minnesota Health Care Programs (MHCP), Department of Human Services (Accessed September 2017): <https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-7085-ENG>; See also: Prior Authorization Forms and Instructions, Prescription Drug Information, MHCP Enrolled Providers, Department of Human Services (September 2017):

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⁹ Preferred Drug List Last, Minnesota Fee-for-Service Medicaid, Department of Human Services, Updated: February 1, 2017 (Accessed September 2017): https://mn.gov/dhs/assets/preferred-drug-list-fee-for-service_tcm1053-292127.pdf; See also: Preferred Drug List, Prescription Drug Information, MHCP Enrolled Providers, Department of Human Services (Accessed September 2017):

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_138241

¹⁰ Ibid. Fee-for-Service PA Criteria Sheet – Hepatitis C Direct Acting Antivirals, MHCP Enrolled Providers – Pharmacies, Department of Human Services, April 2017; Hepatitis C Drug Prior Authorization, Minnesota Health Care Programs (MHCP), Department of Human Services; See also: Prior Authorization Forms and Instructions, Prescription Drug Information, MHCP Enrolled Providers, Department of Human Services

¹¹ Ibid. Fee-for-Service PA Criteria Sheet – Hepatitis C Direct Acting Antivirals, MHCP Enrolled Providers – Pharmacies, Department of Human Services, April 2017; Hepatitis C Drug Prior Authorization, Minnesota Health Care Programs (MHCP), Department of Human Services; See also: Prior Authorization Forms and Instructions, Prescription Drug Information, MHCP Enrolled Providers, Department of Human Services

¹² Ibid. Fee-for-Service PA Criteria Sheet – Hepatitis C Direct Acting Antivirals, MHCP Enrolled Providers – Pharmacies, Department of Human Services, April 2017; Hepatitis C Drug Prior Authorization, Minnesota Health Care Programs (MHCP), Department of Human Services; See also: Prior Authorization Forms and Instructions, Prescription Drug Information, MHCP Enrolled Providers, Department of Human Services

¹³ Ibid. Fee-for-Service PA Criteria Sheet – Hepatitis C Direct Acting Antivirals, MHCP Enrolled Providers – Pharmacies, Department of Human Services, April 2017; Hepatitis C Drug Prior Authorization, Minnesota Health Care Programs (MHCP), Department of Human Services; See also: Prior Authorization Forms and Instructions, Prescription Drug Information, MHCP Enrolled Providers, Department of Human Services

¹⁴ Ibid. Fee-for-Service PA Criteria Sheet – Hepatitis C Direct Acting Antivirals, MHCP Enrolled Providers – Pharmacies, Department of Human Services, April 2017; Hepatitis C Drug Prior Authorization, Minnesota Health Care Programs (MHCP), Department of Human Services; See also: Prior Authorization Forms and Instructions, Prescription Drug Information, MHCP Enrolled Providers, Department of Human Services

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¹⁶ Ibid. Fee-for-Service PA Criteria Sheet – Hepatitis C Direct Acting Antivirals, MHCP Enrolled Providers – Pharmacies, Department of Human Services, April 2017; Hepatitis C Drug Prior Authorization, Minnesota Health Care Programs (MHCP), Department of Human Services; See also: Prior Authorization Forms and Instructions, Prescription Drug Information, MHCP Enrolled Providers, Department of Human Services

¹⁷ Ibid. Fee-for-Service PA Criteria Sheet – Hepatitis C Direct Acting Antivirals, MHCP Enrolled Providers – Pharmacies, Department of Human Services, April 2017; Hepatitis C Drug Prior Authorization, Minnesota Health Care Programs (MHCP), Department of Human Services; See also: Prior Authorization Forms and Instructions, Prescription Drug Information, MHCP Enrolled Providers, Department of Human Services

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https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_15944700; See also: Pharmacy UM Program Criteria, Pharmacy Utilization Management, BlueCross BlueShield of

Minnesota (Accessed September 2017): https://www.bluecrossmn.com/healthy/public/personal/home/providers/medical-affairs/pharmacy-utilization-management/pharmacy%20utilization%20management/ut/p/z1/zVgxbslwEP0VfkbLdglpGAMdqL9HZeMeAqtkNi0sLX92AoXWjUrZ7sd_u3u0jnG4ot9DqHXjtlJT4znicT2dJPBuzYJ6snicsD5se02A5HETRkk40p1xa_k9zaSzzdGoOseL9VbnyvZZA_k3Xjvnr0hVu1YXqm76zKhCSyglbLegLOC1h9qAPJG16U-X6UQAXZ2yuDQ6G6h3g9C7ES6KkQkLmgkRBEKEYSCEYQcACEFGQkoC4UiyGmJGjCuuyxyLLM7j2XyZ7soGa54ULtjhparT7om3Xoq6TLpZuYmP4fCLCCYUC8mix10Br8n2m4d3XT9jHpb980Bp5jxdjPhP5jYJuxSxg9ix-ITN10nwBqLkQ4A!!/dz/d5/L2dBISev20FBIS9nQSEH/

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²⁰ Ibid. Oral Hepatitis C First and Second Gen Antivirals - Prior Authorization Criteria - Through Preferred agent(s) Medicaid Program Summary, BlueCross BlueShield of Minnesota, February 2017; See also: Pharmacy UM Program Criteria, Pharmacy Utilization Management, BlueCross BlueShield of Minnesota

²¹ Ibid. Oral Hepatitis C First and Second Gen Antivirals - Prior Authorization Criteria - Through Preferred agent(s) Medicaid Program Summary, BlueCross BlueShield of Minnesota, February 2017; See also: Pharmacy UM Program Criteria, Pharmacy Utilization Management, BlueCross BlueShield of Minnesota

²² Ibid. Oral Hepatitis C First and Second Gen Antivirals - Prior Authorization Criteria - Through Preferred agent(s) Medicaid Program Summary, BlueCross BlueShield of Minnesota, February 2017; See also: Pharmacy UM Program Criteria, Pharmacy Utilization Management, BlueCross BlueShield of Minnesota

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²⁷ Ibid. Oral Hepatitis C First and Second Gen Antivirals - Prior Authorization Criteria - Through Preferred agent(s) Medicaid Program Summary, BlueCross BlueShield of Minnesota, February 2017; See also: Pharmacy UM Program Criteria, Pharmacy Utilization Management, BlueCross BlueShield of Minnesota

²⁸ 2017 GenRx Prescription Drug Formulary and Over-the-Counter Drug List (List of Covered Drugs), Effective January 1, 2017 (for members covered by Medical Assistance), BlueCross BlueShield of Minnesota (Accessed September 2017): https://www.myprime.com/content/dam/prime/memberportal/forms/2017/FullyQualified/Other/ALL/BCBSMN/COMMERCIAL/MNMCDCG/MNSM_Alpha_Drug_List.pdf

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³³ Ibid. Hepatitis C Medication Coverage Request, HealthPartners, Updated: 10/01/2016

³⁴ Ibid. Hepatitis C Medication Coverage Request, HealthPartners, Updated: 10/01/2016

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