

# SPBP1

## PROVIDER BULLETIN

February 8, 2016

### HEPATITIS C DRUGS: UPDATE COST EXCEEDS MAX EDIT: REMOVED DUR EDITS: ADDED

The Department of Health has established a pilot program for the Hepatitis C drugs listed below. This pilot program will continue until July 31, 2016. SPBP1 cardholders receiving these medications on or before July 31 will continue to have their prescriptions reimbursed after this date. Claims for “new start” cardholders received after July 31, 2016 will be denied.

#### Beginning February 9, 2016:

- ✓ the NCPDP Error 78: “Cost Exceeds Max.” edit for the hepatitis C drugs (identified below) has been removed.
- ✓ DUR edits for maximum daily dose and duration of therapy have been added.

COVERAGE IS LIMITED TO THE FDA APPROVED MAXIMUM DAILY DOSE AND DURATION OF THERAPY			
NDC	Drug	Strength	Duration of Therapy
00003021301	DAKLINZA	30 MG	Up to 3 tablets per day for 12 weeks
00003021501	DAKLINZA	60 MG	up to 1 tablet per day for 12 weeks
61958180101	HARVONI	90MG-400MG	up to 1 tablet per day for 24 weeks
59676022528	OLYSIO	150 MG	up to 1 capsule per day for 24 weeks
61958150101	SOVALDI	400 MG	up to 1 tablet per day for 48 weeks
00074308228	TECHNIVIE	12.5/75/50mg	up to 2 tablets per day for 12 weeks
00074309328	VIEKIRA PAK	12.5/75/50mg & 250mg	up to 4 tablets (1 pack) per day for 24 weeks

Claims whose dosage and/or duration of therapy exceed these limits will deny. Providers wanting a medical exception *to be considered* must call Provider Services at 1-800-835-4080. PLEASE NOTE: Provider Services **cannot** do a “1 time” medical exception,

This request will be forwarded to the Department of Health for consideration. The provider will be notified of the Department of Health’s decision by Provider Services.

Questions may be directed to Provider Services at 1-800-835-4080.