

## PHARMACEUTICAL POLICIES AVAILABLE FOR PROVIDERS AT WWW.MVPHEALTHCARE.COM

For a listing of all current medical and pharmaceutical policies, *Log In* at **www.mvphealthcare.com/provider** and select *Online Resources*, then *Medical Policies*. All policies are reviewed at least once annually. A **FastFax** will be sent out one month prior to the effective date listing the policies and their status. These policies can fall into one of the following categories:

- New Denotes a new policy.
- **Updated** Updated policies have content changes that may affect coverage criteria for services and/or drugs.
- Review/No Changes

   Policies that have been reviewed, but have no content change.
- Archived Denotes a policy that is not active.

The following policy was effective **April 26, 2016** and is available for viewing at this time. Hard copies of the policy are available upon request.

Pharmaceutical Policy Name	<u>Status</u>
Hepatitis C Drugs	Updated

The MVP Hepatitis C drug treatment coverage policy was revised effective as of April 26, 2016 to:

- 1. Update drugs to include Daklinza and Zepatier. Harvoni is preferred for all plans and Zepatier is co-preferred for Medicaid.
- 2. Update treatment criteria and durations of approval to reflect current AASLD/IDSA guidelines
- 3. Eliminate Hepatitis C disease severity criteria, such as advanced liver scarring ("fibrosis"), significant complications associated with Hepatitis C, or certain co-morbidities. As a result of this change, we will no longer restrict coverage based on fibrosis level.
- 4. Remove lifetime limit treatment language.

On or before June 6, 2016, we will provide individualized notice of the new policy to members who previously were denied coverage solely because of the policy prior to the change. Our website also will notify members about the change in medical necessity criteria.

If you have any questions with respect to this notice, please contact your Professional Relations Representative.

