

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT201644    AUGUST 2, 2016

## Hepatitis C drugs “carved out” of managed care

Effective September 1, 2016, all covered hepatitis C drugs will be reimbursed through the fee-for-service (FFS) pharmacy benefit manager (PBM), OptumRx, including those dispensed to members enrolled in managed care programs. This change is referred to as a “carve out” of the hepatitis C pharmacy benefit from managed care. All Healthy Indiana Plan (HIP) and Hoosier Care Connect hepatitis C drug claims that are currently processed by Anthem, MDwise, or Managed Health Services (MHS) PBMs will be processed by OptumRx for dates of service (DOS) on or after September 1, 2016. Hepatitis C drug claims for Hoosier Healthwise managed care members will continue to be processed by OptumRx as they are currently.

Covered hepatitis C drugs to be processed as FFS for DOS on or after September 1, 2016, are as follows:

- Daklinza (daclatasvir dihydrochloride)
- Epclusa (sofosbuvir/velpatasvir)
- Harvoni (ledipasvir/sofosbuvir)
- Incivek (telaprevir)
- Olysio (simeprevir sodium)
- Pegasys (Peginterferon alfa-2A)
- PegIntron (Peginterferon alfa-2B)
- Ribavirin
- Sovaldi (sofosbuvir)
- Technivie (ombitasvir/paritaprevir/ritonavir)
- Victrelis (boceprevir)
- Viekira (ombitasvir/paritaprevir/ritonavir/dasabuvir)
- Zepatier (elbasvir/grazoprevir)



Reimbursement for all other pharmacy and capitated services, including procedure-coded drugs billed by providers other than IHCP-enrolled pharmacy providers, most medical supplies and medical devices, durable medical equipment (DME), and enteral or oral nutritional supplements, will remain the responsibility of the HIP and Hoosier Care Connect health plans.



Providers should refer to the Indiana Medicaid Preferred Drug List (PDL) for information regarding preferred status and prior authorization (PA) requirements for hepatitis C agents. The FFS PDL and PA criteria can be accessed under the [Pharmacy Services](#) quick link at indianamedicaid.com. Existing PAs for hepatitis C agents for HIP and Hoosier Care Connect members will be systematically converted to the FFS claims processing system and honored through their expiration date. Conversion will be completed prior to September 1, 2016. During the transition, however, there may be some circumstances where PA requests not yet finalized through the MCEs will need to be resubmitted to OptumRx.

Hepatitis C pharmacy claims for drugs dispensed to HIP and Hoosier Care Connect members with DOS **prior to** September 1, 2016, should continue to be submitted to the HIP and Hoosier Care Connect health plan PBMs. Hepatitis C pharmacy claims for drugs dispensed with DOS **on or after** September 1, 2016, must be submitted to OptumRx (utilizing BIN 001553; PCN INM). Any hepatitis C pharmacy claims submitted to the HIP or Hoosier Care Connect PBMs with DOS on or after September 1, 2016, will be denied. The pharmacy provider will receive a text message indicating that the claim needs to be resubmitted to BIN 001553.

Please direct FFS PA requests and questions about the FFS PDL related to hepatitis C drugs, or questions about this bulletin, to the OptumRx Clinical and Technical Help Desk by calling toll-free 1-855-577-6317. Questions regarding pharmacy benefits for HIP and Hoosier Care Connect members that are not related to hepatitis C should be referred to the managed care entity with which the member is enrolled.

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