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HARVARD LAW SCHOOL



## HEPATITIS C TREATMENT AT A GLANCE: 2022

### INTRODUCTION

The Hepatitis C (HCV) Treatment At a Glance tool provides an overview of the coverage of key HCV services in Massachusetts as of January 2022 in order to give health care providers quick access to basic coverage information to help inform discussions with patients about treatment. The tool provides a series of tables that outline coverage (and related costs and restrictions) for three categories of health insurance plans: (1) silver-level Qualified Health Plans (QHPs), (2) ConnectorCare plans, and (3) Medicaid (MassHealth) plans. The information in these tables is based upon publicly available information on the Massachusetts Health Connector website and individual insurer websites.

Please note that health insurance plans occasionally alter coverage, associated costs, or restrictions over the course of a plan year. Health care providers and plan members should therefore always confirm coverage by contacting the individual plan. To confirm the current coverage status of any service, providers and members can use the contact numbers provided under each section.

The landscape of treatment for HCV has evolved considerably with the introduction of direct-acting antivirals (DAAs) in 2013 and the market entry of generic treatments in 2019. Treatment with DAAs cures over 95% of patients and can be completed in as little as 8 weeks.<sup>1</sup> The American Association for the Study of Liver Diseases and the Infectious Diseases Society of America's (AASLD/IDSA) guidance, *Recommendations for Testing, Managing, and Treating Hepatitis C*, recommends treatment with DAAs for virtually all individuals with chronic HCV infection.<sup>2</sup> In addition, in March 2020, the U.S. Preventive Services Task Force (USPSTF) released an updated recommendation that all asymptomatic adults aged 18 to 79 years without known liver disease should receive screening for HCV.<sup>3</sup> The USPSTF provided this recommendation with moderate certainty that screening for HCV infection in adults has substantial net benefit.

If you experience treatment denials based on such criteria as minimum fibrosis severity, substance use, and/or prescriber specialty, please contact the Center for Health Law and Policy Innovation of Harvard Law School: [chlpi@law.harvard.edu](mailto:chlpi@law.harvard.edu).

**Did you know?** Patients who are on another person's health insurance plan (such as that of their parent, spouse, or partner) may be able to request that they receive an insurance company's summary of payment (SOP) or explanation of benefits (EOB) form directly, rather than having it sent to the insurance policy holder. In addition, health insurance plans may not identify or describe HCV-related and other "sensitive health care services" in an SOP or EOB. More information is available at <https://www.hcfama.org/confidentiality>.

<sup>1</sup> Oluwaseun Falade-Nwulia et al., *Oral Direct-Acting Agent Therapy for Hepatitis C Virus Infection: A Systematic Review*, 166 ANN. INTERN. MED. 637 (2017).

<sup>2</sup> AASLD & IDSA, *HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C*, <https://www.hcvguidelines.org/> (last visited Mar. 30, 2020).

<sup>3</sup> U.S. Preventive Servs. Task Force, *Screening for Hepatitis C Virus Infection in Adolescents and Adults: US Preventive Services Task Force Recommendation Statement*, 323 JAMA 970 (2020).

## MASSACHUSETTS SILVER-LEVEL QUALIFIED HEALTH PLANS

The tables below summarize coverage of HCV services in the silver-level Qualified Health Plans (QHPs) available to individuals via the Massachusetts health insurance marketplace (Massachusetts Health Connector). The silver-level QHPs were chosen for inclusion in this resource because they are generally representative of coverage and are often the most cost-effective choice for low-income consumers. More information on these plans is available on the Massachusetts Health Connector website: <https://mahealthconnector.optum.com/individual/>. **Please note that prior authorization requirements vary across QHPs. Insurers are increasingly providing unrestricted access to HCV treatment in accordance with best practices. If you experience treatment denials based on such criteria as minimum fibrosis severity, substance use, and/or prescriber specialty, please contact the Center for Health Law and Policy Innovation of Harvard Law School: [chlp@law.harvard.edu](mailto:chlp@law.harvard.edu).**

Abbreviations: SP = Must be filled via specialty pharmacy; PA = Subject to prior authorization; QL = Subject to quantity limit; ST = Subject to step therapy; DA = Copay applies only after deductible is met.

Plan	Epclusa	Harvoni	Mavyret	Sovaldi	Vosevi	Zepatier	sofosbuvir / velpatasvir	ledipasvir / sofosbuvir
AllWays Health Partners – Complete HMO 2000 25/50/ER300	\$50 copay <sup>SP, PA, QL</sup>	\$50 copay <sup>SP, PA, QL</sup>	Not covered	Not covered	\$50 copay <sup>SP, PA, QL</sup>	Not covered	Not covered	Not covered
Blue Cross Blue Shield of Massachusetts – Blue Basic	\$50 copay <sup>SP, PA, QL</sup>	\$50 copay <sup>SP, PA, QL</sup>	Not covered	Not covered	\$50 copay <sup>SP, PA, QL</sup>	Not covered	Not covered	Not covered
BMC HealthNet Plan – Standard Silver A II	Not covered	Not covered	\$75 copay <sup>SP, PA</sup>	Not covered	\$75 copay <sup>SP, PA</sup>	Not covered	\$75 copay <sup>SP, PA</sup>	\$75 copay <sup>SP, PA</sup>
Fallon Health – Community Care Connector High Silver II	\$75 copay <sup>SP, PA, DA</sup>	\$75 copay <sup>SP, PA, DA</sup>	\$75 copay <sup>SP, PA, DA</sup>	\$75 copay <sup>SP, PA, DA</sup>	\$75 copay <sup>SP, PA, DA</sup>	\$75 copay <sup>SP, PA, DA</sup>	\$50 copay <sup>SP, PA, DA</sup>	\$25 copay <sup>SP, PA, DA</sup>
Harvard Pilgrim Health Care – Standard Silver	\$75 copay <sup>SP, PA, QL</sup>	\$75 copay <sup>SP, PA, QL</sup>	\$75 copay <sup>SP, PA, QL</sup>	\$75 copay <sup>SP, PA, QL</sup>	\$75 copay <sup>SP, PA, QL</sup>	\$75 copay <sup>SP, PA, QL</sup>	\$75 copay <sup>SP, PA, QL</sup>	\$75 copay <sup>SP, PA, QL</sup>
Health New England – Silver A II	\$75 copay <sup>SP, PA</sup>	Not covered	\$75 copay <sup>SP, PA</sup>	\$75 copay <sup>SP, PA</sup>	\$50 copay <sup>SP, PA</sup>	\$75 copay <sup>SP, PA, QL</sup>	\$25 copay <sup>SP, PA, QL</sup>	\$25 copay <sup>SP, PA</sup>
Tufts Health Plan – Tufts Health Direct Silver 2000	\$50 copay <sup>SP, PA, QL</sup>	\$50 copay <sup>SP, PA, QL</sup>	Not covered	Not covered	\$50 copay <sup>SP, PA</sup>	Not covered	Not covered	Not covered
Tufts Health Plan – Premier Silver 2000	\$50 copay <sup>SP, PA, QL</sup>	\$50 copay <sup>SP, PA, QL</sup>	Not covered	Not covered	\$50 copay <sup>SP, PA</sup>	Not covered	Not covered	Not covered
UnitedHealthcare – Navigate Silver 2000	\$50 copay <sup>SP, PA, QL</sup>	\$50 copay <sup>SP, PA, QL</sup>	\$50 copay <sup>SP, PA, QL</sup>	\$50 copay <sup>SP, PA, QL</sup>	\$50 copay <sup>SP, PA, QL</sup>	\$50 copay <sup>SP, PA, QL</sup>	\$50 copay <sup>SP, PA, QL</sup>	\$50 copay <sup>SP, PA, QL, ST</sup>

**Contact Numbers for Providers:** AllWays Health Partners: 1-855-444-4647; BCBS of MA: 1-800-882-2060; BMC HealthNet: 1-888-566-0008; Fallon Health: 1-866-275-3247;

Harvard Pilgrim Health Care: 1-800-708-4414; Health New England: 1-800-842-4464; Tufts Health Plan: 1-888-884-2404 or 1-888-257-1985; UnitedHealthcare: 1-877-842-3210 // **Contact Numbers for Members:**

AllWays Health Partners: 1-866-414-5533; BCBS of MA: 1-800-262-2583; BMC HealthNet: 1-855-833-8120; Fallon Health: 1-800-868-5200; Harvard Pilgrim Health Care: 1-888-333-4742; Health New England:

1-800-310-2835; Tufts Health Plan: 1-800-462-0224 or 1-888-257-1985; UnitedHealthcare: 1-877-856-2429

## CONNECTORCARE PLANS

The tables below summarize coverage of HCV services in the Massachusetts ConnectorCare plans. ConnectorCare plans are low-cost plans available to individuals with household incomes up to 300% of the federal poverty level. In general, there are three levels of ConnectorCare plans, with standardized cost-sharing on each level. More information on these plans is available on the Massachusetts Health Connector website: <https://mahealthconnector.optum.com/individual/>. **Please note that prior authorization requirements vary across plans. Insurers are increasingly providing unrestricted access to HCV treatment in accordance with best practices. If you experience treatment denials based on such criteria as minimum fibrosis severity, substance use, and/or prescriber specialty, please contact the Center for Health Law and Policy Innovation of Harvard Law School: [chlpi@law.harvard.edu](mailto:chlpi@law.harvard.edu).**

Abbreviations: SP = Must be filled via specialty pharmacy; PA = Subject to prior authorization; QL = Subject to quantity limit; ST = Subject to step therapy.

Plan	Epclusa	Harvoni	Mavyret	Sovaldi	Vosevi	Zepatier	sofosbuvir / velpatasvir	ledipasvir / sofosbuvir
AllWays Health Partners – ConnectorCare 0/0	\$3.65 copay <sup>SP, PA, QL</sup>	\$3.65 copay <sup>SP, PA, QL</sup>	Not covered	Not covered	\$3.65 copay <sup>SP, PA, QL</sup>	Not covered	Not covered	Not covered
AllWays Health Partners – ConnectorCare 10/18	\$20 copay <sup>SP, PA, QL</sup>	\$20 copay <sup>SP, PA, QL</sup>	Not covered	Not covered	\$20 copay <sup>SP, PA, QL</sup>	Not covered	Not covered	Not covered
AllWays Health Partners – ConnectorCare 15/22	\$25 copay <sup>SP, PA, QL</sup>	\$25 copay <sup>SP, PA, QL</sup>	Not covered	Not covered	\$25 copay <sup>SP, PA, QL</sup>	Not covered	Not covered	Not covered
BMC Health Net Plan – ConnectorCare Plan Type I	Not covered	Not covered	\$3.65 copay <sup>SP, PA</sup>	Not covered	\$3.65 copay <sup>SP, PA</sup>	Not covered	\$3.65 copay <sup>SP, PA</sup>	\$3.65 copay <sup>SP, PA</sup>
BMC Health Net Plan – ConnectorCare Plan Type II	Not covered	Not covered	\$40 copay <sup>SP, PA</sup>	Not covered	\$40 copay <sup>SP, PA</sup>	Not covered	\$40 copay <sup>SP, PA</sup>	\$40 copay <sup>SP, PA</sup>
BMC Health Net Plan – ConnectorCare Plan Type III	Not covered	Not covered	\$50 copay <sup>SP, PA</sup>	Not covered	\$50 copay <sup>SP, PA</sup>	Not covered	\$50 copay <sup>SP, PA</sup>	\$50 copay <sup>SP, PA</sup>
Fallon Health – Community Care ConnectorCare I	\$3.65 copay <sup>SP, PA</sup>	\$3.65 copay <sup>SP, PA</sup>	\$3.65 copay <sup>SP, PA</sup>	\$3.65 copay <sup>SP, PA</sup>	\$3.65 copay <sup>SP, PA</sup>	\$3.65 copay <sup>SP, PA</sup>	\$3.65 copay <sup>SP, PA</sup>	\$1 copay <sup>SP, PA</sup>
Fallon Health – Community Care ConnectorCare II	\$40 copay <sup>SP, PA</sup>	\$40 copay <sup>SP, PA</sup>	\$40 copay <sup>SP, PA</sup>	\$40 copay <sup>SP, PA</sup>	\$40 copay <sup>SP, PA</sup>	\$40 copay <sup>SP, PA</sup>	\$20 copay <sup>SP, PA</sup>	\$10 copay <sup>SP, PA</sup>
Fallon Health – Community Care ConnectorCare III	\$50 copay <sup>SP, PA</sup>	\$50 copay <sup>SP, PA</sup>	\$50 copay <sup>SP, PA</sup>	\$50 copay <sup>SP, PA</sup>	\$50 copay <sup>SP, PA</sup>	\$50 copay <sup>SP, PA</sup>	\$25 copay <sup>SP, PA</sup>	\$12.50 copay <sup>SP, PA</sup>
Health New England – HMO ConnectorCare 1	\$3.65 copay <sup>SP, PA</sup>	Not covered	\$3.65 copay <sup>SP, PA</sup>	\$3.65 copay <sup>SP, PA</sup>	\$3.65 copay <sup>SP, PA</sup>	\$3.65 copay <sup>SP, PA, QL</sup>	\$1 copay <sup>SP, PA, QL</sup>	\$1 copay <sup>SP, PA</sup>
Health New England – HMO ConnectorCare 2	\$40 copay <sup>SP, PA</sup>	Not covered	\$40 copay <sup>SP, PA</sup>	\$40 copay <sup>SP, PA</sup>	\$40 copay <sup>SP, PA</sup>	\$40 copay <sup>SP, PA, QL</sup>	\$10 copay <sup>SP, PA, QL</sup>	\$10 copay <sup>SP, PA</sup>
Health New England – HMO ConnectorCare 3	\$50 copay <sup>SP, PA</sup>	Not covered	\$50 copay <sup>SP, PA</sup>	\$50 copay <sup>SP, PA</sup>	\$50 copay <sup>SP, PA</sup>	\$50 copay <sup>SP, PA, QL</sup>	\$12.50 copay <sup>SP, PA, QL</sup>	\$12.50 copay <sup>SP, PA</sup>

<b>Tufts Health Plan – Direct ConnectorCare Plan Type I</b>	\$3.65 copay <sup>SP, PA, QL</sup>	\$3.65 copay <sup>SP, PA, QL</sup>	Not covered	Not covered	\$3.65 copay <sup>SP, PA</sup>	Not covered	Not covered	Not covered
<b>Tufts Health Plan – Direct ConnectorCare Plan Type II</b>	\$20 copay <sup>SP, PA, QL</sup>	\$20 copay <sup>SP, PA, QL</sup>	Not covered	Not covered	\$20 copay <sup>SP, PA</sup>	Not covered	Not covered	Not covered
<b>Tufts Health Plan – Direct ConnectorCare Plan Type III</b>	\$25 copay <sup>SP, PA, QL</sup>	\$25 copay <sup>SP, PA, QL</sup>	Not covered	Not covered	\$25 copay <sup>SP, PA</sup>	Not covered	Not covered	Not covered

**Contact Numbers for Providers:** AllWays Health Partners: 1-855-444-4647; BMC HealthNet: 1-888-566-0008; Fallon Health: 1-866-275-3247; Health New England: 1-800-842-4464; Tufts Health Plan: 1-888-257-1985 // **Contact Numbers for Members:** AllWays Health Partners: 1-866-414-5533; BMC HealthNet: 1-855-833-8120; Fallon Health: 1-800-868-5200; Health New England: 1-800-310-2835; Tufts Health Plan: 1-800-462-0224 or 1-888-257-1985

## MASSHEALTH PLANS

The tables below summarize coverage of HCV services in MassHealth, Massachusetts's Medicaid program. MassHealth offers a variety of coverage options, depending upon applicant eligibility. Coverage may be provided directly by MassHealth, through the MassHealth Primary Care Clinician Plan (PCCP), or by an Accountable Care Organization (ACO) or a Managed Care Organization (MCO) contracting with MassHealth.

As of August 1, 2016, all MassHealth beneficiaries have a right to access HCV direct-acting antivirals without restrictions related to fibrosis score, substance use abstinence, or prescriber specialty.<sup>4</sup> If you experience treatment denials based on these criteria, please contact the Center for Health Law and Policy Innovation of Harvard Law School: [chlpi@law.harvard.edu](mailto:chlpi@law.harvard.edu).

Abbreviations: SP = Must be filled via specialty pharmacy; PA = Subject to prior authorization; QL = Subject to quantity limit; ST = Subject to step therapy

Insurer <sup>5</sup>	Epclusa	Harvoni	Mavyret	Sovaldi	Vosevi	Zepatier	sofosbuvir / velpatasvir	ledipasvir / sofosbuvir
<b>MassHealth*</b>	Covered <sup>PA</sup>	Covered <sup>PA</sup>	MassHealth Preferred Drug; Covered <sup>PA</sup>	Covered <sup>PA</sup>	Covered <sup>PA</sup>	Covered <sup>PA</sup>	MassHealth Preferred Drug; Covered <sup>PA</sup>	MassHealth Preferred Drug; Covered <sup>PA</sup>
<b>AllWays Health Partners – My Care Family</b>	Covered <sup>SP, PA, QL</sup>	Covered <sup>SP, PA, QL</sup>	Covered <sup>SP, PA, QL</sup>	Covered <sup>SP, PA, QL</sup>	Covered <sup>SP, PA, QL</sup>	Covered <sup>SP, PA</sup>	Covered <sup>SP, PA, QL</sup>	Covered <sup>SP, PA, QL</sup>
<b>BMC HealthNet**</b>	Not covered	Not covered	Covered <sup>SP, PA</sup>	Not covered	Covered <sup>SP, PA</sup>	Covered <sup>SP, PA</sup>	Covered <sup>SP, PA</sup>	Covered <sup>SP, PA</sup>
<b>Fallon Health***</b>	Covered <sup>SP, PA</sup>	Covered <sup>SP, PA</sup>	Covered <sup>SP, PA</sup>	Covered <sup>SP, PA</sup>	Covered <sup>SP, PA</sup>	Covered <sup>SP, PA</sup>	Covered <sup>SP, PA</sup>	Covered <sup>SP, PA</sup>
<b>Health New England – BeHealthy Partnership</b>	Covered <sup>PA</sup>	Not covered	Covered <sup>PA</sup>	Covered <sup>PA</sup>	Covered <sup>PA</sup>	Covered <sup>SP, PA</sup>	Covered <sup>PA</sup>	Covered <sup>PA</sup>
<b>Tufts Health Plan****</b>	Not covered	Not covered	Covered <sup>SP, PA</sup>	Covered <sup>SP, PA</sup>	Covered <sup>SP, PA</sup>	Covered <sup>SP, PA</sup>	Covered <sup>SP, PA</sup>	Covered <sup>SP, PA</sup>

\* Describes coverage for MassHealth fee-for-service, PCCP, and Primary Care ACOs

\*\* Describes coverage for BMC HealthNet MCO coverage and BMC HealthNet-associated ACOs (BMC HealthNet Plan Community Alliance, BMC HealthNet Plan Mercy Alliance, BMC HealthNet Plan Signature Alliance, and BMC HealthNet Plan Southcoast Alliance)

\*\*\* Describes coverage for Fallon Health ACOs (Berkshire Fallon Health Collaborative, Fallon 365 Care, Wellforce Care Plan)

\*\*\*\* Describes coverage for Tufts Health Together MCO coverage and Tufts Health Together-associated ACOs (Tufts Health Together with Atrius Health, Tufts Health Together with Beth Israel Deaconess Care Organization (BIDCO), Tufts Health Together with Boston Children's ACO, and Tufts Health Together with Cambridge Health Alliance (CHA))

**Contact Numbers for Providers:** MassHealth: 1-800-841-2900; AllWays Health Partners: 1-855-444-4647; BMC HealthNet: 1-888-566-0008; Fallon Health: 1-866-275-3247;

Health New England: 1-800-842-4464; Tufts Health Plan: 1-888-257-1985 // **Contact Numbers for Members:** MassHealth: 1-800-841-2900; AllWays Health Partners: 1-800-462-5449; BMC HealthNet: 1-888-566-0010; Fallon Health: 1-800-868-5200; Health New England: 1-800-786-9999; Tufts Health Plan: 1-888-257-1985

<sup>4</sup> See Daniel Tsai, *MassHealth Managed Care Organization Bulletin 6* (July 2016), <http://www.mass.gov/eohhs/docs/masshealth/bull-2016/mco-6.pdf>.

<sup>5</sup> For members of the Lahey Clinical Performance Network ACO, claims are submitted to the appropriate MCO (Tufts Health Together or BMC HealthNet Plan).