COVERAGE OF VIRAL HEPATITIS SCREENING AND TREATMENT IN MASSACHUSETTS

An Overview

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About the Authors

The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) advocates for legal, regulatory, and policy reforms to improve the health of underserved populations, with a focus on the needs of low-income people living with chronic illnesses. CHLPI works with consumers, advocates, community-based organizations, health and social services professionals, food providers and producers, government officials, and others to expand access to high-quality healthcare and nutritious, affordable food; to reduce health disparities; to develop community advocacy capacity; and to promote more equitable and effective healthcare and food systems. CHLPI is a clinical teaching program of Harvard Law School and mentors students to become skilled, innovative, and thoughtful practitioners as well as leaders in health, public health, and food law and policy.

Coverage of Viral Hepatitis Screening and Treatment in Massachusetts: An Overview is written by Michael Cunniff, Shane Hebel, Katie Garfield and Amy Rosenberg. For more information on CHLPI and its prior work regarding health insurance coverage in Massachusetts, please visit www.chlpi.org.

The Center for Health Law and Policy Innovation provides information and technical assistance on issues related to health reform, public health, and food law. It does not provide legal representation or advice. This document should not be considered legal advice. For specific legal questions, consult an attorney.

Additionally, please note that health insurance plans occasionally alter coverage, associated costs, or restrictions over the course of a plan year. This report is meant to capture trends in benefit coverage at a specific moment in the spring of 2017, and may therefore not be representative of coverage at a later date. Health care providers and plan members should always confirm coverage by contacting the individual plan.

INTRODUCTION

Despite recent advances in prevention and treatment, Hepatitis B (HBV) and Hepatitis C (HCV) continue to have significant impact on both individual and public health in the United States. This impact is due, in part, to the barriers that prevent infected or at-risk individuals from receiving necessary screenings and treatment. This report provides an analysis of some of these barriers in Massachusetts by assessing health insurance coverage of key Hepatitis services and medications in the state. This analysis is intended to support the efforts of the Massachusetts Department of Public Health (MDPH) and the Centers for Disease Control and Prevention (CDC) to identify and address the underlying trends in access to Hepatitis care.

Background

The CDC estimates that there are currently between 850,000 and 2.2 million people living with chronic HBV in the United States.[1] While an HBV vaccine has been commercially available since the 1980s,[2] new infections continue to occur, with an estimated 19,200 new cases occurring in 2014 alone.[3] Reported HBV cases have been on the decline in Massachusetts over the last several years, largely due to widespread childhood immunization with the HBV vaccine.[4] In 2015 roughly 119 new cases of acute HBV and 1,851 new cases of chronic HBV were reported in the state.[5]

HCV also remains a significant national and statewide public health concern, despite the availability of new highly effective treatments. The CDC estimates that there were 30,500 cases of acute HCV reported in the United States in 2014.[6] Approximately 75%-85% of individuals who experience an acute HCV infection will develop a chronic infection.[7] Thus of the 30,500 acute cases reported in 2014, 22,875 – 25,925 will likely become chronic. They will join the estimated 2.7 – 3.9 million people with chronic HCV in the United States.[8] In Massachusetts, HCV cases have remained fairly high, with between roughly 8,000 and

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[1] *Hepatitis B FAQs for the Public*, CENTERS FOR DISEASE CONTROL AND PREVENTION (last updated May 23, 2016), https://www.cdc.gov/hepatitis/hbv/bfaq.htm#overview.
[2] *History of Hepatitis B Vaccine*, Hepatitis B Foundation, http://www.hepb.org/prevention-and-diagnosis/vaccination/history-of-hepatitis-b-vaccine/ (last visited Mar. 21, 2017).
[3] *Hepatitis B FAQs for the Public*, CENTERS FOR DISEASE CONTROL AND PREVENTION (last updated May 23, 2016), https://www.cdc.gov/hepatitis/hbv/bfaq.htm#overview.
[4] *2015 Integrated HIV/AIDS, STD, and Viral Hepatitis Report*, MA DEP'T OF PUBLIC HEALTH 2 (Dec. 2016), *available at* http://www.mass.gov/eohhs/docs/dph/cdc/aids/std-surveillance-2015.pdf.
[5] *Id.*at 19, 21.
[6] *Hepatitis C FAQs for the Public*, CENTERS FOR DISEASE CONTROL AND PREVENTION (last updated Oct. 17, 2016), https://www.cdc.gov/hepatitis/hcv/cfaq.htm#overview.
[7] *Id.*
[8] *Id.*

9,000 cases reported each year.[9] In 2015, 9,079 cases of acute HCV were reported to the state.[10]

METHODOLOGY

Health Insurance Plans

The analysis in this report focuses on coverage of Hepatitis screening and treatment services in insurance plans that are likely to be particularly relevant to low-income and vulnerable populations in the state, as these populations are likely to face the most significant barriers in accessing necessary Hepatitis care. This section of the report outlines the reasoning applied in choosing these plans. For a full list of the plans that were analyzed in order to create this report, please see **Appendix A**.

Silver-Level Qualified Health Plans (QHPs)

The first plans analyzed in this report are the silver-level Qualified Health Plans (QHPs) available on the Massachusetts State Marketplace (a/k/a the Massachusetts Health Connector). There were several reasons why these plans were chosen for analysis. First, every insurer who sells QHPs on a state or federally-run Marketplace must offer at least one silver plan. As a result, these plans are generally the most representative of coverage on the market as a whole. These plans are also typically the best value for low-income consumers because many low-income consumers who choose these plans have access to both Advanced Premium Tax Credits and cost-sharing subsidies to help them to afford their coverage. Federal cost-sharing subsidies are available only on silver-level plans.

ConnectorCare Plans

Massachusetts ConnectorCare Plans comprise the second set of plans analyzed in this report. These plans are unique to Massachusetts, and offer subsidized care to individuals and families with incomes up to 300% of the Federal Poverty Level.[11] These plans have standardized, low, out-of-pocket costs for health care services.[12] For example, individuals currently pay no more than $50 in cost-sharing when accessing any covered drug through a ConnectorCare plan.[13]

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[9] *2015 Integrated HIV/AIDS, STD, and Viral Hepatitis Report*, MA DEP'T OF PUBLIC HEALTH 22 (Dec. 2016), *available at* http://www.mass.gov/eohhs/docs/dph/cdc/aids/std-surveillance-2015.pdf.
[10] *Hepatitis C Virus Infection, Surveillance Report 2007-2015*, MA DEP'T OF PUBLIC HEALTH 1 (Jan. 2017), *available at* http://www.mass.gov/eohhs/docs/dph/cdc/reporting/surveillance-report-hepatitis-c.pdf.
[11] *ConnectorCare Health Plans: Affordable, high-quality coverage from the Health Connector*, MASSACHUSETTS HEALTH CONNECTOR, https://www.mahealthconnector.org/wp-content/uploads/ConnectorCare_Overview-2017.pdf (last visited Mar. 23, 2017).
[12] *Id.*
[13] *Id.*

ConnectorCare plans are included in this analysis because, like the silver-level QHPs, they are particularly attractive to low-income populations who may face the greatest difficulties in accessing necessary Hepatitis care.

MassHealth Plans

The final group of plans analyzed in this report includes programs in MassHealth, Massachusetts's Medicaid program. MassHealth offers a variety of coverage options, depending upon applicant eligibility. Coverage in these plans may be provided directly by MassHealth (through the MassHealth Primary Care Clinician Plan (PCCP)), or by Managed Care Organizations (MCOs) contracting with MassHealth. MassHealth plans have been included in this analysis as they are a particularly important source of insurance coverage for the lowest income residents of the state. The analysis in this report specifically looks at the MassHealth coverage options that are available to the majority of MassHealth participants, including: MassHealth Standard, CommonHealth, Family Assistance, and CarePlus plans.[14] The analysis does not, however, include some of MassHealth's smaller programs targeted at individuals eligible for both Medicare and Medicaid and seniors (i.e., One Care and Senior Care Options).[15]

Assessed Services

To assess the current status of access to care in Massachusetts, this report analyzes the coverage of key HBV and HCV **(1) screening services**, **(2) vaccinations (HBV only),** and **(3) prescription drugs**. The list of drugs analyzed was developed in collaboration with the National Viral Hepatitis Roundtable (NVHR). All drugs recommended for analysis by the NVHR are included in this analysis. Specifically, this report analyzes coverage of all FDA-approved HBV drugs[16] and key direct-acting antiviral drugs approved for use in treating HCV. A full list of the analyzed drugs can be found in **Appendix B**.

Data Gathering

The data in this report was gathered from January 31, 2017 through March 24, 2017. To gather the data, assessors consulted publicly-available insurance documents available via

[14] For more information on these options, *see MassHealth Coverage Types*, Exec. Office of HEALTH AND HUMAN SERVICES, http://www.mass.gov/eohhs/consumer/insurance/masshealth-coverage-types/masshealth-coverage-types.html.

[15] Note that this analysis excludes one MassHealth MCO—Neighborhood Health Plan (NHP)—from its analysis of coverage of the HBV vaccine and screenings. This is not meant to indicate that NHP does not cover these services, but instead that NHP customer service representatives could not adequately respond to assessor questions regarding these services. Assessors were able to analyze NHP's coverage of HBV and HCV medications, and so that data is included in this analysis.

[16] *Drug Watch: Compounds in Development for Chronic Hepatitis B*, HEPATITIS B Foundation (last updated Mar. 2017), http://www.hepb.org/treatment-and-management/drug-watch/.

the Massachusetts Health Connector and individual insurer websites. Where this data was not available or accessible online, assessors confirmed coverage information by calling insurer customer service representatives. In many cases, insurers were called multiple times to ensure consistent answers about coverage for specific drugs or services. Assessors also engaged in repeated calls when inconsistencies appeared between online formularies and statements made by customer service representatives, particularly for drugs that did not appear on the formularies but were reported by representatives to actually be covered.

Information was recorded about coverage, cost-sharing, and other aspects of coverage that could create barriers to access. These potential barriers included the following utilization management restrictions: prior authorization, step therapy, and quantity limit requirements. These terms are defined as follows:

- **Prior Authorization:** Requiring plan members to obtain approval from the health plan prior to receiving coverage for a medication or other service.[17]
- **Step Therapy:** Requiring plan members to try less expensive medications to treat their conditions before "stepping up" to more expensive medications.[18]
- **Quantity Limits:** Limiting the quantity of a drug that a plan member can access in a given time period.[19]

The full data from the plan analysis can be found in **Attachments I, II, and III.**

HBV ANALYSIS

Assessors reviewed Massachusetts QHPs, ConnectorCare plans, and MassHealth plans to identify trends in coverage and cost-sharing for the HBV vaccine, screenings, and key medications. Overall, assessors found that most of the assessed services are covered by the plans with low cost-sharing obligations. The HBV vaccine and screenings are covered by all plans analyzed. Similarly, assessed medications are generally available across insurers, albeit with variations in drug costs and utilization management restrictions. A detailed analysis of each of these trends is provided below.

HBV Vaccine

Since 1991, routine vaccination of children has been recommended for the prevention of HBV.[20] In Massachusetts, the HBV vaccine is required for all children, though exceptions

[17] *Prior Authorization*, HEALTHCARE.GOV, https://www.healthcare.gov/glossary/prior-authorization/ (last visited Mar. 23, 2017).
[18] *What is prior authorization, step therapy, and quantity limit?*, EHEALTH MEDICARE (last updated Oct. 15, 2016) https://www.ehealthmedicare.com/faq-what-are-prior-authorizations-quantity-limits-and-step-therapy/.
[19] *Id.*

can be made to accommodate religious beliefs.[21] Under the Affordable Care Act (ACA), insurers operating in the individual market must cover immunizations recommended and determined to be for routine use by the Advisory Committee on Immunization Practices (ACIP).[22] ACIP has recommended the HBV vaccine for all infants and many other categories of individuals.[23] All of the assessed insurers provide coverage for the HBV vaccine without cost-sharing.

HBV Screenings

Under the Affordable Care Act (ACA), insurers operating in the individual market and in Medicaid expansion plans must cover preventive care services given an A or B rating by the U.S. Preventive Services Task Force (USPSTF) with no cost-sharing for the consumer.[24] For HBV, the USPSTF recommends screening for HBV as a preventive measure in two scenarios: (1) for people at high risk of infection, and (2) for pregnant women during their first prenatal visit.[25] The assessed insurers appear to follow these guidelines and do not include any cost-sharing elements for these services. However, several insurers indicated that they may apply cost-sharing on diagnostic screenings when the screening is not considered to be preventive. All of these diagnostic cost-sharing requirements appear in silver-level QHPs. None of the analyzed ConnectorCare or MassHealth plans indicated that they apply a cost-sharing requirement for any sort of HBV screening.

HBV Drug Coverage

According to the Hepatitis B Foundation, the U.S. Food and Drug Administration (FDA) has approved 8 drugs for the treatment of HBV,[26] some of which also have a generic formulation available. Plan assessors found that there is fairly robust coverage of these HBV medications in Massachusetts. More specifically, the analysis revealed the following four points:

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[20] *Hepatitis B FAQs for Health Professionals*, CENTERS FOR DISEASE CONTROL AND PREVENTION (last updated Aug. 4, 2016), https://www.cdc.gov/hepatitis/hbv/hbvfaq.htm.
[21] *Massachusetts State Vaccine Requirements*, NATIONAL VACCINE INFORMATION CENTER (Mar. 21, 2017), http://www.nvic.org/vaccine-laws/state-vaccine-requirements/massachusetts.aspx.
[22] *Preventive Services Covered by Private Health Plans under the Affordable Care Act*, THE HENRY J. KAISER FAMILY FOUNDATION (Aug. 4, 2015), http://kff.org/health-reform/fact-sheet/preventive-services-covered-by-private-health-plans/; Public Law 111-148 PATIENT PROTECTION & AFFORDABLE CARE ACT (2010), §§ 2713.
[23] *Hepatitis B FAQs for Health Professionals*, CENTERS FOR DISEASE CONTROL AND PREVENTION (last updated Aug. 4, 2016), https://www.cdc.gov/hepatitis/hbv/hbvfaq.htm.
[24] *Preventive Services Covered by Private Health Plans under the Affordable Care Act*, THE HENRY J. KAISER FAMILY FOUNDATION (Aug. 4, 2015), http://kff.org/health-reform/fact-sheet/preventive-services-covered-by-private-health-plans/; Public Law 111-148 PATIENT PROTECTION & AFFORDABLE CARE ACT (2010), §§ 2713, 2001.
[25] *USPSTF A and B Recommendations*, U.S. PREVENTIVE SERVICES TASK FORCE (June 2016), https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/.
[26] *Drug Watch: Compounds in Development for Chronic Hepatitis B*, Hepatitis B Foundation, http://www.hepb.org/treatment-and-management/drug-watch/ (last visited Mar. 23, 2017).

1) The following medications are covered by at least 80% of the analyzed plans

Silver Plans	ConnectorCare Plans	MassHealth Plans
Adefovir dipivoxil	Adefovir dipivoxil	Adefovir dipivoxil
Baraclude	Entecavir	Baraclude
Entecavir	Intron A	Entacavir
Epivir	Lamivudine	Intron A
Intron A	Pegasys	Lamivudine
Lamivudine	Viread	Pegasys
Pegasys		Viread
Viread		

2) The following medications are covered by between 50 and 80% of the analyzed plans

Silver Plans	ConnectorCare Plans	MassHealth Plans
Tyzeka	Baraclude	Epivir
Vemlidy	Epivir	Hepsera
	Tyzeka	Tyzeka

3) The following medications are covered in less than half of the analyzed plans

Silver Plans	ConnectorCare Plans	MassHealth Plans
Hepsera	Hepsera	Vemlidy
	Vemlidy	

4) There are no assessed medications that are covered by none of the analyzed plans

The coverage analysis also identified several noteworthy trends. First, across all of the assessed markets, new drugs (such as Vemlidy, which was approved by the FDA in November 2016[27]) are covered less often than drugs that have been on the market for a longer period of time. Additionally, drugs with generic formulations available, such as Hepsera and Epivir, are covered less often than brand name drugs without generics. Notably, assessors also found a number of inconsistencies between online formularies and customer service representative statements regarding coverage of several drugs, including Hepsera, adefovir dipivoxil, and Vemlidy. These discrepancies suggest that the online

[27] Press Release, *U.S. Food and Drug Administration Approves Gilead's Vemlidy® (Tenofovir Alafenamide) for the Treatment of Chronic Hepatitis B Virus Infection*, GILEAD (Nov. 10, 2016), http://www.gilead.com/news/press-releases/2016/11/us-food-and-drug-administration-approves-gileads-vemlidy-tenofovir-alafenamide-for-the-treatment-of-chronic-hepatitis-b-virus-infection.

formularies may not be fully up-to-date with plan policies, which may create confusion for consumers.

HBV Drug Costs

Even covered drugs can become essentially inaccessible to low-income consumers if insurers impose high cost-sharing via high copay or coinsurance requirements. Placing HBV medications on formulary tiers that impose coinsurance requirements is especially problematic because of the high sticker price of most HBV drugs. For example, according to one analysis, Pegasys is currently priced at roughly $37,000 for a 48 week supply.[28] If patients have to pay even a relatively small 20% coinsurance, they would have to contribute $7,400 to pay for their "covered" drug (or pay a portion of that amount until they hit their out-of-pocket maximum). For that reason, it is preferable for insurers to apply copay requirements for HBV drugs, as copay requirements limit cost-sharing to a pre-determined amount which is often significantly less than would be required under a coinsurance requirement.

Most Massachusetts insurers offer at least some plans that have copays even for specialty drugs, thereby significantly reducing the cost to consumers. Five of the eighteen QHPs analyzed required coinsurance payments for most of the assessed HBV drugs. All MassHealth and ConnectorCare plans require copays for all drugs. While these copays are always minimal for MassHealth plans (i.e., $3.65 or less), they can vary slightly more for ConnectorCare plans, where copays range from $1-$50 depending on the type of plan and formulary tier on which the drug appears. Encouragingly, all QHP insurers that offered plans with coinsurance requirements also offered similar plans that only required copays for the same drugs, which means that consumers who need expensive drugs, like Hepatitis drugs, can still select a plan from their preferred insurer.

Of the QHPs that required copays, none required a copay for the assessed drugs that was higher than $110. Thus, so long as they purchase a plan with copays, consumers on the individual market pay a maximum $1,320 for an HBV drug during the year.

Below are the ranges of copays required for HBV drugs in the Massachusetts silver-level QHPs.

[28] *Peginterferon alfa-2A*, HEPATITIS C ONLINE, http://www.hepatitisc.uw.edu/page/treatment/drugs/peginterferon-alfa-drug (last visited Mar. 23, 2017). Note that this figure reflects the wholesale price, individual insurers may receive mandatory or negotiated rebates, causing prices to vary.

HBV Medication Copay Ranges: Silver-Level QHPs	
• Intron A ($0 - $90) • Pegasys ($50 - $110) • Epivir ($60-$90) • lamivudine ($13 - $35) • Hepsera ($60 - $90) • adefovir dipivoxil ($13 - $90)	• Baraclude ($60 - $90) • entecavir ($13 - $90) • Tyzeka ($60 - $90) • Viread ($30 - $80) • Vemlidy ($60 - $90)

As noted above, MassHealth and ConnectorCare plans have lower and more standardized copays. MassHealth plans require copays of $3.65 or less for all drugs. ConnectorCare copays range from $1-$50 based on level of plan and tier of drug.

HBV Drug Restrictions

Almost all of the assessed plans use utilization management requirements to restrict access to HBV drugs in some way. Restrictions placed on HBV medications include: prior authorization, step therapy, and quantity limits. These restrictions are concerning because they serve to limit access, and can create gaps in coverage for consumers who have difficulty overcoming the administrative or practical hurdles they create. For example, both prior authorization and step therapy requirements can delay the amount of time it takes for an individual to get a much needed medication, which can impact health outcomes.

The summary below highlights which drugs are subject to utilization management restrictions in each plan category, and the frequency with which those restrictions are applied.

1a) Prior Authorization (PA) – Drugs Requiring PA in at Least 1 Plan

Silver Plans	ConnectorCare Plans	MassHealth Plans
Adefovir dipivoxil	Adefovir dipivoxil	Adefovir dipivoxil
Baraclude	Baraclude	Baraclude
Entecavir	Entecavir	Entecavir
Epivir	Epivir	Epivir
Hepsera	Hepsera	Hepsera
Lamivudine	Lamivudine	Lamivudine
Intron A	Intron A	Intron A
Pegasys	Pegasys	Pegasys
Tyzeka	Tyzeka	Tyzeka
Vemlidy	Vemlidy	Viread
		Vemlidy

1b) Prior Authorization (PA) – Drugs Requiring PA in 50% or More of Plans

Silver Plans	ConnectorCare Plans	MassHealth Plans
	Pegasys	Pegasys

2) Step Therapy (ST) – Drugs Requiring ST in at Least 1 Plan

Silver Plans	ConnectorCare Plans	MassHealth Plans
Baraclude	Baraclude	Adefovir dipivoxil Baraclude

**** Note: No assessed HBV drugs require ST in 50% or More of Plans***

3a) Quantity Limits (QL) – Drugs Requiring QL in at Least 1 Plan

Silver Plans	ConnectorCare Plans	MassHealth Plans
Adefovir dipivoxil	Adefovir dipivoxil	Adefovir dipivoxil
Baraclude	Baraclude	Baraclude
Entecavir	Entecavir	Entecavir
Epivir	Epivir	Epivir
Hepsera	Hepsera	Hepsera
Lamivudine	Lamivudine	Lamivudine
Intron A	Intron A	Intron A
Pegasys	Pegasys	Pegasys
Tyzeka	Tyzeka	Tyzeka
Viread	Viread	Viread

3b) Quantity Limits (QL) – Drugs Requiring QL in 50% or More of Plans

Silver Plans	ConnectorCare Plans	MassHealth Plans
Pegasys	Pegasys	Pegasys

Both prior authorization requirements and quantity limits were fairly pervasive in the assessed plans, affecting almost all of the drugs that were analyzed. With newer drugs, prior authorization was almost always a guarantee—especially if the drug did not show up on the formulary but is covered as per a customer service representative.

HCV Analysis

Assessors also reviewed Massachusetts QHPs, ConnectorCare plans, and MassHealth plans to identify trends in coverage and cost-sharing for HCV screenings and key medications. Assessors found that HCV screenings are covered by all of the assessed plans. Additionally, while costs varied, coverage of HCV medications was found to be relatively robust across

insurers, albeit with frequent application of utilization management restrictions. Each of these trends is analyzed in more detail below.

HCV Screenings

The USPSTF recommends screening for HCV as a preventive measure in two scenarios: (1) for people at high risk of infection, and (2) as a one-time screening for all adults born between 1945 and 1965.[29] Following USPSTF guidance, every insurer analyzed covers preventive HCV screenings without cost-sharing. Some insurers echoed the language of the USPSTF in indicating which populations were eligible for free HCV screenings. Others indicated such screenings would be available for free "when medically necessary." Regardless of the actual language, it appears that insurers in Massachusetts are following USPSTF guidance with respect to HCV screenings.

HCV Drug Coverage

The recent development of highly effective direct-acting antiviral drugs for the treatment of HCV has the potential to significantly improve health outcomes for many individuals living with HCV. However, nationally there has been a trend towards restricting access to these medications due to the high prices charged by pharmaceutical manufacturers. As noted above, assessors analyzed coverage of seven direct-acting antiviral medications commonly prescribed to treat HCV – Daklinza, Sovaldi, Harvoni, Viekira Pak, Epclusa, Olysio, and Zepatier. The analysis revealed the following coverage trends:

1) The following medications are covered by at least 80% of the analyzed plans

Silver Plans	ConnectorCare Plans	MassHealth Plans
Epclusa	Epclusa	Daklinza
Harvoni	Harvoni	Epclusa
Sovaldi	Sovaldi	Harvoni
Zepatier	Viekira Pak	Sovaldi

2) The following medications are covered by between 50 and 80% of the analyzed plans

Silver Plans	ConnectorCare Plans	MassHealth Plans
Daklinza	Daklinza	Olysio
Olysio	Olysio	Viekira Pak
Viekira Pak	Zepatier	Zepatier

[29] U.S. PREVENTIVE SERVICES TASK FORCE, *supra* note 25.

Many of the assessed HCV medications are widely covered by Massachusetts insurers, giving consumers options when searching for an insurance plan that best suits their needs. However, it is important to note that effectiveness of these medications can vary by patient. Thus it is still concerning that Daklinza, Olysio, Viekira Pak, and Zepatier are excluded from coverage in many plans.

HCV Drug Costs

Many insurers across the nation have imposed high cost-sharing on HCV medications, likely in response to the high prices that insurers face in purchasing these drugs from pharmaceutical manufacturers. In many cases this cost-sharing comes in the form of coinsurance requirements. Putting HCV medications on formulary tiers that impose coinsurance requirements is especially problematic because of the high price of these medications. For example, Sovaldi was priced at $84,000 for the full course of treatment when it was first introduced.[30] If patients are subject to even a relatively small 20% coinsurance requirement, they would have to contribute more than $15,000 to pay for their "covered" drug (or pay a portion of that amount until they hit their out-of-pocket maximum). For that reason, it is extremely important that HCV drugs be available on plans that apply copays, rather than coinsurance requirements.

As noted above, most Massachusetts insurers offer at least some plans that have copays even for specialty medications, thereby significantly reducing the cost to consumers. Five of the 18 QHPs analyzed require coinsurance payments for most of the assessed HCV drugs. All MassHealth and ConnectorCare plans require copays, ranging from $1-$50 depending on plan type and formulary tier. Encouragingly, all QHP insurers that offer plans with coinsurance also offer similar plans that only require copays for high-tier drugs, which means that consumers who need expensive drugs, like HCV drugs, can still select a plan from their preferred insurer.

Of the QHPs that required copays, none required a copay of higher than $110. Below are the ranges of copays required for HCV drugs in the assessed QHPs.

HCV Medication Copay Ranges: Silver-Level QHPs	
• Epclusa ($30-$110)	• Viekira Pak ($50-90)
• Harvoni ($30-$110)	• Zepatier ($50-$110)
• Olysio ($50-90)	• Daklinza ($50-110)
• Sovaldi ($30-$110)	

[30] Olga Khazan, *The True Cost of an Expensive Medication*, THE ATLANTIC (Sept. 25, 2015) https://www.theatlantic.com/health/archive/2015/09/an-expensive-medications-human-cost/407299/. Note that this figure reflects the original wholesale price, individual insurers may receive mandatory or negotiated rebates, causing prices to vary.

As with HBV medications, this range of copays means that, so long as they purchase a plan with copays, consumers on the individual market will pay a maximum $1,320 for an HCV drug during the year.

As noted above, MassHealth and ConnectorCare plans have lower and more standardized copays. MassHealth plans require copays of $3.65 or less for all drugs. ConnectorCare copays range from $1-$50 based on level of plan and tier of drug.

HCV Drug Restrictions

All analyzed plans use utilization management requirements to restrict access to HCV drugs in some way. Restrictions placed on HCV include: prior authorization, step therapy, and quantity limits. As noted above, these restrictions are concerning because they serve to limit access, and can create gaps in coverage for consumers who have difficulty overcoming the administrative or practical hurdles they create. For example, some insurers impose particularly burdensome prior authorization requirements, including obtaining a request from a specialist, showing abstinence from substance abuse, and demonstrating significant liver damage. These restrictions on access can delay access to care, ultimately leading to worse health outcomes for consumers.

The summary below highlights which drugs are subject to utilization management restrictions in each plan category, and the frequency with which those restrictions are applied.

1) Prior Authorization (PA) – Drugs Requiring PA in 50% or More of Plans

Silver Plans	ConnectorCare Plans	MassHealth Plans
Daklinza	Daklinza	Daklinza
Epclusa	Epclusa	Epclusa
Harvoni	Harvoni	Harvoni
Olysio	Olysio	Olysio
Sovaldi	Sovaldi	Sovaldi
Viekira Pak	Viekira Pak	Viekira Pak
Zepatier	Zepatier	Zepatier

****Note: <u>All</u> HCV drugs require PA in at least 50% of plans. Therefore no table regarding drugs requiring PA in at least 1 plan is included in this report, as the table would mirror the table above.***

2) Step Therapy (ST) – Drugs Requiring ST in at Least 1 Plan

Silver Plans	ConnectorCare Plans	MassHealth Plans
		Olysio (PCC plan only)[31] Viekira Pak (PCC plan only) Zepatier (PCC plan only)

**** Note: None of the assessed HCV drugs require ST in 50% or more of plans.***

3) Quantity Limits (QL) – Drugs Requiring QL in at Least 1 Plan

Silver Plans	ConnectorCare Plans	MassHealth Plans
Daklinza	Daklinza	Daklinza
Epclusa	Epclusa	Epclusa
Harvoni	Harvoni	Harvoni
Olysio	Olysio	Olysio
Sovaldi	Sovaldi	Sovaldi
Viekira Pak	Viekira Pak	Viekira Pak
Zepatier	Zepatier	Zepatier

****Note: None of the assessed HCV drugs require QL in 50% or more of plans.***

Notably, all of the assessed HCV medications have prior authorization requirements, which may delay or prevent access for individuals living with HCV. It is encouraging, however, that at least two insurers – Blue Cross Blue Shield and Tufts Health Plan – have announced that they will no longer apply prior authorization restrictions related to fibrosis score when covering HCV medications in their plans.[32] Similarly, Massachusetts no longer allows MassHealth MCOs to apply prior authorization restrictions related to fibrosis score, substance use abstinence, or prescriber specialty when covering HCV medications.[33] By limiting the scope of prior authorization requirements in this way, these plans provide improved access to crucial HCV treatment for many low-income individuals in the state.

CONCLUSION

Both HCV and HBV drugs are generally widely available in Massachusetts, regardless of a patient's income. QHPs are split on whether they offer drugs on tiers requiring copays or coinsurance, but generally favored copays, which are preferable for consumers when

[31] MassHealth identifies certain HCV drugs as "Preferred" and requires trial of that drug (or a clinical rationale for not doing so) prior to use of non-preferred drugs. This assessment therefore interprets non-preferred drugs as requiring step therapy.

[32] Felice J. Freyer, *Tufts Health Plan Lifts Restrictions on Hepatitis C Drugs*, BOSTON GLOBE (Apr. 20, 2016), https://www.bostonglobe.com/metro/2016/04/19/tufts-health-plan-lifts-restrictions-hepatitis-drugs/2EdZqgl8nXArTmA74fWOLN/story.html.

[33] *See* Daniel Tsai, *MassHealth Managed Care Organization Bulletin 6* (July 2016), *available at* http://www.mass.gov/eohhs/docs/masshealth/bull-2016/mco-6.pdf.

dealing with expensive medications, such as those required for the treatment of Hepatitis. Those that did offer copays kept them at $110 or below. Massachusetts's Medicaid program offers similar levels of coverage of these drugs as private insurers with only low copay requirements. The state's unique ConnectorCare programs also offer an affordable way for low-income residents to access HBV and HCV drugs, with copays that do not exceed $50 for all drugs.

This is not to say, however, that there are no hurdles that consumers must navigate when searching for the plan that best meets their needs. Residents looking for coverage of HCV and HBV drugs must carefully examine potential plans to identify options that cover the specific medications that their providers recommend for their treatment, including newer and more expensive drugs (such as Zepatier or Vemlidy) for which access is often more restricted. They must also closely analyze each plan's coverage documents to ensure they select a plan with affordable cost-sharing requirements, such as copay, rather than coinsurance, requirements for expensive drugs.

These hurdles and other restrictions, like prior authorization and quantity limit requirements, serve to limit utilization of these drugs and can create gaps in coverage, leading to worse health outcomes both at the individual level and in the broader population. As new cases of these diseases continue to occur, it is important to make access to HBV and HCV drugs as widely and easily available as possible in order to protect vulnerable populations.

APPENDIX A

The following plans were assessed in developing this report:

Silver-Level QHPs

- Ambetter Balanced Care 14
- Access Blue Basic (BCBS of MA)
- BMC HealthNet Plan Silver A
- BMC HealthNet Plan Silver B
- Fallon Health Community Care Silver Coinsurance 35%
- Fallon Health Direct Care Silver Connector
- Fallon Health Select Care Silver Coinsurance 35%
- Fallon Health Select Care Silver Connector
- Standard Silver (Harvard Pilgrim)
- Core Coverage HMO 1750 (Harvard Pilgrim)
- HNE Silver A
- MyDoc HMO Silver Basic (Minuteman)
- MyDoc HMO Silver Plus (Minuteman)
- NHP Prime HMO 2000/4000 30/50 35% FlexRX 4-Tier
- HNP Prime HMO 2000/4000 30/50 FlexRX 4-Tier
- Tufts Health Direct Silver 2000
- Tufts Health Direct Silver 2200 with Coinsurance
- Tufts Health Premier Silver 2000

ConnectorCare Plans

- Connector Care 1 (Ambetter)
- Connector Care 2 (Ambetter)
- Connector Care 3 (Ambetter)
- Connector Care Zero (BMC Healthnet)
- Connector Care Zero Silver (BMC Healthnet)
- Connector Care Plan Type I (BMC Healthnet)
- Connector Care Plan Type II (BMC Healthnet)
- Connector Care Plan Type III (BMC Healthnet)
- Community Care Plan Type I (Fallon)
- Community Care Plan Type II (Fallon)
- Community Care Plan Type III (Fallon)
- Connector Care 1 (HNE)
- Connector Care 2 (HNE)

- Connector Care 3 (HNE)
- MyDoc HMO ConnectorCare 1 (Minuteman)
- MyDoc HMO ConnectorCare 2 (Minuteman)
- MyDoc HMO ConnectorCare 3 (Minuteman)
- NHP Prime HMO ConnectorCare 0/0
- NHP Prime HMO ConnectorCare 10/18
- NHP Prime HMO ConnectorCare 15/22
- Direct ConnectorCare Plan Type I (Tufts)
- Direct ConnectorCare Plan Type II (Tufts)
- Direct ConnectorCare Plan Type III (Tufts)

Mass Health Plans

- MassHealth Primary Care Clinician Plan (PCCP)
- BMC HealthNet
- CeltiCare Health
- Fallon Health
- Health New England (HNE)
- Neighborhood Health Plan (NHP)
- Tufts Health Plan

APPENDIX B

HBV Drugs

The following HBV drugs were assessed in developing this report:

- Intron A (Interferon alfa-2b)
- Pegasys (Peginterferon alfa-2a)
- Epivir (lamivudine)
- lamivudine
- Hepsera (Adefovir dipivoxil)
- adefovir dipivoxil
- Baraclude (entecavir)
- entecavir
- Tyzeka (telbivudine)
- Viread (tenofovir)
- Vemlidy (tenofovir alafenamide/TAF)

HCV Drugs

The following HCV drugs were assessed in developing this report:

- Daklinza (daclatasvir)
- Epclusa (sofosbuvir/velpatasvir)
- Harvoni (ledipasvir, sofosbuvir)
- Olysio (simeprevir)
- Sovaldi (sofosbuvir)
- Viekira Pak (ombitasvir, paritaprevir, ritonavir)
- Zepatier (elbasvir and grazoprevir)

ATTACHMENT I: HEPATITIS VACCINATION AND SCREENING COVERAGE DATA

MASSACHUSETTS SILVER-LEVEL QUALIFIED HEALTH PLANS

Abbreviations: Cost = Patient Cost-Sharing; **PA** = Prior Authorization; **QL** = Quantity Limit; **ST** = Step Therapy

	Hepatitis B Vaccine		Hepatitis B Screening			Hepatitis C Screening		
Plan Name	**Covered (Y/N)**	**Cost**	**Covered (Y/N)**	**Cost**	**Comments**	**Covered (Y/N)**	**Cost**	**Comments**
Ambetter Balanced Care 14	Yes	$0	Yes	$0		Yes	$0	
Access Blue Basic (BCBS of MA)	Yes	$0	Yes	$0	Preventive – covered without cost-sharing; diagnostic - $25 copay	Yes	$0	Preventive – covered without cost-sharing; diagnostic - $25 copay
BMC HealthNet Plan Silver A	Yes	$0	Yes	$0	"when medically necessary"	Yes	$0	"when medically necessary"
BMC HealthNet Plan Silver B	Yes	$0	Yes	$0	"when medically necessary"	Yes	$0	"when medically necessary"
Fallon Health Community Care Silver Coinsurance 35%	Yes	$0	Yes	$0	Preventive – fully covered; Diagnostic – after deductible	Yes	$0	Preventive – fully covered; Diagnostic – after deductible
Fallon Health Direct Care Silver Connector	Yes	$0	Yes	$0	Preventive – fully covered; Diagnostic – after deductible	Yes	$0	Preventive – fully covered; Diagnostic – after deductible
Fallon Health Select Care Silver Coinsurance 35%	Yes	$0	Yes	$0	Preventive – fully covered; Diagnostic – after deductible	Yes	$0	Preventive – fully covered; Diagnostic – after deductible
Fallon Health Select Care Silver Connector	Yes	$0	Yes	$0	Preventive – fully covered; Diagnostic – after deductible	Yes	$0	Preventive – fully covered; Diagnostic – after deductible
Standard Silver (Harvard Pilgrim)	Yes	$0	Yes	$0	Preventive services designated by the ACA are covered with no charge	Yes	$0	Preventive services designated by the ACA are covered with no charge
Core Coverage HMO 1750 (Harvard Pilgrim)	Yes	$0	Yes	$0	Preventive services designated by the ACA are covered with no charge	Yes	$0	Preventive services designated by the ACA are covered with no charge
HNE Silver A	Yes	$0	Yes	$0	All adults at high risk; pregnant women	Yes	$0	Adults at increased risk, and once for everyone born between 1945-65
MyDoc HMO Silver Basic (Minuteman)	Yes	$0	Yes	$0	Adults at high risk for infection; pregnant women at first prenatal visit	Yes	$0	People at high-risk, and one-time screening for everyone born between 1945-1965
MyDoc HMO Silver Plus (Minuteman)	Yes	$0	Yes	$0	Adults at high risk for infection; pregnant women at first prenatal visit	Yes	$0	People at high-risk, and one-time screening for everyone born between 1945-1965

	Hepatitis B Vaccine		Hepatitis B Screening			Hepatitis C Screening		
Plan Name	**Covered (Y/N)**	**Cost**	**Covered (Y/N)**	**Cost**	**Comments**	**Covered (Y/N)**	**Cost**	**Comments**
NHP Prime HMO 2000/4000 30/50 35% FlexRX 4-tier	Yes	$0	Yes	$0	Pregnant women	Yes	$0	The USPSTF recommends screening for hepatitis C virus (HCV) in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.
NHP Prime HMO 2000/4000 30/50 FlexRX 4-Tier	Yes	$0	Yes	$0	Pregnant women	Yes	$0	The USPSTF recommends screening for hepatitis C virus (HCV) in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.
Tufts Health Direct Silver 2000	Yes	$0	Yes	$0	"persons at high risk"	Yes	$0	"Persons at high risk for infection or a one-time screening for adults born between 1945 and 1965 "
Tufts Health Direct Silver 2200 with Coinsurance	Yes	$0	Yes	$0	"persons at high risk"	Yes	$0	"Persons at high risk for infection or a one-time screening for adults born between 1945 and 1965 "
Tufts Health Premier Silver 2000	Yes	$0	Yes	$0	"persons at high risk"	Yes	$0	"Persons at high risk for infection or a one-time screening for adults born between 1945 and 1965 "

CONNECTORCARE PLANS

Abbreviations: Cost = Patient Cost-Sharing; **PA** = Prior Authorization; **QL** = Quantity Limit; **ST** = Step Therapy

	Hepatitis B Vaccine		Hepatitis B Screening			Hepatitis C Screening		
Plan Name	**Covered (Y/N)**	**Cost**	**Covered (Y/N)**	**Cost**	**Comments**	**Covered (Y/N)**	**Cost**	**Comments**
Connector Care 1 (Ambetter)	Yes	$0	Yes	$0		Yes	$0	
Connector Care 2 (Ambetter)	Yes	$0	Yes	$0		Yes	$0	

	Hepatitis B Vaccine		Hepatitis B Screening			Hepatitis C Screening		
Plan Name	**Covered (Y/N)**	**Cost**	**Covered (Y/N)**	**Cost**	**Comments**	**Covered (Y/N)**	**Cost**	**Comments**
Connector Care 3 (Ambetter)	Yes	$0	Yes	$0		Yes	$0	
Connector Care Zero (BMC HealthNet)	Yes	$0	Yes	$0	"when medically necessary"	Yes	$0	"when medically necessary"
Connector Care Zero Silver (BMC HealthNet)	Yes	$0	Yes	$0	"when medically necessary"	Yes	$0	"when medically necessary"
Connector Care Plan Type I (BMC HealthNet)	Yes	$0	Yes	$0	"when medically necessary"	Yes	$0	"when medically necessary"
Connector Care Plan Type II (BMC HealthNet)	Yes	$0	Yes	$0	"when medically necessary"	Yes	$0	"when medically necessary"
Connector Care Plan Type III (BMC HealthNet)	Yes	$0	Yes	$0	"when medically necessary"	Yes	$0	"when medically necessary"
Community Care Plan Type I (Fallon)	Yes	$0	Yes	$0		Yes	$0	
Community Care Plan Type II (Fallon)	Yes	$0	Yes	$0		Yes	$0	
Community Care Plan Type III (Fallon)	Yes	$0	Yes	$0		Yes	$0	
Connector Care 1 (HNE)	Yes	$0	Yes	$0	All adults at high risk; pregnant women	Yes	$0	Adults at increased risk, and once for everyone born between 1945-65
Connector Care 2 (HNE)	Yes	$0	Yes	$0	All adults at high risk; pregnant women	Yes	$0	Adults at increased risk, and once for everyone born between 1945-65
Connector Care 3 (HNE)	Yes	$0	Yes	$0	All adults at high risk; pregnant women	Yes	$0	Adults at increased risk, and once for everyone born between 1945-65
MyDoc HMO ConnectorCare 1 (Minuteman)	Yes	$0	Yes	$0	Adults at high risk for infection; pregnant women at first prenatal visit	Yes	$0	People at high-risk, and one-time screening for everyone born between 1945-1965
MyDoc HMO ConnectorCare 2 (Minuteman)	Yes	$0	Yes	$0	Adults at high risk for infection; pregnant women at first prenatal visit	Yes	$0	People at high-risk, and one-time screening for everyone born between 1945-1965
MyDoc HMO ConnectorCare 3 (Minuteman)	Yes	$0	Yes	$0	Adults at high risk for infection; pregnant women at first prenatal visit	Yes	$0	People at high-risk, and one-time screening for everyone born between 1945-1965
NHP Prime HMO ConnectorCare 0/0	Yes	$0	Yes	$0	Pregnant women	Yes	$0	The USPSTF recommends screening for hepatitis C virus (HCV) in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.

Plan Name	Hepatitis B Vaccine		Hepatitis B Screening			Hepatitis C Screening		
	Covered (Y/N)	Cost	Covered (Y/N)	Cost	Comments	Covered (Y/N)	Cost	Comments
NHP Prime HMO ConnectorCare 10/18	Yes	$0	Yes	$0	Pregnant women	Yes	$0	The USPSTF recommends screening for hepatitis C virus (HCV) in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.
NHP Prime HMO ConnectorCare 15/22	Yes	$0	Yes	$0	Pregnant women	Yes	$0	The USPSTF recommends screening for hepatitis C virus (HCV) in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.
Direct ConnectorCare Plan Type I (Tufts)	Yes	$0	Yes	$0	"persons at high risk"	Yes	$0	"Persons at high risk for infection or a one-time screening for adults born between 1945 and 1965"
Direct ConnectorCare Plan Type II (Tufts)	Yes	$0	Yes	$0	"persons at high risk"	Yes	$0	"Persons at high risk for infection or a one-time screening for adults born between 1945 and 1965"
Direct ConnectorCare Plan Type III (Tufts)	Yes	$0	Yes	$0	"persons at high risk"	Yes	$0	"Persons at high risk for infection or a one-time screening for adults born between 1945 and 1965"

MASSHEALTH PLANS

Abbreviations: Cost = Patient Cost-Sharing; **PA** = Prior Authorization; **QL** = Quantity Limit; **ST** = Step Therapy

Plan Name	Hepatitis B Vaccine		Hepatitis B Screening			Hepatitis C Screening		
	Covered (Y/N)	Cost	Covered (Y/N)	Cost	Comments	Covered (Y/N)	Cost	Comments
MassHealth PCCP	Yes	$0	Yes	$0		Yes	$0	
BMC HealthNet	Yes	$0	Yes	$0	"when medically necessary"	Yes	$0	"when medically necessary"

	Hepatitis B Vaccine		Hepatitis B Screening			Hepatitis C Screening		
Plan Name	**Covered (Y/N)**	**Cost**	**Covered (Y/N)**	**Cost**	**Comments**	**Covered (Y/N)**	**Cost**	**Comments**
CeltiCare Health	Yes	$0	Yes	$0		Yes	$0	
Fallon Health	Yes	$0	Yes	$0		Yes	$0	
HNE	Yes	$0	Yes	$0	All adults at high risk/pregnant women	Yes	$0	Adults at increased risk, and once for everyone born between 1945-65
Tufts Health Plan	Yes	$0	Yes	$0	"persons at high risk"	Yes	$0	"Persons at high risk for infection or a one-time screening for adults born between 1945 and 1965 "

*Our assessors were unable to confirm coverage of these HBV services with one MassHealth MCO – Neighborhood Health Plan (NHP). This should not been taken to indicate that NHP does not cover these services, but simply that multiple customer service representatives were unable to adequately answer assessor questions regarding coverage.

ATTACHMENT II: HEPATITIS B MEDICATION COVERAGE DATA

SILVER-LEVEL QUALIFIED HEALTH PLANS (QHPS)

Abbreviations: Cost = Patient Cost-Sharing; **PA** = Prior Authorization; **QL** = Quantity Limit; **ST** = Step Therapy; **Util. Mgmt.** = Utilization Management Requirements

	Intron A (Interferon alfa-2b)			Pegasys (Peginterferon alfa-2a)			Epivir (lamivudine)			Lamivudine			Hepsera (Adefovir dipivoxil)			adefovir dipivoxil			Baraclude (Entecavir)			Entecavir			Tyzeka (Telbivudine)			Viread (Tenofovir)			Vemlidy (Tenofovir alafenamide/TAF)		
Plan Name	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util Mgmt**	**Covered (Y/N)**	**Cost**	**Util Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**
Ambetter Balanced Care 14	Yes	$90	PA	Yes	$90	PA	Yes	$90	PA, QL	Yes	$20	PA, QL	Yes	$90	PA, QL	Yes	$90	PA, QL	Yes	$90	PA, QL	Yes	$90	PA, QL	Yes	$90	PA, QL	Yes	$60	None	No	N/A	N/A
Access Blue Basic (BCBS of MA)	Yes	$60	PA	Yes	$60	None	Yes	$60	None	Yes	$20	None	Yes	$90	None	Yes	$20	None	Yes	$60	None	Yes	$20	None	No	N/A	N/A	Yes	$60	None	Yes	$60	None
BMC HealthNet Plan Silver A	Yes	$60	None	Yes	$60	PA, QL	Yes	$60	None	Yes	$20	None	Yes*	$60	PA	Yes	$20	None	Yes	$60	ST	Yes	$20	None	Yes	$90	None	Yes	$60	None	Yes	$90	PA
BMC HealthNet Plan Silver B	Yes	35%	None	Yes	35%	PA, QL	Yes	35%	None	Yes	$30	None	Yes*	35%	PA	Yes	$30	None	Yes	35%	ST	Yes	$30	None	Yes	35%	None	Yes	35%	None	Yes	35%	PA
Fallon Health Community Care Silver Coinsurance 35%	Yes	50%	PA	Yes	50%	None	Yes	50%	None	Yes	$20	None	Yes	50%	PA	Yes	$20	PA	Yes	50%	PA	Yes	$20	PA	Yes	50%	PA, QL	Yes	50%	None	Yes*	50%	PA
Fallon Health Direct Care Silver Connector	Yes	$90	PA	Yes	$90	None	Yes	$90	None	Yes	$20	None	Yes	$90	PA	Yes	$20	PA	Yes	$90	PA	Yes	$20	PA	Yes	$90	PA, QL	Yes	$60	None	Yes*	$90	PA
Fallon Health Select Care Silver Coinsurance 35%	Yes	50%	PA	Yes	50%	None	Yes	50%	None	Yes	$20	None	Yes	50%	PA	Yes	$20	PA	Yes	50%	PA	Yes	$20	PA	Yes	50%	PA, QL	Yes	50%	None	Yes*	50%	PA
Fallon Health Select Care Silver Connector	Yes	$90	PA	Yes	$90	None	Yes	$90	None	Yes	$20	None	Yes	$90	PA	Yes	$20	PA	Yes	$90	PA	Yes	$20	PA	Yes	$90	PA, QL	Yes	$60	None	Yes*	$90	PA
Standard Silver (Harvard Pilgrim)	Yes	$90	None	Yes	$90	None	Yes	$60	None	Yes	$20	None	No	N/A	N/A	Yes	$20	None	Yes	$60	None	Yes	$20	None	Yes	$90	None	Yes	$60	None	No	N/A	N/A
Core Coverage HMO 1750 (Harvard Pilgrim)	Yes	20%	None	Yes	$110	None	Yes	$80	None	Yes	$25	None	No	N/A	N/A	Yes	$25	None	Yes	$80	None	Yes	$25	None	Yes	20%	None	Yes	$80	None	No	N/A	N/A
HNE Silver A	Yes	$0	None	Yes	$90	PA, QL	No	N/A	N/A	Yes	$20	None	No	N/A	N/A	Yes	$20	None	No	N/A	N/A	Yes	$20	None	No	N/A	N/A	Yes	$60	None	No	N/A	N/A
MyDoc HMO Silver Basic (Minuteman)	Yes	$0	None	Yes	$90	PA, QL	No	N/A	N/A	Yes	$20	None	No	N/A	N/A	Yes*	$20	None	No	N/A	N/A	Yes	$20	None	No	N/A	N/A	Yes	$60	None	No	N/A	N/A
MyDoc HMO Silver Plus (Minuteman)	Yes	$0	None	Yes	$50	PA, QL	No	N/A	N/A	Yes	$13	None	No	N/A	N/A	Yes	$13	None	No	N/A	N/A	Yes	$13	None	No	N/A	N/A	Yes	$30	None	No	N/A	N/A

	Intron A (Interferon alfa-2b)			Pegasys (Peginterferon alfa-2a)			Epivir (lamivudine)			Lamivudine			Hepsera (Adefovir dipivoxil)			adefovir dipivoxil			Baraclude (Entecavir)			Entecavir			Tyzeka (Telbivudine)			Viread (Tenofovir)			Vemlidy (Tenofovir alafenamide/TAF)		
Plan Name	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util Mgmt**	**Covered (Y/N)**	**Cost**	**Util Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**
NHP Prime HMO 2000/4000 30/50 35% FlexRX 4-tier	Yes	$0	QL	Yes	35%	PA, QL	Yes	35%	QL	Yes	$30	QL	No	N/A	N/A	Yes	$30	QL	Yes	35%	QL	Yes	$30	QL	No	N/A	N/A	Yes	35%	QL	No	N/A	N/A
NHP Prime HMO 2000/4000 30/50 FlexRX 4-Tier	Yes	$0	QL	Yes	$60	PA, QL	Yes	$60	QL	Yes	$20	QL	No	N/A	N/A	Yes	$20	QL	Yes	$60	QL	Yes	$20	QL	No	N/A	N/A	Yes	$60	QL	No	N/A	N/A
Tufts Health Direct Silver 2000	Yes	$60	None	Yes	$60	QL	Yes	$60	None	Yes	$20	None	No	N/A	N/A	Yes	$20	None	Yes	$60	None	Yes	$60	None	Yes	$60	None	Yes	$60	None	Yes	$60	None
Tufts Health Direct Silver 2200 with Coinsurance	Yes	50%	None	Yes	50%	QL	Yes	50%	None	Yes	$35	None	No	N/A	N/A	Yes	$35	None	Yes	50%	None	Yes	50%	None	Yes	50%	None	Yes	50%	None	Yes	50%	None
Tufts Health Premier Silver 2000	Yes	$60	None	Yes	$60	QL	Yes	$60	None	Yes	$20	None	No	N/A	N/A	Yes	$20	None	Yes	$60	None	Yes	$60	None	Yes	$60	None	Yes	$60	None	Yes	$60	None

* An asterisk indicates that the plan's drug formulary does not list these drugs. However, representatives state that they are covered with the cost and utilization management requirements indicated.

CONNECTORCARE PLANS

Abbreviations: Cost = Patient Cost-Sharing; **PA** = Prior Authorization; **QL** = Quantity Limit; **ST** = Step Therapy; **Util. Mgmt.** = Utilization Management Requirements

	Intron A (Interferon alfa-2b)			Pegasys (Peginterferon alfa-2a)			Epivir (lamivudine)			lamivudine			Hepsera (Adefovir dipivoxil)			adefovir dipivoxil			Baraclude (Entecavir)			Entecavir			Tyzeka (Telbivudine)			Viread (Tenofovir)			Vemlidy (Tenofovir alafenamide/TAF)		
Plan Name	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util Mgmt**	**Covered (Y/N)**	**Cost**	**Util Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**
Connector Care 1 (Ambetter)	Yes	$3.65	PA	Yes	$3.65	PA	Yes	$3.65	PA, QL	Yes	$1	PA, QL	Yes	$3.65	PA, QL	Yes	$3.65	PA	Yes	$3.65	PA, QL	Yes	$3.65	PA, QL	Yes	$3.65	PA, QL	Yes	$3.65	None	No	N/A	N/A
Connector Care 2 (Ambetter)	Yes	$40	PA	Yes	$40	PA	Yes	$40	PA, QL	Yes	$10	PA, QL	Yes	$40	PA, QL	Yes	$40	PA	Yes	$40	PA, QL	Yes	$40	PA, QL	Yes	$40	PA, QL	Yes	$20	None	No	N/A	N/A
Connector Care 3 (Ambetter)	Yes	$50	PA	Yes	$50	PA	Yes	$50	PA, QL	Yes	$12.50	PA, QL	Yes	$50	PA, QL	Yes	$50	PA	Yes	$50	PA, QL	Yes	$50	PA, QL	Yes	$50	PA, QL	Yes	$25	None	No	N/A	N/A
Connector Care Zero (BMC HealthNet)	Yes	$0	None	Yes	$0	PA, QL	Yes	$0	None	Yes	$0	None	Yes*	$0	PA	Yes*	$0	None	Yes	$0	ST	Yes	$0	None	Yes	$0	None	Yes	$0	None	Yes	$0	PA
Connector Care Zero Silver (BMC HealthNet)	Yes	$0	None	Yes	$0	PA, QL	Yes	$0	None	Yes	$0	None	Yes*	$0	PA	Yes*	$0	None	Yes	$0	ST	Yes	$0	None	Yes	$0	None	Yes	$0	None	Yes	$0	PA
Connector Care Plan Type I (BMC HealthNet)	Yes	$3.65	None	Yes	$3.65	PA, QL	Yes	$3.65	None	Yes	$1	None	Yes*	$3.65	PA	Yes*	$1	None	Yes	$3.65	ST	Yes	$1	None	Yes	$3.65	None	Yes	$3.65	None	Yes	$3.65	PA

	Intron A (Interferon alfa-2b)			Pegasys (Peginterferon alfa-2a)			Epivir (lamivudine)			lamivudine			Hepsera (Adefovir dipivoxil)			adefovir dipivoxil			Baraclude (Entecavir)			Entecavir			Tyzeka (Telbivudine)			Viread (Tenofovir)			Vemlidy (Tenofovir alafenamide/TAF)		
Plan Name	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util Mgmt**	**Covered (Y/N)**	**Cost**	**Util Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**
Connector Care Plan Type II (BMC HealthNet)	Yes	$20	None	Yes	$20	PA, QL	Yes	$20	None	Yes	$10	None	Yes*	$20	PA	Yes*	$10	None	Yes	$20	ST	Yes	$10	None	Yes	$40	None	Yes	$20	None	Yes	$40	PA
Connector Care Plan Type III (BMC HealthNet)	Yes	$25	None	Yes	$25	PA, QL	Yes	$25	None	Yes	$12.50	None	Yes*	$25	PA	Yes*	$12.50	None	Yes	$25	ST	Yes	$12.50	None	Yes	$50	None	Yes	$25	None	Yes	$50	PA
Community Care Plan Type I (Fallon)	Yes	$3.65	PA	Yes	$3.65	None	Yes	$3.65	None	Yes	$3.65	None	Yes	$3.65	PA	Yes	$3.65	PA	Yes	$3.65	PA	Yes	$3.65	PA	Yes	$3.65	PA, QL	Yes	$3.65	None	Yes*	$3.65	PA
Community Care Plan Type II (Fallon)	Yes	$40	PA	Yes	$40	None	Yes	$40	None	Yes	$20	None	Yes	$40	PA	Yes	$20	PA	Yes	$40	PA	Yes	$20	PA	Yes	$40	PA, QL	Yes	$40	None	Yes*	$40	PA
Community Care Plan Type III (Fallon)	Yes	$50	PA	Yes	$50	None	Yes	$50	None	Yes	$25	None	Yes	$50	PA	Yes	$25	PA	Yes	$50	PA	Yes	$25	PA	Yes	$50	PA, QL	Yes	$50	None	Yes*	$50	PA
Connector Care 1 (HNE)	Yes	$0	None	Yes	$3.65	PA, QL	No	N/A	N/A	Yes	$1	None	No	N/A	N/A	Yes	$1	None	No	N/A	N/A	Yes	$1	None	No	N/A	N/A	Yes	$3.65	None	No	N/A	N/A
Connector Care 2 (HNE)	Yes	$0	None	Yes	$40	PA, QL	No	N/A	N/A	Yes	$10	None	No	N/A	N/A	Yes	$10	None	No	N/A	N/A	Yes	$10	None	No	N/A	N/A	Yes	$20	None	No	N/A	N/A
Connector Care 3 (HNE)	Yes	$0	None	Yes	$50	PA, QL	No	N/A	N/A	Yes	$12.50	None	No	N/A	N/A	Yes	$12.50	None	No	N/A	N/A	Yes	$12.50	None	No	N/A	N/A	Yes	$40	None	No	N/A	N/A
MyDoc HMO ConnectorCare 1 (Minuteman)	Yes	$0	None	Yes	$3.65	PA, QL	No	N/A	N/A	Yes	$1	None	No	N/A	N/A	Yes*	$1	None	No	N/A	N/A	Yes	$1	None	No	N/A	N/A	Yes	$3.65	None	No	N/A	N/A
MyDoc HMO ConnectorCare 2 (Minuteman)	Yes	$0	None	Yes	$40	PA, QL	No	N/A	N/A	Yes	$10	None	No	N/A	N/A	Yes*	$10	None	No	N/A	N/A	Yes	$10	None	No	N/A	N/A	Yes	$20	None	No	N/A	N/A
MyDoc HMO ConnectorCare 3 (Minuteman)	Yes	$0	None	Yes	$50	PA, QL	No	N/A	N/A	Yes	$12.50	None	No	N/A	N/A	Yes*	$12.50	None	No	N/A	N/A	Yes	$12.50	None	No	N/A	N/A	Yes	$25	None	No	N/A	N/A
NHP Prime HMO ConnectorCare 0/0	Yes	$0	QL	Yes	$3.65	PA, QL	Yes	$3.65	QL	Yes	$1	QL	No	N/A	N/A	Yes	$1	QL	Yes	$3.65	QL	Yes	$1	QL	No	N/A	N/A	Yes	$3.65	QL	No	N/A	N/A
NHP Prime HMO ConnectorCare 10/18	Yes	$0	QL	Yes	$20	PA, QL	Yes	$20	QL	Yes	$10	QL	No	N/A	N/A	Yes	$10	QL	Yes	$20	QL	Yes	$10	QL	No	N/A	N/A	Yes	$20	QL	No	N/A	N/A
NHP Prime HMO ConnectorCare 15/22	Yes	$0	QL	Yes	$25	PA, QL	Yes	$25	QL	Yes	$12.50	QL	No	N/A	N/A	Yes	$12.50	QL	Yes	$25	QL	Yes	$12.50	QL	No	N/A	N/A	Yes	$25	QL	No	N/A	N/A
Direct ConnectorCare Plan Type I (Tufts)	Yes	$3.65	None	Yes	$3.65	QL	Yes	$3.65	None	Yes	$1	None	No	N/A	N/A	Yes	$1	None	Yes	$3.65	None	Yes	$3.65	None	Yes	$3.65	None	Yes	$3.65	None	No	N/A	N/A

	Intron A (Interferon alfa-2b)			Pegasys (Peginterferon alfa-2a)			Epivir (lamivudine)			lamivudine			Hepsera (Adefovir dipivoxil)			adefovir dipivoxil			Baraclude (Entecavir)			Entecavir			Tyzeka (Telbivudine)			Viread (Tenofovir)			Vemlidy (Tenofovir alafenamide/TAF)		
Plan Name	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util Mgmt**	**Covered (Y/N)**	**Cost**	**Util Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**
Direct ConnectorCare Plan Type II (Tufts)	Yes	$20	None	Yes	$20	QL	Yes	$20	None	Yes	$10	None	No	N/A	N/A	Yes	$10	None	Yes	$20	None	Yes	$20	None	Yes	$20	None	Yes	$20	None	No	N/A	N/A
Direct ConnectorCare Plan Type III (Tufts)	Yes	$25	None	Yes	$25	QL	Yes	$25	None	Yes	$12.50	None	No	N/A	N/A	Yes	$12.50	None	Yes	$25	None	Yes	$25	None	Yes	$25	None	Yes	$25	None	No	N/A	N/A

* An asterisk indicates that the plan's drug formulary does not list these drugs. However, representatives state that they are covered with the cost and utilization management requirements indicated.

MassHealth Plans

Abbreviations: Cost = Patient Cost-Sharing; **PA** = Prior Authorization; **QL** = Quantity Limit; **ST** = Step Therapy; **Util. Mgmt.** = Utilization Management Requirements

	Intron A (Interferon alfa-2b)			Pegasys (Peginterferon alfa-2a)			Epivir (lamivudine)			lamivudine			Hepsera (Adefovir dipivoxil)			adefovir dipivoxil			Baraclude (Entecavir)			entecavir			Tyzeka (Telbivudine)			Viread (Tenofovir)			Vemlidy (Tenofovir alafenamide/TAF)		
Plan Name	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util Mgmt**	**Covered (Y/N)**	**Cost**	**Util Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**	**Covered (Y/N)**	**Cost**	**Util. Mgmt**
MassHealth PCCP	Yes	$3.65	None	Yes	$3.65	PA	Yes	$3.65	PA, QL	Yes	$3.65	PA, QL	Yes	$3.65	PA, QL	Yes	$3.65	PA, QL	Yes	$3.65	PA, QL	Yes	$3.65	PA, QL	Yes	$3.65	PA, QL	Yes	$3.65	PA, QL	Yes	$3.65	PA
BMC HealthNet	Yes	$3.65	None	Yes	$3.65	PA, QL	Yes	$3.65	None	Yes	$3.65	None	Yes	$3.65	ST	Yes	$3.65	None	Yes	$3.65	ST	Yes	$3.65	None	Yes	$3.65	None	Yes	$3.65	None	Yes	$3.65	PA
CeltiCare Health Plan	Yes*	$3.65	PA	Yes*	$3.65	PA	Yes	$3.65	QL	Yes	$3.65	QL	Yes*	$3.65	PA	Yes*	$3.65	PA	Yes*	$3.65	PA	Yes*	$3.65	PA	Yes*	$3.65	PA	Yes	$3.65	QL	Yes*	$3.65	PA
Fallon Health	Yes	$2.00	PA	Yes	$2.00	None	Yes	$2.00	None	Yes	$2.00	None	Yes	$2.00	PA	Yes	$2.00	PA	Yes	$2.00	PA	Yes	$2.00	PA	Yes	$2.00	PA, QL	Yes	$2.00	None	No	N/A	N/A
Health New England (HNE)	Yes	$0	None	Yes	$3.65	PA, QL	No	N/A	N/A	Yes	$3.65	None	No	N/A	N/A	Yes*	$3.65	None	No	N/A	N/A	Yes	$1	None	No	N/A	N/A	Yes	$3.65	None	No	N/A	N/A
Neighborhood Health Plan (NHP)	Yes	$1	QL	Yes	$3.65	PA, QL	Yes	$3.65	None	Yes	$3.65	None	No	N/A	N/A	Yes	$3.65	QL	Yes	$3.65	QL	Yes	$3.65	QL	No	N/A	N/A	Yes	$3.65	None	No	N/A	N/A
Tufts Health Plan	Yes	$0	None	Yes	$3.65	QL	No	N/A	N/A	Yes	$3.65	None	No	N/A	N/A	Yes	$3.65	None	Yes	$3.65	None	Yes	$3.65	None	Yes	$3.65	None	Yes	$3.65	None	No	N/A	N/A

* An asterisk indicates that the plan's drug formulary does not list these drugs. However, representatives state that they are covered with the cost and utilization management requirements indicated.

ATTACHMENT III: HEPATITIS C MEDICATION COVERAGE DATA

SILVER-LEVEL QUALIFIED HEALTH PLANS (QHPS)

Abbreviations: Cost = Patient Cost-Sharing; **PA** = Prior Authorization; **QL** = Quantity Limit; **ST** = Step Therapy; **Util. Mgmt.** = Utilization Management Requirements

	Daklinza (daclatasvir)			Epclusa (sofosbuvir /velpatasvir)			Harvoni (ledipasvir, sofosbuvir)			Olysio (simeprevir)			Sovaldi (sofosbuvir)			Viekira Pak (ombitasvir, paritaprevir, ritonavir)			Zepatier (elbasvir and grazoprevir)		
Plan Name	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**
Ambetter Balanced Care 14	Yes	$90	PA, QL	Yes	$90	PA	Yes	$90	PA, QL	No	N/A	N/A	Yes	$90	PA, QL	No	N/A	N/A	No	N/A	N/A
Access Blue Basic (BCBS of MA)	No	N/A	N/A	Yes	$60	PA, QL	Yes	$60	PA, QL	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
BMC HealthNet Plan Silver A	Yes	$90	PA	Yes	$90	PA	Yes	$90	PA, QL	Yes	$90	PA, QL	Yes	$90	PA, QL	Yes	$90	PA, QL	Yes	$90	PA
BMC HealthNet Plan Silver B	Yes	$90	PA	Yes	35%	PA	Yes	35%	PA, QL	Yes	35%	PA, QL	Yes	35%	PA, QL	Yes	35%	PA, QL	Yes	35%	PA
Fallon Health Community Care Silver Coinsurance 35%	Yes	$50	PA	Yes	50%	PA	Yes	50%	PA	Yes	50%	PA	Yes	50%	PA	Yes	50%	PA	Yes	50%	PA
Fallon Health Direct Care Silver Connector	Yes	$90	PA	Yes	$60	PA	Yes	$60	PA	Yes	$90	PA	Yes	$90	PA	Yes	$90	PA	Yes	$90	PA
Fallon Health Select Care Silver Coinsurance 35%	No	N/A	N/A	Yes	50%	PA	Yes	50%	PA	Yes	50%	PA	Yes	50%	PA	Yes	50%	PA	Yes	50%	PA
Fallon Health Select Care Silver Connector	No	N/A	N/A	Yes	$60	PA	Yes	$60	PA	Yes	$90	PA	Yes	$90	PA	Yes	$90	PA	Yes	$90	PA
Standard Silver (Harvard Pilgrim)	No	N/A	N/A	Yes	$90	PA, QL	Yes	$90	PA, QL	No	N/A	N/A	Yes	$90	PA, QL	No	N/A	N/A	Yes	$90	PA, QL
Core Coverage HMO 1750 (Harvard Pilgrim)	No	N/A	N/A	Yes	$110	PA, QL	Yes	$110	PA, QL	No	N/A	N/A	Yes	$110	PA, QL	No	N/A	N/A	Yes	$110	PA, QL
HNE Silver A	Yes	$90	PA, QL	Yes	$60	PA, QL	Yes	$60	PA	Yes	$90	PA	Yes	$60	PA	Yes	$90	PA	Yes	$90	PA, QL
MyDoc HMO Silver Basic (Minuteman)	Yes	$110	PA, QL	Yes	$60	PA, QL	Yes	$60	PA	Yes	$90	PA	Yes	$60	PA	Yes	$90	PA	Yes	$90	PA, QL

	Daklinza (daclatasvir)			Epclusa (sofosbuvir /velpatasvir)			Harvoni (ledipasvir, sofosbuvir)			Olysio (simeprevir)			Sovaldi (sofosbuvir)			Viekira Pak (ombitasvir, paritaprevir, ritonavir)			Zepatier (elbasvir and grazoprevir)		
Plan Name	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**
MyDoc HMO Silver Plus (Minuteman)	Yes	$90	PA	Yes	$30	PA, QL	Yes	$30	PA	Yes	$50	PA	Yes	$30	PA	Yes	$50	PA	Yes	$50	PA, QL
NHP Prime HMO 2000/4000 30/50 35% FlexRX 4-tier	Yes	$90	PA	Yes	35%	PA	Yes	35%	PA	Yes*	35%	PA	Yes*	35%	PA	Yes*	35%	PA	Yes*	35%	PA
NHP Prime HMO 2000/4000 30/50 FlexRX 4-Tier	Yes	$50	PA	Yes	$60	PA	Yes	$60	PA	Yes*	$90	PA	Yes*	$90	PA	Yes*	$90	PA	Yes*	$90	PA
Tufts Health Direct Silver 2000	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Yes	$90	PA	Yes	$60	PA	No	N/A	N/A
Tufts Health Direct Silver 2200 with Coinsurance	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Yes	50%	PA	Yes	50%	PA	No	N/A	N/A
Tufts Health Premier Silver 2000	No	N/A	N/A	Yes	$90	PA	No	N/A	N/A	No	N/A	N/A	Yes	$90	PA	Yes	$60	PA	No	N/A	N/A

* An asterisk indicates that the plan's drug formulary does <u>not</u> list these drugs. However, representatives state that they are covered with the cost and utilization management requirements indicated.

CONNECTORCARE PLANS

Abbreviations: Cost = Patient Cost-Sharing; **PA** = Prior Authorization; **QL** = Quantity Limit; **ST** = Step Therapy; **Util. Mgmt.** = Utilization Management Requirements

	Daklinza (daclatasvir)			Epclusa (sofosbuvir /velpatasvir)			Harvoni (ledipasvir, sofosbuvir)			Olysio (simeprevir)			Sovaldi (sofosbuvir)			Viekira Pak (ombitasvir, paritaprevir, ritonavir)			Zepatier (elbasvir and grazoprevir)		
Plan Name	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**
Connector Care 1 (Ambetter)	Yes	$3.65	PA	Yes	$3.65	PA	Yes	$3.65	PA, QL	No	N/A	N/A	Yes	$3.65	PA, QL	No	N/A	N/A	No	N/A	N/A
Connector Care 2 (Ambetter)	Yes	$40	PA	Yes	$40	PA	Yes	$40	PA, QL	No	N/A	N/A	Yes	$40	PA, QL	No	N/A	N/A	No	N/A	N/A
Connector Care 3 (Ambetter)	Yes	$50	PA	Yes	$50	PA	Yes	$50	PA, QL	No	N/A	N/A	Yes	$50	PA, QL	No	N/A	N/A	No	N/A	N/A
Connector Care Zero (BMC HealthNet)	Yes	$0	PA, QL	Yes	$0	PA	Yes	$0	PA, QL	Yes	$0	PA, QL	Yes	$0	PA, QL	Yes	$0	PA, QL	Yes	$0	PA

	Daklinza (daclatasvir)			Epclusa (sofosbuvir /velpatasvir)			Harvoni (ledipasvir, sofosbuvir)			Olysio (simeprevir)			Sovaldi (sofosbuvir)			Viekira Pak (ombitasvir, paritaprevir, ritonavir)			Zepatier (elbasvir and grazoprevir)		
Plan Name	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**
Connector Care Zero Silver (BMC HealthNet)	Yes	$0	PA, QL	Yes	$0	PA	Yes	$0	PA, QL	Yes	$0	PA, QL	Yes	$0	PA, QL	Yes	$0	PA, QL	Yes	$0	PA
Connector Care Plan Type I (BMC HealthNet)	Yes	$3.65	PA, QL	Yes	$3.65	PA	Yes	$3.65	PA, QL	Yes	$3.65	PA, QL	Yes	$3.65	PA, QL	Yes	$3.65	PA, QL	Yes	$3.65	PA
Connector Care Plan Type II (BMC HealthNet)	Yes	$40	PA, QL	Yes	$40	PA	Yes	$40	PA, QL	Yes	$40	PA, QL	Yes	$40	PA, QL	Yes	$40	PA, QL	Yes	$40	PA
Connector Care Plan Type III (BMC HealthNet)	Yes	$50	PA, QL	Yes	$50	PA	Yes	$50	PA, QL	Yes	$50	PA, QL	Yes	$50	PA, QL	Yes	$50	PA, QL	Yes	$50	PA
Community Care Plan Type I (Fallon)	Yes	$3.65	PA	Yes	$3.65	PA	Yes	$3.65	PA	Yes	$3.65	PA	Yes	$3.65	PA	Yes	$3.65	PA	Yes	$3.65	PA
Community Care Plan Type II (Fallon)	Yes	$40	PA	Yes	$40	PA	Yes	$40	PA	Yes	$40	PA	Yes	$40	PA	Yes	$40	PA	Yes	$40	PA
Community Care Plan Type III (Fallon)	Yes	$50	PA	Yes	$50	PA	Yes	$50	PA	Yes	$50	PA	Yes	$50	PA	Yes	$50	PA	Yes	$50	PA
Connector Care 1 (HNE)	Yes	$3.65	PA	Yes	$3.65	PA, QL	Yes	$3.65	PA	Yes	$3.65	PA	Yes	$3.65	PA	Yes	$3.65	PA	Yes	$3.65	PA, QL
Connector Care 2 (HNE)	Yes	$40	PA	Yes	$20	PA, QL	Yes	$20	PA	Yes	$40	PA	Yes	$20	PA	Yes	$40	PA	Yes	$40	PA, QL
Connector Care 3 (HNE)	Yes	$50	PA	Yes	$25	PA, QL	Yes	$25	PA	Yes	$50	PA	Yes	$25	PA	Yes	$50	PA	Yes	$50	PA, QL
MyDoc HMO ConnectorCare 1 (Minuteman)	Yes	$3.65	PA	Yes	$3.65	PA, QL	Yes	$3.65	PA	Yes	$3.65	PA	Yes	$3.65	PA	Yes	$3.65	PA	Yes	$3.65	PA, QL
MyDoc HMO ConnectorCare 2 (Minuteman)	Yes	$40	PA	Yes	$20	PA, QL	Yes	$20	PA	Yes	$40	PA	Yes	$20	PA	Yes	$40	PA	Yes	$40	PA, QL
MyDoc HMO ConnectorCare 3 (Minuteman)	Yes	$50	PA	Yes	$25	PA, QL	Yes	$25	PA	Yes	$50	PA	Yes	$25	PA	Yes	$50	PA	Yes	$50	PA, QL
NHP Prime HMO ConnectorCare 0/0	No	N/A	N/A	Yes	$3.65	PA	Yes	$3.65	PA	Yes*	$3.65	PA	Yes*	$3.65	PA	Yes*	$3.65	PA	Yes*	$3.65	PA

	Daklinza (daclatasvir)			Epclusa (sofosbuvir /velpatasvir)			Harvoni (ledipasvir, sofosbuvir)			Olysio (simeprevir)			Sovaldi (sofosbuvir)			Viekira Pak (ombitasvir, paritaprevir, ritonavir)			Zepatier (elbasvir and grazoprevir)		
Plan Name	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**
NHP Prime HMO ConnectorCare 10/18	No	N/A	N/A	Yes	$20	PA	Yes	$20	PA	Yes*	$40	PA	Yes*	$40	PA	Yes*	$40	PA	Yes*	$40	PA
NHP Prime HMO ConnectorCare 15/22	No	N/A	N/A	Yes	$25	PA	Yes	$25	PA	Yes*	$50	PA	Yes*	$50	PA	Yes*	$50	PA	Yes*	$50	PA
Direct ConnectorCare Plan Type I (Tufts)	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Yes	$3.65	PA	Yes	$3.65	PA	No	N/A	N/A
Direct ConnectorCare Plan Type II (Tufts)	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Yes	$40	PA	Yes	$20	PA	No	N/A	N/A
Direct ConnectorCare Plan Type III (Tufts)	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Yes	$50	PA	Yes	$25	PA	No	N/A	N/A

* An asterisk indicates that the plan's drug formulary does not list these drugs. However, representatives state that they are covered with the cost and utilization management requirements indicated.

MassHealth Plans

Abbreviations: Cost = Patient Cost-Sharing; **PA** = Prior Authorization; **QL** = Quantity Limit; **ST** = Step Therapy; **Util. Mgmt.** = Utilization Management Requirements

	Daklinza (daclatasvir)			Epclusa (sofosbuvir /velpatasvir)			Harvoni (ledipasvir, sofosbuvir)			Olysio (simeprevir)			Sovaldi (sofosbuvir)			Viekira Pak (ombitasvir, paritaprevir, ritonavir)			Zepatier (elbasvir and grazoprevir)		
Insurer	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**	**Covered (Y/N)**	**Cost**	**Util. Mgmt.**
MassHealth PCCP	Yes	$3.65	PA	Yes	$3.65	PA	Yes	$3.65	PA	Yes	$3.65	PA, ST	Yes	$3.65	PA	Yes	$3.65	PA, ST	Yes	$3.65	PA, ST
BMC HealthNet	Yes	$3.65	PA, QL	Yes	$3.65	PA	Yes	$3.65	PA, QL	Yes	$3.65	PA, QL	Yes	$3.65	PA, QL	Yes	$3.65	PA, QL	Yes	$3.65	PA
CeltiCare Health Plan	Yes	$3.65	PA	Yes	$3.65	PA	Yes	$3.65	PA	No	N/A	N/A	Yes	$3.65	PA	No	N/A	N/A	Yes	$3.65	PA
Fallon Health	Yes	$2.00	PA	Yes	$2.00	PA	Yes	$2.00	PA	Yes	$2.00	PA	Yes	$2.00	PA	Yes	$2.00	PA	Yes	$2.00	PA
Health New England (HNE)	Yes	$3.65	PA	Yes	$3.65	PA, QL	Yes	$3.65	PA	Yes	$3.65	PA	Yes	$3.65	PA	Yes	$3.65	PA	Yes	$3.65	PA, QL
Neighborhood Health Plan (NHP)	Yes	$3.65	PA, QL	Yes	$3.65	PA, QL	Yes	$3.65	PA, QL	No	N/A	N/A	Yes	$3.65	PA, QL	No	N/A	N/A	No	N/A	N/A
Tufts Health Plan	Yes	$3.65	PA, QL	Yes	$3.65	PA	Yes	$3.65	PA, QL	No	N/A	N/A	Yes	$3.65	PA, QL	Yes	$3.65	PA	No	N/A	N/A

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