



HEPATITIS C TREATMENT AT A GLANCE: 2024

INTRODUCTION

The Hepatitis C (HCV) Treatment At a Glance tool provides an overview of the coverage of key HCV services in Massachusetts as of February 2024 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 coverage: (1) silver-level Qualified Health Plans (QHPs), (2) ConnectorCare plans, and (3) Medicaid (MassHealth). 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.¹ 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.² 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.³ 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.

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>.

To view additional tools and resources developed for infectious disease service providers in Massachusetts by the Center for Health Law and Policy Innovation of Harvard Law School, visit <https://chlpi.org/project/public-health-in-massachusetts/>.

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

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

³ 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 table below summarizes 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://www.mahealthconnector.org/learn/plan-information/health-dental-insurance-carriers>. **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: 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; SD = Limited to a maximum of 30 days, unless otherwise specified

Other Notes: In all or almost all instances, copay amounts listed below apply only after a person's deductible is met

Plan	Epclusa	Harvoni	Mavyret	Sovaldi	Vosevi	Zepatier	sofosbuvir / velpatasvir	ledipasvir / sofosbuvir
Blue Cross Blue Shield of Massachusetts – HMO Blue Basic	\$60 copay ^{SP, PA, QL}	\$60 copay ^{SP, PA, QL}	Not covered	Not covered	\$60 copay ^{SP, PA, QL}	Not covered	Not covered	Not covered
Fallon Health – Community Care Connector Silver II	\$55 copay ^{SP, PA}	\$55 copay ^{SP, PA}	\$55 copay ^{SP, PA}	\$75 copay ^{SP, PA, QL}	\$55 copay ^{SP, PA}	\$75 copay ^{SP, PA}	\$75 copay ^{SP, PA}	\$75 copay ^{SP, PA}
Harvard Pilgrim Health Care – Standard Silver II	\$75 copay ^{SP, PA, QL}	\$75 copay ^{SP, PA, QL}	\$75 copay ^{SP, PA, QL}	\$75 copay ^{SP, PA, QL}	\$75 copay ^{SP, PA, QL}	\$75 copay ^{SP, PA, QL}	\$75 copay ^{SP, PA, QL}	\$75 copay ^{SP, PA, QL}
Health New England – Silver A	\$75 copay ^{SP, PA, QL}	\$75 copay ^{SP}	\$75 copay ^{SP, PA}	\$75 copay ^{SP, PA}	\$75 copay ^{SP, PA}	\$75 copay ^{SP, PA, QL}	Not covered	Not covered
MGB Health Plan – Select HMO 2000 30/60/350 II	\$55 copay ^{PA, QL, SD}	\$55 copay ^{SD, PA, QL}	Not covered	Not covered	\$55 copay ^{SD, PA, QL}	Not covered	Not covered	Not covered
Tufts Health Plan – Tufts Direct Silver 2000	\$75 copay ^{SP, PA, QL}	\$75 copay ^{SP, PA, QL}	\$75 copay ^{SP, PA, QL}	\$75 copay ^{SP, PA, QL}	\$75 copay ^{SP, PA, QL}	\$75 copay ^{SP, PA, QL}	\$75 copay ^{SP, PA, QL}	\$75 copay ^{SP, PA, QL}
UnitedHealthcare – UHC Navigate Silver 2000	\$60 copay ^{SP, PA, QL}	\$60 copay ^{SP, ST, PA, QL}	\$60 copay ^{SP, PA, QL}	\$90 copay ^{SP, PA, ST, QL}	\$60 copay ^{SP, PA, QL}	\$60 copay ^{SP, PA, QL}	\$60 copay ^{SP, PA, QL}	\$60 copay ^{SP, PA, ST, QL}
WellSense Health Plan – WellSense QHP Silver A	Not covered	Not covered	\$75 copay ^{SP, PA}	Not covered	\$75 copay ^{SP, PA}	Not covered	\$75 copay ^{SP, PA}	\$75 copay ^{SP, PA}

CONNECTORCARE PLANS

The table below summarizes coverage of HCV services in Massachusetts ConnectorCare 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: chlp@law.harvard.edu.**

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

Plan	Epclusa	Harvoni	Mavyret	Sovaldi	Vosevi	Zepatier	sofosbuvir / velpatasvir	ledipasvir / sofosbuvir
Fallon Health – ConnectorCare Type I	\$3.65 copay ^{SP, PA}	\$3.65 copay ^{SP, PA}	\$3.65 copay ^{SP, PA}	\$3.65 copay ^{SP, PA}	\$3.65 copay ^{SP, PA}	\$3.65 copay ^{SP, PA}	Not covered	\$3.65 copay ^{SP, PA}
Fallon Health – ConnectorCare Type II	\$20 copay ^{SP, PA}	\$20 copay ^{SP, PA}	\$20 copay ^{SP, PA}	\$40 copay ^{SP, PA}	\$20 copay ^{SP, PA}	\$40 copay ^{SP, PA}	Not covered	\$40 copay ^{SP, PA}
Fallon Health – ConnectorCare Type III	\$25 copay ^{SP, PA}	\$25 copay ^{SP, PA}	\$25 copay ^{SP, PA}	\$50 copay ^{SP, PA}	\$25 copay ^{SP, PA}	\$50 copay ^{SP, PA}	Not covered	\$50 copay ^{SP, PA}
Health New England – ConnectorCare Type I	\$3.65 copay ^{SP, PA, QL}	\$3.65 copay ^{SP}	\$3.65 copay ^{SP, PA}	\$3.65 copay ^{SP, PA}	\$3.65 copay ^{SP, PA}	\$3.65 copay ^{SP, PA, QL}	Not covered	Not covered
Health New England – ConnectorCare Type II	\$40 copay ^{SP, PA, QL}	\$40 copay ^{SP}	\$40 copay ^{SP, PA}	\$40 copay ^{SP, PA}	\$40 copay ^{SP, PA}	\$40 copay ^{SP, PA, QL}	Not covered	Not covered
Health New England – ConnectorCare Type III	\$50 copay ^{SP, PA, QL}	\$50 copay ^{SP}	\$50 copay ^{SP, PA}	\$50 copay ^{SP, PA}	\$50 copay ^{SP, PA}	\$50 copay ^{SP, PA, QL}	Not covered	Not covered
MGB Health Plan – ConnectorCare Type I	\$3.65 copay ^{SP, PA, QL}	\$3.65 copay ^{SP, PA, QL}	Not covered	Not covered	\$3.65 copay ^{SP, PA, QL}	Not covered	Not covered	Not covered
MGB Health Plan – ConnectorCare Type II	\$20 copay ^{SP, PA, QL}	\$20 copay ^{SP, PA, QL}	Not covered	Not covered	\$20 copay ^{SP, PA, QL}	Not covered	Not covered	Not covered
MGB Health Plan – ConnectorCare Type III	\$25 copay ^{SP, PA, QL}	\$25 copay ^{SP, PA, QL}	Not covered	Not covered	\$25 copay ^{SP, PA, QL}	Not covered	Not covered	Not covered
Tufts Health Plan – ConnectorCare Type I	\$3.65 copay ^{SP, PA, QL}	\$3.65 copay ^{SP, PA, QL}	\$3.65 copay ^{SP, PA, QL}	\$3.65 copay ^{SP, PA, QL}	\$3.65 copay ^{SP, PA, QL}	\$3.65 copay ^{SP, PA, QL}	\$3.65 copay ^{SP, PA, QL}	\$3.65 copay ^{SP, PA, QL}
Tufts Health Plan – ConnectorCare Type II	\$40 copay ^{SP, PA, QL}	\$40 copay ^{SP, PA, QL}	\$40 copay ^{SP, PA, QL}	\$40 copay ^{SP, PA, QL}	\$40 copay ^{SP, PA, QL}	\$40 copay ^{SP, PA, QL}	\$40 copay ^{SP, PA, QL}	\$40 copay ^{SP, PA, QL}
Tufts Health Plan – ConnectorCare Type III	\$50 copay ^{SP, PA, QL}	\$50 copay ^{SP, PA, QL}	\$50 copay ^{SP, PA, QL}	\$50 copay ^{SP, PA, QL}	\$50 copay ^{SP, PA, QL}	\$50 copay ^{SP, PA, QL}	\$50 copay ^{SP, PA, QL}	\$50 copay ^{SP, PA, QL}
WellSense Health Plan – ConnectorCare Type I	Not covered	Not covered	\$3.65 copay ^{SP, PA}	Not covered	\$3.65 copay ^{SP, PA}	Not covered	\$3.65 copay ^{SP, PA}	\$3.65 copay ^{SP, PA}
WellSense Health Plan – ConnectorCare Type II	Not covered	Not covered	\$40 copay ^{SP, PA}	Not covered	\$40 copay ^{SP, PA}	Not covered	\$40 copay ^{SP, PA}	\$40 copay ^{SP, PA}
WellSense Health Plan – ConnectorCare Type III	Not covered	Not covered	\$50 copay ^{SP, PA}	Not covered	\$50 copay ^{SP, PA}	Not covered	\$50 copay ^{SP, PA}	\$50 copay ^{SP, PA}

MASSHEALTH PLANS

The table below summarizes 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.⁴ 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.

In March 2022, MassHealth implemented a SmartPA system, which allows certain patients who are prescribed preferred DAA regimens to fill their prescriptions at the pharmacy without completing a prior authorization process, subject to certain point of sale rules. If you experience difficulty with the SmartPA system, please contact the Center for Health Law and Policy Innovation of Harvard Law School: chlpi@law.harvard.edu. For more information, please review [this FAQ on MassHealth and HCV treatment prior authorization](#).

As of April 1, 2023, MassHealth requires all plans under MassHealth to use the [MassHealth Drug List](#) (MHDL).⁵ This means that coverage and prior authorization requirements should be uniform across MassHealth plans. Prior authorization instructions and forms are available on the MHDL.

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
			Preferred Drug Subject to SmartPA System				Preferred Drug Subject to SmartPA System	Preferred Drug Subject to SmartPA System
MassHealth*	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}
Fallon Health**	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}
Health New England – BeHealthy Partnership	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}
Mass General Brigham Health Plan with ACO	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}
Tufts Health Plan***	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}
WellSense Health Plan****	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}	Covered ^{PA}

* Describes coverage for MassHealth fee-for-service, PCCP, and Primary Care ACOs (Steward Health Choice and Community Care Cooperative (C3))

** Describes coverage for the Berkshire Fallon Health Collaborative, the Fallon Health-Atrius Health Care Collaborative, and Fallon 365 Care

*** Describes coverage for Tufts Health Together MCO coverage and Tufts Health Together-associated accountable care plans (Tufts Health Together with UMass Memorial Health and Tufts Health Together with Cambridge Health Alliance (CHA))

**** Describes WellSense MCO coverage and coverage for WellSense-associated accountable care plans (East Boston Neighborhood Health WellSense Alliance, WellSense Beth Israel Lahey Performance Network ACO, WellSense Boston Children’s ACO, WellSense Care Alliance, WellSense Community Alliance, WellSense Mercy Alliance, WellSense Signature Alliance, WellSense Southcoast Alliance)

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

⁵ See MassHealth, *The Prescriber e-Letter*, Volume 13, Issue 1, April 2023, <https://perma.cc/SCC2-RAKK>.