DATE: 
JUNE 29, 2015

ALL PLAN LETTER 15-016

TO: 
ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: 
HEPATITIS C VIRUS TREATMENT POLICY UPDATE

PURPOSE:
The purpose of this All Plan Letter (APL) is to notify all Medi-Cal managed care health plans (MCPs) of the Department of Health Care Service’s (DHCS) new policy for the treatment of the hepatitis C virus (HCV). The new policy, titled “Treatment Policy for the Management of Chronic Hepatitis C”\(^1\) is effective July 1, 2015 and replaces the hepatitis C policy titled “Utilization and Treatment Policy for Simeprevir and Sofosbuvir in the Management of Hepatitis C,” which was released in June 2014.

BACKGROUND:
The goal of hepatitis C antiviral treatment is to achieve a sustained virologic response (SVR), defined as undetectable HCV ribonucleic acid (RNA) in the blood for 12 or more weeks, after completing antiviral treatment. Achieving an SVR is, for the vast majority of patients, synonymous with curing hepatitis C. Achieving an SVR significantly decreases the risk of disease progression and the development of cirrhosis, liver cancer, liver failure, other extra-hepatic complications, and/or death.

POLICY:
Effective July 1, 2015, MCPs must follow the guidelines set forth in the “Treatment Policy for the Management of Chronic Hepatitis C.” DHCS developed this policy based on a review of medical literature, recent guidelines, reports published by the American Association for the Study of Liver Diseases, Infectious Diseases Society of America, European Association for the Study of the Liver, California Technology Assessment Forum, Institute for Clinical and Economic Review, World Health Organization, the federal Department of Veterans Affairs, and recommendations made by hepatitis C experts. As the treatment of HCV rapidly evolves, DHCS may revise this policy as new information becomes available.

\(^1\) “Treatment Policy for the Management of Chronic Hepatitis C” is available at: http://www.dhcs.ca.gov/Pages/HepatitisC.aspx.
This policy updates the criteria for identifying treatment candidates and outlines several requirements and recommendations for the treatment of beneficiaries with HCV. MCPs may operationalize requirements and recommendations in different ways as long as utilization management protocols are medically reasonable and do not unnecessarily impede access to treatment.

MCPs are responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, other contract requirements, and other DHCS guidance including APLs and Dual Plan Letters. These requirements must be communicated by each MCP to all delegated entities and subcontractors.

An amendment to the provider manual regarding the “Treatment Policy for the Management of Chronic Hepatitis C” is forthcoming. If you have any questions regarding this APL, please contact your Managed Care Operations Division contract manager.

Sincerely,

Original Signed by Sarah C. Brooks

Sarah Brooks, Deputy Director
Health Care Delivery Systems
Department of Health Care Services