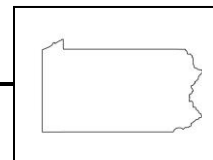


Hepatitis C: State of Medicaid Access Report Card

Pennsylvania

Estimated Number of Individuals Living with Hepatitis C: 142,100¹



| Grade | Summary |
|--|---|
| <p style="font-size: 2em; font-weight: bold; color: #800000;">A-</p> | <p>Liver Damage (Fibrosis) Restrictions: Effective January 1, 2018, Fee-For-Service (FFS) eliminated its liver damage requirements: beneficiaries with no liver damage (F0 or greater) can qualify for treatment. Aetna Better Health, AmeriHealth Caritas Pennsylvania, Geisinger Health Plan, Keystone First Health Plan, Health Partners, UPMC for You and UnitedHealthcare Community Plan do not list minimum liver damage requirements. Gateway Health Plan still has a publicly available eligibility document clearly indicating that at least minor liver damage (F1 or greater) is required.</p> <p>Sobriety Restrictions: FFS and all MCOs require the prescriber to screen and counsel beneficiaries on alcohol and substance use as well as offer a referral for substance use treatment.</p> <p>Prescriber Restrictions: FFS requires a specialist to prescribe. One MCO, Aetna Better Health, requires a prescription by or in consultation with a specialist. Two MCOs, AmeriHealth Caritas Pennsylvania and Keystone First Health Plan, do not ask for provider specialty. Four MCOs, Gateway Health Plan, Geisinger Health Plan, UPMC For You, and UnitedHealthcare Community Plan, require a specialist to prescribe. One MCO, Health Partners of Philadelphia, has unclear prescriber requirements.</p> <p>Recommendations to Improve Patient Access:</p> <ul style="list-style-type: none"> • Eliminate sobriety and prescriber requirements. • Ensure all MCOs comply with the hepatitis C coverage mandate to create equal access to medications across the Medicaid program and transparency regarding hepatitis C coverage criteria. • Ensure transparency of requirements by MCOs. <p><i>Grade Rationale: Pennsylvania FFS has taken steps to improve access due to strong patient advocacy and legal pressure. The State announced it is gradually reducing liver damage restrictions by issuing a Medical Bulletin that applies to both FFS and MCO programs. The State announced that it would eliminate liver damage requirement in an updated Medical Bulletin and applied this to both FFS and MCO programs. Effective January 2018, FFS has no requirement for minimum liver damage, but requires screening and counseling for sobriety and a specialist to prescribe. Most MCOs are complying with these uniform requirements. However, as Pennsylvania maintains screening and specialist requirements, a “minus” is added to their A grade.</i></p> |

Background

As of November 2017, Pennsylvania had 2,956,275 individuals enrolled in Medicaid and Children Health Insurance Program.² Pennsylvania Medicaid operates a Fee-For-Service (FFS) program and contracts with Managed Care Organizations (MCOs), known as the HealthChoices program.³ Most beneficiaries, over 82 percent, are enrolled in a MCO; the remaining 18 percent participate in FFS.⁴ HealthChoices divides the state into five regions and contracts with the following eight health care plans: Aetna Better Health (Aetna), AmeriHealth Caritas Pennsylvania (AmeriHealth), Gateway Health Plan (Gateway), Geisinger Health Plan (Geisinger), Keystone First Health Plan (Keystone), Health Partners of Philadelphia (Health Partners), UnitedHealthcare Community Plan (UHC), and UPMC For You (UPMC).⁵

State of Medicaid Hepatitis C Treatment Access

Pennsylvania FFS program has significantly improved access to hepatitis C medications due to substantial patient advocacy and legal pressure by Pennsylvania Health Law Project, Harvard Law School Center for Health Law & Policy Innovation, Community Legal Services, and Kairys, Rudovsky, Messing & Feinberg.⁶ Until mid-2017, FFS required at least moderate liver damage (F2 or greater) or a beneficiary to present other clinical complications including severe extra-hepatic manifestations of hepatitis C, HIV or hepatitis B co-infection or a history of a liver transplant.⁷ In reducing restrictions, the Pennsylvania Department of Human Services (Department) acknowledged the role of patient advocacy and legal organizations and emphasized the Pharmacy and Therapeutics Committee’s recommendation on May 17, 2017 to remove liver damage requirements.⁸ The Department announced the gradual phasing in of more open access including reducing liver damage requirements to at least mild damage (F1 or greater) starting July 1, 2017.⁹ Beginning January 1, 2018, restrictions have been further reduced and beneficiaries with no liver damage (F0 or greater) can now qualify for treatment.¹⁰ Additionally, beneficiaries with severe extra-hepatic manifestations, HIV or hepatitis B co-infection, or individuals with a prior liver transplant will continue to qualify.¹¹

More detailed hepatitis C coverage criteria were issued in a Medical Assistance Bulletin on January 22, 2018. The Bulletin applies uniform coverage requirements to FFS as well as MCO plans.¹² Hepatitis C medications require prior authorization (PA) and an individual must be 18 years old, except for Harvoni or Sovaldi, which may be prescribed to pediatric patients over the age 12.¹³ A prescriber must screen for and provide counseling regarding alcohol and substance use. If the beneficiary is actively using or has a history of use then the prescriber must document that they have provided counseling and offered a referral for “substance use disorder treatment.”¹⁴ Prescriptions must be written by a specialist.¹⁵ Beneficiaries must have life expectancy of more than 12 months due to non-liver related comorbid conditions.¹⁶ The PA criteria also state if “the patient has a history of failed treatment due to non-adherence, documentation has been provided that the causes of non-adherence have been corrected or addressed.”¹⁷ The prescriber must also document “commitment to adherence with the planned course of treatment [with] prescriber and Departmental monitoring.”¹⁸ Quantity and duration limits are imposed and vary by the regimen prescribed.¹⁹ FFS includes the following Direct-Acting Antivirals (DAAs) on the Preferred Drug List (PDL): Epclusa, Harvoni, Mavyret, and Zepatier.²⁰ Non-preferred agents are Daklinza Olysio, Sovaldi, Technivie, Viekira Pak/Viekira XR, and Vosevi.²¹ If the prescriber requests a non-preferred agent, the health care provider must document a “history of therapeutic failure, contraindication or intolerance to the preferred hepatitis C Agents appropriate for the recipient’s genotype according to peer-reviewed medical literature” or indicate that the patient is currently receiving treatment with the same non-preferred agent requested²²

The 2018 Medical Bulletin applies standardized hepatitis C coverage criteria across FFS and MCOs. Most plans have no clear publicly available guidance that outlines current eligibility criteria in compliance with these uniform requirements.

Aetna has updated its coverage requirements and follows the FFS criteria. The plan requires PA. Patients must be at least 18 years old, except for Harvoni or Sovaldi, which may be prescribed to pediatric patients over the age 12. Beginning January 1, 2018, liver damage stage must be submitted, but no minimum value is required for approval; only documentation for the disease severity is required.²³ Beneficiaries can also present an extrahepatic manifestation, HIV or hepatitis B coinfection or have a previous liver transplant to qualify for therapy.²⁴ Prescribers must provide counseling on the risk of alcohol and substance abuse and offer a referral for a substance use disorder treatment program if there is a history of abuse.²⁵ Prescriptions must be written by or in consultation with a specialist.²⁶ Mavyret is the preferred HCV agent and documentation will need to be provided to support the medical necessity of non-preferred agents if appropriate based on current AASLD guidance.²⁷ Non-preferred treatments include Daklinza, Epclusa, Harvoni, Olysio, Sovaldi, Viekira Pak, Vosevi, and Zepatier.²⁸ Aetna requires medications to be dispensed by CVS/Caremark Specialty Pharmacy.²⁹

AmeriHealth also imposes FFS requirements. AmeriHealth requires PA and a beneficiary must be an appropriate member for the selected regimen based on age and weight, however, the criteria are silent on the explicit age requirement and instead defer to FDA approval and AASLD guidance.³⁰ The physician must provide liver damage stage and test result with the request, however, the minimum liver damage requirement has been eliminated effective January, 2018.³¹ If the beneficiary has a history of or is actively abusing alcohol or substances, the prescriber must provide counseling and a referral to a substance treatment program.³² The prior authorization criteria are silent on the requirement of prescriber specialty; the authorization form updated January, 2018 does not ask for prescriber specialty at all.³³ Patients must also be screened for hepatitis B.³⁴ The PA criteria also state if “the patient has a history of failed treatment due to non-adherence, documentation has been provided that the causes of non-adherence have been corrected or addressed.”³⁵ Finally, the beneficiary must be referred to a “Hepatitis C educational and counseling program provided by the health plan.”³⁶ Mavyret is the preferred agent, non-preferred medications are Epclusa, Daklinza, Harvoni, Sovaldi, Olysio, Technivie, Viekira XR/Viekira Pak, Vosevi, and Zepatier.³⁷ The PA also states that if the regimen requested is one other than Mavyret, then the prescriber must document a medical reason (intolerance, hypersensitivity, contraindication, etc.) for not using the preferred agent.³⁸

Gateway requires PA and beneficiaries must be 12 years old.³⁹ The online formulary search tool updated February, 2018 indicates that a beneficiary must have at least minor liver damage (F1 or greater) or be coinfecting with HIV or hepatitis B, have a prior liver transplant, or an extrahepatic manifestation.⁴⁰ The prior authorization form requests liver damage staging if available, but is not clear as to the required minimum level of damage to be eligible for the medication.³⁹ If the beneficiary has a history of or is actively using alcohol or substances, the prescriber must provide counseling and a referral to a substance treatment program.⁴¹ A specialist must prescribe.⁴² A beneficiary must not have less than 12 months life expectancy due to non-liver related co-morbidity and must be tested for hepatitis B.⁴³ Additionally, a beneficiary must commit “in writing to the treatment agreement, acknowledging and agreeing to the planned treatment course, adherence to the planned medication regimen, on-time refills, and anticipated blood tests and office visits, both during and after treatment.”⁴⁴ Prescriptions must be filled at a specialty pharmacy.⁴⁵ Gateway Health established Mavyret as the preferred agent.⁴⁶ Other common DAAs, such as Harvoni, are listed as non-formulary drugs.⁴⁷

Geisinger requires PA and beneficiaries must be 18 years old to access treatment, except for those prescribed Harvoni or Sovaldi (12 years old).⁴⁸ Geisinger’s prior authorization requests patient’s liver damage score, but does not list a minimum requirement to be eligible for the medication.⁴⁹ If the beneficiary has a history of alcohol or substance use or is actively using either, the prescriber must provide counseling as well as offer a referral for alcohol or substance use treatment.⁵⁰ A specialist must prescribe and the beneficiary must be treated at a Geisinger Center of Excellence in Hepatitis C.⁵¹ The prescriber must also conduct a mental health evaluation.⁵² The medical record must also document that the beneficiary has “received pre-treatment readiness education about hepatitis C treatment expectations by a health care provider; [and the beneficiary must] commit to the documented planned course of treatment including anticipated blood tests and visits, during and after treatment; and agree to counseling and monitoring by representatives from Geisinger Health Plan.”⁵³ A beneficiary must not have less than 12 months life expectancy due to a non-liver related co-morbid condition.⁵⁴ Geisinger imposes duration and quantity limits that vary depending on the prescribed regimen.⁵⁵ The formulary, updated January, 2018, includes Mavyret as the only covered DAA medication.⁵⁶

Health Partners requires PA and a beneficiary to be 18 years or older, except for Harvoni or Sovaldi, which may be prescribed to pediatric patients over the age 12.⁵⁷ The plan requires a separate PA form for each agent. The prior authorization forms for all DAA agents requests liver damage scores, but does not list a minimum requirement.⁵⁸ The prescriber must screen for current and previous alcohol and substance use.⁵⁹ If the beneficiary has a history of use, the prescriber must provide counseling and a referral to substance use treatment.⁶⁰ Health Partners' prescriber specialty requirements are unclear.⁶¹ The prescriber must also screen for a history of mental health or psychiatric disorders and a history of treatment adherence issues.⁶² Finally, the prescriber must attest the beneficiary is "willing to be treated and conform to treatment requirements (such as commitment to adherence with hepatitis C treatment course, referral to disease case management, hepatitis C educational/counseling and monitoring program)."⁶³ Health Partner's formulary only includes Sovaldi; however, there are prior authorization forms updated January, 2018 for other agents, including Mavyret and Harvoni.⁶⁴ The following DAAs are listed as non-formulary: Daklinza, Epclusa, Harvoni, Olysio, Technivie, and Viekira XR, Viekira Pak.⁶⁵

Keystone requires PA and a beneficiary to be at least 18 years old (however patient could qualify for access to Harvoni or Sovaldi if the individuals is 12 years or older).⁶⁶ Physicians are asked to provide the liver damage staging on the prior authorization form; both the prior authorization form and the authorization protocol do not specify a required minimum level of liver damage for the patient to be eligible for DAA medication.⁶⁷ If the beneficiary has a history of or is actively using alcohol or substances, the prescriber must provide counseling and a referral to a substance treatment program.⁶⁸ The authorization protocol does not specify any prescriber specialty requirement.⁶⁹ Patients must also be screened for hepatitis B.⁷⁰ A beneficiary must not have less than 12 months life expectancy due to a non-liver related comorbidity.⁷¹ The PA also states if the "the patient has a history of failed treatment due to non-adherence, documentation has been provided that the causes of non-adherence have been corrected or addressed."⁷² The beneficiary must be referred to a "Hepatitis C educational and counseling program provided by the health plan."⁷³ On the PA, Mavyret is the preferred agent.⁷⁴ If a regimen other than Mavyret is requested, then the prescriber must "document a medical reason (intolerance, hypersensitivity, contraindication, etc.) for not using" the preferred agent.⁷⁵

UHC requires PA. UHC is complying with state mandated hepatitis C coverage criteria.⁷⁶ The updated prior authorization form does not ask for the patient's liver damage stage nor does it require the provision of corresponding lab report.⁷⁷ Additionally, the prescriber must offer a referral for substance and alcohol use treatment.⁷⁸ A specialist must prescribe.⁷⁹ UHC established Mavyret as the preferred agent for all genotypes.⁸⁰

UPMC utilizes a standard PA form for all DAA treatment.⁸¹ The form requests the patient's liver damage stage, however no minimum is specified.⁸² If the member has a history of substance abuse, documentation of counseling regarding the risks of alcohol or IV drug abuse and an offer of a referral from substance abuse disorder treatment must be provided.⁸³ A specialist must prescribe.⁸⁴

Liver Damage (Fibrosis) Restrictions

FFS has taken steps to increase access and since January 1, 2018, liver damage restrictions have been further reduced. Beneficiaries with no liver damage (F0 or greater) can now qualify for treatment.⁸⁵

Aetna Better Health, AmeriHealth Caritas Pennsylvania, Geisinger Health Plan, Keystone First Health Plan, Health Partners, UPMC for You and UnitedHealthcare Community Plan do not list minimum liver damage requirements.⁸⁶

Gateway Health still has publicly available information indicating a minimum of minor liver damage (F1 or greater) requirement to qualify for treatment.⁸⁷

Sobriety Restrictions

Pennsylvania FFS requires screening and counseling regarding alcohol and substance use. If the beneficiary is actively using or has a history of use, then the prescriber must document that he/she has provided counseling and offered a referral for "substance use disorder treatment."⁸⁸

All MCOs state that if the beneficiary has a history of or is actively using alcohol or substances, the prescriber must provide counseling and offer a referral for a substance treatment program.⁸⁹

Prescriber Restrictions

Pennsylvania FFS requires a prescription to be written by an infectious disease, gastroenterology, hepatology, or transplant specialist.⁹⁰

Aetna requires a prescription to be written by or in consultation with an "infectious disease, HIV, gastroenterology, hepatology, or transplant" specialist.⁹¹

Gateway, Geisinger, and UPMC require a gastroenterologist, hepatologist, infectious disease or transplant specialist to prescribe.⁹² Geisinger also requires the beneficiary to be treated at a plan's *Center of Excellence in Hepatitis C*.⁹³

Health Partners' prescriber requirements are unclear.⁹⁴

UHC requires a gastroenterologist, hepatologist or infectious disease specialist to prescribe.⁹⁵

AmeriHealth and Keystone do not ask for provider specialty on their prior authorization forms.⁹⁶

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

Medicaid⁹⁷: Leesa M. Allen, Executive Medicaid Director, Department of Public Welfare, Office of the Secretary, Commonwealth of Pennsylvania

331 Health & Welfare Building, Harrisburg, PA 17120; Telephone: (717) 787-2600; Email Address: leallen@pa.gov

¹ Pennsylvania, State Profiles, HepVu (Accessed February 2018): <https://hepvu.org/state/pennsylvania/>

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

³ Pennsylvania PA 67 1915(b) waiver, Approved December 13, 2016 (Accessed February 2018): https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/PA_PA67_PA-09.pdf

⁴ Share of Medicaid Population Covered Under Different Delivery Systems, Medicaid Managed Care Tracker, Henry J. Kaiser Family Foundation, July 1, 2017 (Accessed February 2018): <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 State Wide Managed Care Map, Department of Health Services Pennsylvania (Accessed February 2018): <http://www.dhs.pa.gov/provider/healthcaremedicalassistance/managedcareinformation/statewidemanagedcaremap/index.htm>

⁶ Wolf Administration Announces Medicaid Policy Change for Individuals Suffering from Hepatitis C Virus, Pennsylvania Press Room, Official News for Pennsylvania State Agencies, May 16, 2017 (Accessed February 2018): http://www.media.pa.gov/Pages/DHS_details.aspx?newsid=258

⁷ Ibid. Wolf Administration Announces Medicaid Policy Change for Individuals Suffering from Hepatitis C Virus, Pennsylvania Press Room, Official News for Pennsylvania State Agencies, May 16, 2017; See also: Prior Authorization of Hepatitis C Agents - Pharmacy Services, Medical Assistance Bulletin, Pennsylvania Department of Human Services, Issued: June 28, 2017, Effective: July 1, 2017 (Accessed February 2018): http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_262486.pdf; See also: Hepatitis C, Pharmacy Prior Authorization Guidelines, Pennsylvania Department of Human Services (Accessed February 2018): http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_269486.pdf

⁸ Prior Authorization of Hepatitis C Agents - Pharmacy Services, Medical Assistance Bulletin, Pennsylvania Department of Human Services, Issued: January 22, 2018, Effective: January 1, 2018; http://dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_269486.pdf. See also: Hepatitis C, Pharmacy Prior Authorization Guidelines, Pennsylvania Department of Human Services (Accessed February 2018): <http://www.dhs.pa.gov/provider/pharmacyservices/drugsrequiringclinicalpriorauthorization/index.htm>; See also: Hepatitis C Agents Prior Authorization Form, Fee-For-Service Pharmacy Division, Office of Medical Assistance Programs, Pennsylvania Department of Human Services, Effective: 01/31/2017 (Accessed February 2018): http://www.dhs.pa.gov/cs/groups/webcontent/documents/form/c_092073.pdf.

⁹ Ibid. Wolf Administration Announces Medicaid Policy Change for Individuals Suffering from Hepatitis C Virus, Pennsylvania Press Room, Official News for Pennsylvania State Agencies, May 16, 2017

¹⁰ Ibid. Wolf Administration Announces Medicaid Policy Change for Individuals Suffering from Hepatitis C Virus, Pennsylvania Press Room, Official News for Pennsylvania State Agencies, May 16, 2017

¹¹ Ibid. Prior Authorization of Hepatitis C Agents - Pharmacy Services, Medical Assistance Bulletin, Pennsylvania Department of Human Services, Issued: January 22, 2018, Effective: January 1, 2018; See also: Hepatitis C, Pharmacy Prior Authorization Guidelines, Pennsylvania Department of Human Services

¹² Ibid. Prior Authorization of Hepatitis C Agents - Pharmacy Services, Medical Assistance Bulletin, Pennsylvania Department of Human Services, Issued: January 22, 2018, Effective: January 1, 2018; See also: Hepatitis C, Pharmacy Prior Authorization Guidelines, Pennsylvania Department of Human Services

¹³ Ibid. Prior Authorization of Hepatitis C Agents - Pharmacy Services, Medical Assistance Bulletin, Pennsylvania Department of Human Services, Issued: January 22, 2018, Effective: January 1, 2018; See also: Hepatitis C, Pharmacy Prior Authorization Guidelines, Pennsylvania Department of Human Services

¹⁴ Ibid. Prior Authorization of Hepatitis C Agents - Pharmacy Services, Medical Assistance Bulletin, Pennsylvania Department of Human Services, Issued: January 22, 2018, Effective: January 1, 2018; See also: Hepatitis C, Pharmacy Prior Authorization Guidelines, Pennsylvania Department of Human Services

¹⁵ Ibid. Prior Authorization of Hepatitis C Agents - Pharmacy Services, Medical Assistance Bulletin, Pennsylvania Department of Human Services, Issued: January 22, 2018, Effective: January 1, 2018; See also: Hepatitis C, Pharmacy Prior Authorization Guidelines, Pennsylvania Department of Human Services

¹⁶ Ibid. Prior Authorization of Hepatitis C Agents - Pharmacy Services, Medical Assistance Bulletin, Pennsylvania Department of Human Services, Issued: January 22, 2018, Effective: January 1, 2018; See also: Hepatitis C, Pharmacy Prior Authorization Guidelines, Pennsylvania Department of Human Services

¹⁷ Ibid. Prior Authorization of Hepatitis C Agents - Pharmacy Services, Medical Assistance Bulletin, Pennsylvania Department of Human Services, Issued: January 22, 2018, Effective: January 1, 2018; See also: Hepatitis C, Pharmacy Prior Authorization Guidelines, Pennsylvania Department of Human Services

¹⁸ Ibid. Prior Authorization of Hepatitis C Agents - Pharmacy Services, Medical Assistance Bulletin, Pennsylvania Department of Human Services, Issued: January 22, 2018, Effective: January 1, 2018; See also: Hepatitis C, Pharmacy Prior Authorization Guidelines, Pennsylvania Department of Human Services

¹⁹ Quantity Limits List, Pharmacy Services, Providers, Pennsylvania Department of Human Services (Accessed February 2018):

<http://www.dhs.pa.gov/provider/pharmacyservices/quantitylimitslist/index.htm#V2Gqb6JuPKV>; See also: Quantity Limits and Daily Dose Limits, Prior Authorization of Pharmaceutical Services, Medical Assistance Handbook, Effective: 06/06/2017 (Accessed February 2018): http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/s_002077.pdf

²⁰ Preferred Drug List, Pennsylvania Department of Human Services, Effective: January 8, 2018 (Accessed February 2018): <https://papdl.com/sites/default/files/ghs-files/Penn%20PDL%2001082018%20v5.pdf>; See also: Pennsylvania Medical Assistance Program Fee-For-Service Preferred Drug List (PDL), Department of Human Services (Accessed February 2018): <https://papdl.com/preferred-drug-list>

²¹ Ibid. Preferred Drug List, Pennsylvania Department of Human Services, Effective: July 25, 2017; See also: Pennsylvania Medical Assistance Program Fee-For-Service Preferred Drug List (PDL), Department of Human Services

²² Ibid. Prior Authorization of Hepatitis C Agents - Pharmacy Services, Medical Assistance Bulletin, Pennsylvania Department of Human Services, Issued: June 28, 2017, Effective: July 1, 2017; See also: Hepatitis C, Pharmacy Prior Authorization Guidelines, Pennsylvania Department of Human Services

²³ Hepatitis C Clinical Guideline, Pharmacy Prior Authorization, Aetna, Current Approval: 11/2017 (Accessed February 2018):

https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/pharmacy/Penn_Hepatitis_C.pdf; See also: Prior Authorization Request Forms A - L, Pharmacy, For Providers, Aetna Better Health of Pennsylvania (Accessed February 2018): <https://www.aetnabetterhealth.com/pennsylvania/providers/pharmacy>; See also: Hepatitis C Medications, Pharmacy Prior Authorization, Aetna Better Health of Pennsylvania (Accessed February 2018): https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/pharmacy/ABH-Penn_Hep_C_Fax_Form.pdf

²⁴ Ibid. Hepatitis C Clinical Guideline, Pharmacy Prior Authorization, Aetna, Current Approval: 06/2017; See also: Prior Authorization Request Forms A - L, Pharmacy, For Providers, Aetna Better Health of Pennsylvania; See also: Hepatitis C Medications, Pharmacy Prior Authorization, Aetna Better Health of Pennsylvania (Accessed February 2018): https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/pharmacy/ABH-Penn_Hep_C_Fax_Form.pdf

²⁵ Ibid. Hepatitis C Clinical Guideline, Pharmacy Prior Authorization, Aetna, Current Approval: 06/2017; See also: Prior Authorization Request Forms A - L, Pharmacy, For Providers, Aetna Better Health of Pennsylvania; See also: Hepatitis C Medications, Pharmacy Prior Authorization, Aetna Better Health of Pennsylvania (Accessed February 2018): https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/pharmacy/ABH-Penn_Hep_C_Fax_Form.pdf

²⁶ Ibid. Hepatitis C Clinical Guideline, Pharmacy Prior Authorization, Aetna, Current Approval: 06/2017; See also: Prior Authorization Request Forms A - L, Pharmacy, For Providers, Aetna Better Health of Pennsylvania; See also: Hepatitis C Medications, Pharmacy Prior Authorization, Aetna Better Health of Pennsylvania (Accessed February 2018): https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/pharmacy/ABH-Penn_Hep_C_Fax_Form.pdf

²⁷ Formulary Guide, Aetna Better Health of Pennsylvania, September 2017 (Accessed February 2018):

https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/pharmacy/ABHPA_5272_Single%20Tier%20with%20Ref%20Drug_4090.pdf; See also: Aetna Better Health's Formulary and Drug List, Pharmacy, For Providers, Aetna Better Health of Pennsylvania (Accessed February 2018): <https://www.aetnabetterhealth.com/pennsylvania/providers/pharmacy>; See also: Hepatitis C Clinical Guideline, Pharmacy Prior Authorization, Aetna, Current Approval: 06/2017; See also: Prior Authorization Request Forms A - L, Pharmacy, For Providers, Aetna Better Health of Pennsylvania

²⁸ Ibid. Formulary Guide, Aetna Better Health of Pennsylvania, September 2017; See also: Aetna Better Health's Formulary and Drug List, Pharmacy, For Providers, Aetna Better Health of Pennsylvania; See also: Hepatitis C Clinical Guideline, Pharmacy Prior Authorization, Aetna, Current Approval: 06/2017; See also: Prior Authorization Request Forms A - L, Pharmacy, For Providers, Aetna Better Health of Pennsylvania

²⁹ CVS/Caremark Specialty Pharmacy Questions and Answers, Aetna Better Health (Accessed February 2018): <https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/pharmacy/pharmacy-info/CVS-FAQSpecialty-PA.pdf>

³⁰ Pharmacy Prior Authorization Criteria, AmeriHealth Caritas Pennsylvania, Approved: 12/22/2017 (Accessed February 2018): <https://amerihealthcaritaspa.com/pdf/pharmacy/prior-auth-criteria.pdf>; See also: Pharmacy Prior Authorization, Pharmacy, AmeriHealth Caritas Pennsylvania (Accessed February 2018): <https://amerihealthcaritaspa.com/pharmacy/index.aspx>; See also: Prior Authorization Protocol for Hepatitis C Treatment for Pennsylvania, AmeriHealth Caritas, Approved: 12/22/2017 (Accessed February 2018): <https://amerihealthcaritaspa.com/pdf/pharmacy/forms/injectable/hep-c-prior-auth-criteria.pdf>; See also: Physician Request Form for Hepatitis C Therapies, AmeriHealth Caritas of Pennsylvania, Effective: 01/2018 (Accessed February 2018): <https://amerihealthcaritaspa.com/pdf/pharmacy/forms/injectable/hepatitis-c.pdf>

³¹ Ibid. Pharmacy Prior Authorization Criteria, AmeriHealth Caritas Pennsylvania, Approved: 12/22/2017; See also: Pharmacy Prior Authorization, Pharmacy, AmeriHealth Caritas Pennsylvania; See also: Prior Authorization Protocol for Hepatitis C Treatment for Pennsylvania, AmeriHealth Caritas, Approved: 12/22/2017; See also: Physician Request Form for Hepatitis C Therapies, AmeriHealth Caritas of Pennsylvania, Effective: 01/2018

³² Ibid. Pharmacy Prior Authorization Criteria, AmeriHealth Caritas Pennsylvania, Approved: 12/22/2017; See also: Pharmacy Prior Authorization, Pharmacy, AmeriHealth Caritas Pennsylvania; See also: Prior Authorization Protocol for Hepatitis C Treatment for Pennsylvania, AmeriHealth Caritas, Approved: 12/22/2017; See also: Physician Request Form for Hepatitis C Therapies, AmeriHealth Caritas of Pennsylvania, Effective: 01/2018

³³ Ibid. Pharmacy Prior Authorization Criteria, AmeriHealth Caritas Pennsylvania, Approved: 12/22/2017; See also: Pharmacy Prior Authorization, Pharmacy, AmeriHealth Caritas Pennsylvania; See also: Prior Authorization Protocol for Hepatitis C Treatment for Pennsylvania, AmeriHealth Caritas, Approved: 12/22/2017; See also: Physician Request Form for Hepatitis C Therapies, AmeriHealth Caritas of Pennsylvania, Effective: 01/2018

³⁴ Ibid. Pharmacy Prior Authorization Criteria, AmeriHealth Caritas Pennsylvania, Approved: 12/22/2017; See also: Pharmacy Prior Authorization, Pharmacy, AmeriHealth Caritas Pennsylvania; See also: Prior Authorization Protocol for Hepatitis C Treatment for Pennsylvania, AmeriHealth Caritas, Approved: 12/22/2017; See also: Physician Request Form for Hepatitis C Therapies, AmeriHealth Caritas of Pennsylvania, Effective: 01/2018

³⁵ Ibid. Pharmacy Prior Authorization Criteria, AmeriHealth Caritas Pennsylvania, Approved: 12/22/2017; See also: Pharmacy Prior Authorization, Pharmacy, AmeriHealth Caritas Pennsylvania; See also: Prior Authorization Protocol for Hepatitis C Treatment for Pennsylvania, AmeriHealth Caritas, Approved: 12/22/2017; See also: Physician Request Form for Hepatitis C Therapies, AmeriHealth Caritas of Pennsylvania, Effective: 01/2018

- ³⁶ Ibid. Pharmacy Prior Authorization Criteria, AmeriHealth Caritas Pennsylvania, Approved: 12/22/2017; See also: Pharmacy Prior Authorization, Pharmacy, AmeriHealth Caritas Pennsylvania; See also: Prior Authorization Protocol for Hepatitis C Treatment for Pennsylvania, AmeriHealth Caritas, Approved: 12/22/2017; See also: Physician Request Form for Hepatitis C Therapies, AmeriHealth Caritas of Pennsylvania, Effective: 01/2018
- ³⁷ Ibid. Pharmacy Prior Authorization Criteria, AmeriHealth Caritas Pennsylvania, Approved: 12/22/2017; See also: Pharmacy Prior Authorization, Pharmacy, AmeriHealth Caritas Pennsylvania; See also: Prior Authorization Protocol for Hepatitis C Treatment for Pennsylvania, AmeriHealth Caritas, Approved: 12/22/2017; See also: Physician Request Form for Hepatitis C Therapies, AmeriHealth Caritas of Pennsylvania, Effective: 01/2018
- ³⁸ Ibid. Pharmacy Prior Authorization Criteria, AmeriHealth Caritas Pennsylvania, Approved: 12/22/2017; See also: Pharmacy Prior Authorization, Pharmacy, AmeriHealth Caritas Pennsylvania; See also: Prior Authorization Protocol for Hepatitis C Treatment for Pennsylvania, AmeriHealth Caritas, Approved: 12/22/2017; See also: Physician Request Form for Hepatitis C Therapies, AmeriHealth Caritas of Pennsylvania, Effective: 01/2018
- ³⁹ Hepatitis C Medications, Prior Authorization Criteria, Gateway Health, Updated: 02/2018 (Accessed February 2018): <https://www.gatewayhealthplan.com/medicaid/member-tools/find-medications/medicaid-drug-search>; See also: Prior Authorization Form, Hepatitis C Treatment, Gateway Health (Accessed February 2018): https://www.gatewayhealthplan.com/Portals/0/prior_auth_forms/Hepatitis_C_Treatment.pdf; See also: Formularies, Provider Formulary Tools, Providers, Gateway Health (updated 02/2018; effective 02/2018; accessed February 2018): <https://www.gatewayhealthplan.com/providers/pharmacy-tools>
- ⁴⁰ Ibid. Hepatitis C Medications, Prior Authorization Criteria, Gateway Health, Approved: 02/2018; See also: Prior Authorization Form, Hepatitis C Treatment, Gateway Health; See also: Formularies, Provider Formulary Tools, Providers, Gateway Health
- ⁴¹ Ibid. Hepatitis C Medications, Prior Authorization Criteria, Gateway Health, Updated: 02/2018; See also: Prior Authorization Form, Hepatitis C Treatment, Gateway Health; See also: Formularies, Provider Formulary Tools, Providers, Gateway Health
- ⁴² Ibid. Hepatitis C Medications, Prior Authorization Criteria, Gateway Health, Updated: 02/2018; See also: Prior Authorization Form, Hepatitis C Treatment, Gateway Health; See also: Formularies, Provider Formulary Tools, Providers, Gateway Health
- ⁴³ Ibid. Hepatitis C Medications, Prior Authorization Criteria, Gateway Health, Updated: 02/2018; See also: Prior Authorization Form, Hepatitis C Treatment, Gateway Health; See also: Formularies, Provider Formulary Tools, Providers, Gateway Health
- ⁴⁴ Ibid. Hepatitis C Medications, Prior Authorization Criteria, Gateway Health, Updated: 02/2018; See also: Prior Authorization Form, Hepatitis C Treatment, Gateway Health; See also: Formularies, Provider Formulary Tools, Providers, Gateway Health
- ⁴⁵ Ibid. Hepatitis C Medications, Prior Authorization Criteria, Gateway Health, Updated: 02/2018; See also: Prior Authorization Form, Hepatitis C Treatment, Gateway Health; See also: Formularies, Provider Formulary Tools, Providers, Gateway Health
- ⁴⁶ Gateway Health PA Medicaid Formulary; Current as of: 02/2018 (Accessed February 2018): https://fm.formularynavigator.com/MemberPages/pdf/PAMedicaid_3333_Full_562.pdf; See also: Formularies, Provider Pharmacy Tools, Providers, Gateway Health (Accessed February 2018): <https://www.gatewayhealthplan.com/providers/pharmacy-tools>
- ⁴⁷ Ibid. Gateway Health PA Medicaid Formulary; Current as of: 02/2018; See also: Formularies, Provider Pharmacy Tools, Providers, Gateway Health
- ⁴⁸ Pharmacy, Geisinger Family (GHP) (Accessed February 2018): https://www.geisinger.org/-/media/OneGeisinger/Files/PDFs/GHP_Family/PriorAuthCriteria.aspx?la=en; See also: Prior Authorization, Pharmacy Coverage – GHP Family (Accessed February 2018): <https://www.geisinger.org/health-plan/plans/ghp-family/pharmacy-coverage>; See also: Prior Authorization Request Form, Hepatitis C Virus Direct Acting Antivirals, Geisinger Health Plan (GHP) (Accessed February 2018): <https://www.geisinger.org/-/media/OneGeisinger/Files/PDFs/GHP%20Family/PriorAuthCriteria.aspx?la=en>
- ⁴⁹ Ibid. Pharmacy, Geisinger Family (GHP); See also: Prior Authorization, Pharmacy Coverage – GHP Family; See also: Prior Authorization Request Form, Hepatitis C Virus Direct Acting Antivirals, Geisinger Health Plan (GHP)
- ⁵⁰ Ibid. Prior Authorization Request Form, Hepatitis C Virus Direct Acting Antivirals, Geisinger Health Plan (GHP)
- ⁵¹ Ibid. Pharmacy, Geisinger Family (GHP); See also: Prior Authorization, Pharmacy Coverage – GHP Family; See also: Prior Authorization Request Form, Hepatitis C Virus Direct Acting Antivirals, Geisinger Health Plan (GHP)
- ⁵² Ibid. Pharmacy, Geisinger Family (GHP); See also: Prior Authorization, Pharmacy Coverage – GHP Family; See also: Prior Authorization Request Form, Hepatitis C Virus Direct Acting Antivirals, Geisinger Health Plan (GHP)
- ⁵³ Ibid. Pharmacy, Geisinger Family (GHP); See also: Prior Authorization, Pharmacy Coverage – GHP Family; See also: Prior Authorization Request Form, Hepatitis C Virus Direct Acting Antivirals, Geisinger Health Plan (GHP)
- ⁵⁴ Ibid. Pharmacy, Geisinger Family (GHP); See also: Prior Authorization, Pharmacy Coverage – GHP Family; See also: Prior Authorization Request Form, Hepatitis C Virus Direct Acting Antivirals, Geisinger Health Plan (GHP)
- ⁵⁵ Ibid. Pharmacy, Geisinger Family (GHP); See also: Prior Authorization, Pharmacy Coverage – GHP Family; See also: Prior Authorization Request Form, Hepatitis C Virus Direct Acting Antivirals, Geisinger Health Plan (GHP)
- ⁵⁶ 2017 Member Formulary, List of Covered Drugs, Geisinger Family (Accessed February 2018): https://www.geisinger.org/-/media/OneGeisinger/Files/PDFs/GHP%20Family/GHP_Family_Formulary.aspx?la=en; See also: GHP Family Formulary, Find Out Which Drugs are Covered, Pharmacy Coverage – GHP, Geisinger (Accessed February 2018): <https://www.geisinger.org/health-plan/plans/ghp-family/pharmacy-coverage>
- ⁵⁷ Eplclusa, Prior Authorization Request Form, Health Partners Plans, Updated: 2018 (Accessed February 2018): <https://www.healthpartnersplans.com/media/100195827/Eplclusa.pdf>; See also: Harvoni, Prior Authorization Request Form, Health Partners Plans, Updated: 2017 (Accessed February 2018): <https://www.healthpartnersplans.com/media/100177953/Harvoni-Initial.pdf>; See also: Zepatier, Prior Authorization Request Form, Health Partners Plans, Updated: 2017 (Accessed February 2018): <https://www.healthpartnersplans.com/media/100195824/Zepatier.pdf>; See also: Drug Specific Prior Authorization, Health Partners Plans (Accessed February 2018): <https://www.healthpartnersplans.com/providers/resources/prior-authorization/drug-specific-prior-authorization>
- ⁵⁸ Ibid. Mavyret, Prior Authorization Request Form, Health Partners Plans, Updated: 2018; See also: Harvoni, Prior Authorization Request Form, Health Partners Plans, Updated: 2018; See also: Harvoni, Prior Authorization Request Form, Health Partners Plans, Updated: 2018; See also: Drug Specific Prior Authorization, Health Partners Plans
- ⁵⁹ Ibid. Mavyret, Prior Authorization Request Form, Health Partners Plans, Updated: 2018; See also: Harvoni, Prior Authorization Request Form, Health Partners Plans, Updated: 2018; See also: Harvoni, Prior Authorization Request Form, Health Partners Plans, Updated: 2018; See also: Drug Specific Prior Authorization, Health Partners Plans
- ⁶⁰ Ibid. Mavyret, Prior Authorization Request Form, Health Partners Plans, Updated: 2018; See also: Harvoni, Prior Authorization Request Form, Health Partners Plans, Updated: 2018; See also: Harvoni, Prior Authorization Request Form, Health Partners Plans, Updated: 2018; See also: Drug Specific Prior Authorization, Health Partners Plans
- ⁶¹ Ibid. Mavyret, Prior Authorization Request Form, Health Partners Plans, Updated: 2018; See also: Harvoni, Prior Authorization Request Form, Health Partners Plans, Updated: 2018; See also: Harvoni, Prior Authorization Request Form, Health Partners Plans, Updated: 2018; See also: Drug Specific Prior Authorization, Health Partners Plans
- ⁶² Ibid. Mavyret, Prior Authorization Request Form, Health Partners Plans, Updated: 2018; See also: Harvoni, Prior Authorization Request Form, Health Partners Plans, Updated: 2018; See also: Harvoni, Prior Authorization Request Form, Health Partners Plans, Updated: 2018; See also: Drug Specific Prior Authorization, Health Partners Plans
- ⁶³ Ibid. Mavyret, Prior Authorization Request Form, Health Partners Plans, Updated: 2018; See also: Harvoni, Prior Authorization Request Form, Health Partners Plans, Updated: 2018; See also: Harvoni, Prior Authorization Request Form, Health Partners Plans, Updated: 2018; See also: Drug Specific Prior Authorization, Health Partners Plans
- ⁶⁴ 2018 Formulary, Health Partner Plans, Updated: 01/2018 (Accessed February 2018): <https://www.healthpartnersplans.com/media/100223864/hp-formulary-122717.pdf>; See also: 2018 Plans, Formularies, Providers, Health Partners (Accessed February 2018): <https://www.healthpartnersplans.com/providers/resources/formulary>
- ⁶⁵ Antivirals (Systemic), Anti-Infective Agents, Drug Name Search or Therapeutic Category, On-Line Formulary, Health Partners (Accessed February 2018): <http://hpa.adaptivex.com/webSearch/index?key=cnhmbGV4LnBw4uUgxbhBkZlR5cGUUMTKx>; See also: On-Line Formularies, Health Partners (Medicaid), Formularies, Provider, Health Partners (Accessed February 2018): <https://www.healthpartnersplans.com/providers/resources/formulary>
- ⁶⁶ Prior Authorization Protocol for Hepatitis C Treatment of Pennsylvania, Keystone First, Approved: 12/22/2017 (Accessed February 2018): <https://keystonefirstpa.com/pdf/pharmacy/forms/injectable/hep-c-prior-auth-criteria.pdf>; See also: Physician Request Form for Hepatitis C Therapies, Keystone First, Updated: 06/2017 (Accessed February 2018): <https://keystonefirstpa.com/pdf/pharmacy/forms/injectable/hepatitis-c.pdf>; See also: Pharmacy Prior Authorization Criteria, Keystone First (Accessed February 2018): <https://keystonefirstpa.com/pdf/pharmacy/prior-auth-criteria.pdf>; See also: Pharmacy Prior Authorization, Pharmacy, Keystone First (Accessed February 2018): <https://keystonefirstpa.com/pharmacy/prior-auth/index.aspx>
- ⁶⁷ Ibid. Prior Authorization Protocol for Hepatitis C Treatment of Pennsylvania, Keystone First, Approved: 12/22/2017; See also: Physician Request Form for Hepatitis C Therapies, Keystone First, Updated: 01/2018; See also: Pharmacy Prior Authorization Criteria, Keystone First; See also: Pharmacy Prior Authorization, Pharmacy, Keystone First
- ⁶⁸ Ibid. Prior Authorization Protocol for Hepatitis C Treatment of Pennsylvania, Keystone First, Approved: 12/22/2017; See also: Physician Request Form for Hepatitis C Therapies, Keystone First, Updated: 01/2018; See also: Pharmacy Prior Authorization Criteria, Keystone First; See also: Pharmacy Prior Authorization, Pharmacy, Keystone First
- ⁶⁹ Ibid. Prior Authorization Protocol for Hepatitis C Treatment of Pennsylvania, Keystone First, Approved: 12/22/2017; See also: Physician Request Form for Hepatitis C Therapies, Keystone First, Updated: 01/2018; See also: Pharmacy Prior Authorization Criteria, Keystone First; See also: Pharmacy Prior Authorization, Pharmacy, Keystone First
- ⁷⁰ Ibid. Prior Authorization Protocol for Hepatitis C Treatment of Pennsylvania, Keystone First, Approved: 12/22/2017; See also: Physician Request Form for Hepatitis C Therapies, Keystone First, Updated: 01/2018; See also: Pharmacy Prior Authorization Criteria, Keystone First; See also: Pharmacy Prior Authorization, Pharmacy, Keystone First
- ⁷¹ Ibid. Prior Authorization Protocol for Hepatitis C Treatment of Pennsylvania, Keystone First, Approved: 12/22/2017; See also: Physician Request Form for Hepatitis C Therapies, Keystone First, Updated: 01/2018; See also: Pharmacy Prior Authorization Criteria, Keystone First; See also: Pharmacy Prior Authorization, Pharmacy, Keystone First
- ⁷² Ibid. Prior Authorization Protocol for Hepatitis C Treatment of Pennsylvania, Keystone First, Approved: 12/22/2017; See also: Physician Request Form for Hepatitis C Therapies, Keystone First, Updated: 01/2018; See also: Pharmacy Prior Authorization Criteria, Keystone First; See also: Pharmacy Prior Authorization, Pharmacy, Keystone First
- ⁷³ Ibid. Prior Authorization Protocol for Hepatitis C Treatment of Pennsylvania, Keystone First, Approved: 12/22/2017; See also: Physician Request Form for Hepatitis C Therapies, Keystone First, Updated: 01/2018; See also: Pharmacy Prior Authorization Criteria, Keystone First; See also: Pharmacy Prior Authorization, Pharmacy, Keystone First
- ⁷⁴ Ibid. Prior Authorization Protocol for Hepatitis C Treatment of Pennsylvania, Keystone First, Approved: 12/22/2017; See also: Physician Request Form for Hepatitis C Therapies, Keystone First, Updated: 01/2018; See also: Pharmacy Prior Authorization Criteria, Keystone First; See also: Pharmacy Prior Authorization, Pharmacy, Keystone First; See also: Drug Formulary, Keystone First, July 2017 (Accessed February 2018): <https://keystonefirstpa.com/pdf/pharmacy/formulary/formulary.pdf>
- ⁷⁵ Ibid. Prior Authorization Protocol for Hepatitis C Treatment of Pennsylvania, Keystone First, Approved: 06/06/2017; See also: Physician Request Form for Hepatitis C Therapies, Keystone First, Updated: 06/2017; See also: Pharmacy Prior Authorization Criteria, Keystone First; See also: Pharmacy Prior Authorization, Pharmacy, Keystone First
- ⁷⁶ Hepatitis C Medication, Prior Authorization Request Form, UnitedHealthcare, Updated: 03/16/2017 (Accessed February 2018): <http://www.uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/pharmacyprogram/PA-Pharmacy-PA-Hepatitis-C-Prior-Authorization-Form.pdf>. See also: Prior Authorization Forms, Pharmacy Programs, UnitedHealthcare Community Plans, Pennsylvania (Accessed February 2018): <http://www.uhccommunityplan.com/health-professionals/pa/pharmacy-program.html>
- ⁷⁷ Ibid. Hepatitis C Medication, Prior Authorization Request Form, UnitedHealthcare, Updated: 03/16/2017; See also: Prior Authorization Forms, Pharmacy Programs, UnitedHealthcare Community Plans, Pennsylvania
- ⁷⁸ Ibid. Hepatitis C Medication, Prior Authorization Request Form, UnitedHealthcare, Updated: 03/16/2017; See also: Prior Authorization Forms, Pharmacy Programs, UnitedHealthcare Community Plans, Pennsylvania
- ⁷⁹ Ibid. Hepatitis C Medication, Prior Authorization Request Form, UnitedHealthcare, Updated: 03/16/2017; See also: Prior Authorization Forms, Pharmacy Programs, UnitedHealthcare Community Plans, Pennsylvania
- ⁸⁰ Preferred Drug List, Pennsylvania, UnitedHealthcare Community Plan for Families, Updated: 01/01/2018 (Accessed February 2018): <http://www.uhccommunityplan.com/content/dam/communityplan/plandocuments/findadrag/PA-PDL/PA-Community-Plan-for-Families-Medicaid-PDL.pdf>. See also: Preferred Drug List, Pharmacy Program, UnitedHealthcare Community Plan for Families (Accessed February 2018): <http://www.uhccommunityplan.com/health-professionals/pa/pharmacy-program.html>
- ⁸¹ Hepatitis C Medication Prior Authorization Form, UPMC Health Plan, October 2017 (Accessed February 2018): https://p.widencdn.net/c37ind/pharmpriorauth_hepatitis-c-med_web. See also Pharmacy Prior Authorization, UPMC Health Plan: <https://www.upmchealthplan.com/providers/medical/resources/forms/pharmacy-pa.aspx>
- ⁸² Hepatitis C Medication Prior Authorization Form, UPMC Health Plan, October 2017 (Accessed February 2018): https://p.widencdn.net/c37ind/pharmpriorauth_hepatitis-c-med_web. See also Pharmacy Prior Authorization, UPMC Health Plan: <https://www.upmchealthplan.com/providers/medical/resources/forms/pharmacy-pa.aspx>
- ⁸³ Hepatitis C Medication Prior Authorization Form, UPMC Health Plan, October 2017 (Accessed February 2018): https://p.widencdn.net/c37ind/pharmpriorauth_hepatitis-c-med_web. See also Pharmacy Prior Authorization, UPMC Health Plan: <https://www.upmchealthplan.com/providers/medical/resources/forms/pharmacy-pa.aspx>
- ⁸⁴ Hepatitis C Medication Prior Authorization Form, UPMC Health Plan, October 2017 (Accessed February 2018): https://p.widencdn.net/c37ind/pharmpriorauth_hepatitis-c-med_web. See also Pharmacy Prior Authorization, UPMC Health Plan: <https://www.upmchealthplan.com/providers/medical/resources/forms/pharmacy-pa.aspx>
- ⁸⁵ Ibid. Wolf Administration Announces Medicaid Policy Change for Individuals Suffering from Hepatitis C Virus, Pennsylvania Press Room, Official News for Pennsylvania State Agencies, May 16, 2017

- ⁸⁶ Ibid. Hepatitis C Clinical Guideline, Pharmacy Prior Authorization, Aetna, Current Approval: 06/2017; See also: Prior Authorization Request Forms A – L, Pharmacy, For Providers, Aetna Better Health of Pennsylvania; See also: Hepatitis C Medications, Pharmacy Prior Authorization, Aetna Better Health PENN Medicaid & Aetna Better Health for Kids, July 1, 2017; See also: Pharmacy Prior Authorization Criteria, AmeriHealth Caritas Pennsylvania, Approved: 06/01/2017; See also: Pharmacy Prior Authorization, Pharmacy, AmeriHealth Caritas Pennsylvania; See also: Hepatitis C Medications, Prior Authorization Criteria, Gateway Health, Approved: 06/2017; See also: Prior Authorization Form, Hepatitis C Treatment, Gateway Health; See also: Formularies, Provider Formulary Tools, Providers, Gateway Health; See also: Eplclusa, Prior Authorization Request Form, Health Partners Plans, Updated: 2017; See also: Harvoni, Prior Authorization Request Form, Health Partners Plans, Updated: 2017; See also: Zepatier, Prior Authorization Request Form, Health Partners Plans, Updated: 2017; See also: Drug Specific Prior Authorization, Health Partners Plans; See also: Prior Authorization Protocol for Hepatitis C Treatment of Pennsylvania, Keystone First, Approved: 06/06/2017; See also: Physician Request Form for Hepatitis C Therapies, Keystone First, Updated: 06/2017; See also: Pharmacy Prior Authorization Criteria, Keystone First; See also: Pharmacy Prior Authorization, Pharmacy, Keystone First; See also: Hepatitis C Medication, Prior Authorization Request Form, UnitedHealthcare, Updated: 03/16/2017; See also: Prior Authorization Forms, Pharmacy Programs, UnitedHealthcare Community Plans, Pennsylvania
- ⁸⁷ Ibid. Hepatitis C Medications, Prior Authorization Criteria, Gateway Health, Approved: 02/2018; See also: Prior Authorization Form, Hepatitis C Treatment, Gateway Health; See also: Formularies, Provider Formulary Tools, Providers, Gateway Health
- ⁸⁸ Ibid. Prior Authorization of Hepatitis C Agents - Pharmacy Services, Medical Assistance Bulletin, Pennsylvania Department of Human Services, Issued: June 28, 2017, Effective: July 1, 2017; See also: Hepatitis C, Pharmacy Prior Authorization Guidelines, Pennsylvania Department of Human Services
- ⁸⁹ Ibid. Hepatitis C Clinical Guideline, Pharmacy Prior Authorization, Aetna, Current Approval: 06/2017; See also: Prior Authorization Request Forms A – L, Pharmacy, For Providers, Aetna Better Health of Pennsylvania; See also: Hepatitis C Medications, Pharmacy Prior Authorization, Aetna Better Health PENN Medicaid & Aetna Better Health for Kids, July 1, 2017; See also: Pharmacy Prior Authorization Criteria, AmeriHealth Caritas Pennsylvania, Approved: 06/01/2017; See also: Pharmacy Prior Authorization, Pharmacy, AmeriHealth Caritas Pennsylvania; See also: Hepatitis C Medications, Prior Authorization Criteria, Gateway Health, Approved: 06/2017; See also: Prior Authorization Form, Hepatitis C Treatment, Gateway Health; See also: Formularies, Provider Formulary Tools, Providers, Gateway Health; See also: Eplclusa, Prior Authorization Request Form, Health Partners Plans, Updated: 2017; See also: Harvoni, Prior Authorization Request Form, Health Partners Plans, Updated: 2017; See also: Zepatier, Prior Authorization Request Form, Health Partners Plans, Updated: 2017; See also: Drug Specific Prior Authorization, Health Partners Plans; See also: Prior Authorization Protocol for Hepatitis C Treatment of Pennsylvania, Keystone First, Approved: 06/06/2017; See also: Physician Request Form for Hepatitis C Therapies, Keystone First, Updated: 06/2017; See also: Pharmacy Prior Authorization Criteria, Keystone First; See also: Pharmacy Prior Authorization, Pharmacy, Keystone First; See also: Hepatitis C Medication, Prior Authorization Request Form, UnitedHealthcare, Updated: 03/16/2017; See also: Prior Authorization Forms, Pharmacy Programs, UnitedHealthcare Community Plans, Pennsylvania; See also: Pharmacy, Geisinger Family (GHP); See also: Prior Authorization, Pharmacy Coverage – GHP Family; See also: Prior Authorization Request Form, Hepatitis C Virus Direct Acting Antivirals, Geisinger Health Plan (GHP); See also
- ⁹⁰ Ibid. Prior Authorization of Hepatitis C Agents - Pharmacy Services, Medical Assistance Bulletin, Pennsylvania Department of Human Services, Issued: January 22, 2018, Effective: January 1, 2018; See also: Hepatitis C, Pharmacy Prior Authorization Guidelines, Pennsylvania Department of Human Services
- ⁹¹ Ibid. Hepatitis C Clinical Guideline, Pharmacy Prior Authorization, Aetna, Current Approval: 06/2017; See also: Prior Authorization Request Forms A – L, Pharmacy, For Providers, Aetna Better Health of Pennsylvania; See also: Hepatitis C Medications, Pharmacy Prior Authorization, Aetna Better Health PENN Medicaid & Aetna Better Health for Kids, July 1, 2017
- ⁹² Ibid. Pharmacy Prior Authorization Criteria, AmeriHealth Caritas Pennsylvania, Approved: 06/01/2017; See also: Pharmacy Prior Authorization, Pharmacy, AmeriHealth Caritas Pennsylvania; See also: Prior Authorization Protocol for Hepatitis C Treatment for Pennsylvania, AmeriHealth Caritas, Approved: 06/06/2017; See also: Physician Request Form for Hepatitis C Therapies, AmeriHealth Caritas of Pennsylvania, Effective: 06/2017; See also: Hepatitis C Medications, Prior Authorization Criteria, Gateway Health, Approved: 06/2017; See also: Prior Authorization Form, Hepatitis C Treatment, Gateway Health; See also: Formularies, Provider Formulary Tools, Providers, Gateway Health; See also: Pharmacy, Geisinger Family (GHP); See also: Prior Authorization, Pharmacy Coverage – GHP Family; See also: Prior Authorization Request Form, Hepatitis C Virus Direct Acting Antivirals, Geisinger Health Plan (GHP); See also: Prior Authorization Protocol for Hepatitis C Treatment of Pennsylvania, Keystone First, Approved: 06/06/2017; See also: Physician Request Form for Hepatitis C Therapies, Keystone First, Updated: 06/2017; See also: Pharmacy Prior Authorization Criteria, Keystone First; See also: Pharmacy Prior Authorization, Pharmacy, Keystone First
- ⁹³ Ibid. Pharmacy, Geisinger Family (GHP); See also: Prior Authorization, Pharmacy Coverage – GHP Family; See also: Prior Authorization Request Form, Hepatitis C Virus Direct Acting Antivirals, Geisinger Health Plan (GHP)
- ⁹⁴ Ibid. Eplclusa, Prior Authorization Request Form, Health Partners Plans, Updated: 2017; See also: Harvoni, Prior Authorization Request Form, Health Partners Plans, Updated: 2017; See also: Zepatier, Prior Authorization Request Form, Health Partners Plans, Updated: 2017; See also: Drug Specific Prior Authorization, Health Partners Plans
- ⁹⁵ Ibid. Hepatitis C Medication, Prior Authorization Request Form, UnitedHealthcare, Updated: 03/16/2017; See also: Prior Authorization Forms, Pharmacy Programs, UnitedHealthcare Community Plans, Pennsylvania
- ⁹⁶ Ibid. Pharmacy Prior Authorization Criteria, AmeriHealth Caritas Pennsylvania, Approved: 12/22/2017; See also: Pharmacy Prior Authorization, Pharmacy, AmeriHealth Caritas Pennsylvania; See also: Prior Authorization Protocol for Hepatitis C Treatment for Pennsylvania, AmeriHealth Caritas, Approved: 12/22/2017; See also: Physician Request Form for Hepatitis C Therapies, AmeriHealth Caritas of Pennsylvania, Effective: 01/2018
- ⁹⁷ Pennsylvania, Medicaid Directors, National Association of Medicaid Directors (Accessed February 2018): <http://medicaiddirectors.org/about/medicaid-directors/>