



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 27, 2016

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 16-12

Applicable to:

- Comprehensive Long-term Care (LTC) Plan
- Managed Medical Assistance Health Maintenance Organization
- Managed Medical Assistance Provider Service Network
- Managed Medical Assistance Specialty Plan
- Children's Medical Services (CMS) Plan

Applicable to enrollees in:

- Managed Medical Assistance (MMA)
- Long-term Care (LTC)

Re: Drug Prior Authorization Criteria Change For Treatment of Hepatitis C

The managed care plan's prior authorization criteria and protocols may not be more restrictive than that used by the Agency as indicated in the Florida Statutes, the Florida Administrative Code, the Medicaid State Plan, and those posted on the Agency's website. (Attachment II, Exhibit II-A, Section V.A.1.a.(25)(d)¹) Effective June 1, 2016, the Agency will be amending its posted drug criteria for all drugs for the treatment of hepatitis C to discontinue the requirement for evidence of hepatic fibrosis.

For the preferred drug, Viekira Pak, the Agency will discontinue the requirement for a clinical authorization and implement an automated prior authorization process to approve based upon all of the following:

- Recipient is age 18 or older;
- Recipient has a diagnosis of Hepatitis C;
- Recipient is treatment naïve; and
- Prescription is for up to 12 weeks.

In addition to the criteria above for Viekira Pak, plans may choose to continue to review for proof of abstinence of illicit drug and alcohol use or that patients are receiving substance or alcohol abuse counseling services. Managed care plans must implement this change by June 17, 2016.

Please refer to CI 16-01, dated May 5, 2016, which provides additional information on the use of the Agency's PDL.

¹ The citation for the CMS plan contract is Attachment I, Section V.A.3.a.(25)(b).



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If you have any questions, please contact your Agency contract manager at (850) 412-4004.

Sincerely,

A handwritten signature in black ink, appearing to read "Beth Kidder". The signature is fluid and cursive, with the first name "Beth" being more prominent than the last name "Kidder".

Beth Kidder
Assistant Deputy Secretary for
Medicaid Policy and Quality

BK/dp