



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 34 No. 10

September 2024

TO: Providers of Pharmaceutical Services – **For Action**
Physicians, Nurse Practitioners, Independent Clinics, and Federally
Qualified Health Centers, Managed Care Organizations – **For
Information Only**

SUBJECT: **Expanded Coverage of Direct Acting Antivirals (DAAs) for the
Treatment of Hepatitis C**

EFFECTIVE: Immediately

PURPOSE: To notify prescribers and pharmaceutical services providers about
upcoming changes to the coverage of Direct Acting Antivirals (DAAs) for the treatment of
hepatitis C for members of NJ FamilyCare/Medicaid (FamilyCare), Pharmaceutical
Assistance to the Aged and Disabled (PAAD), Senior Gold Prescription Discount Program
(Senior Gold), and AIDS Drug Distribution (ADDP).

BACKGROUND: The New Jersey Department of Human Services (Department) is
expanding access to hepatitis C treatments for all FamilyCare, PAAD, Senior Gold, and
ADDP members. Under the new policy, New Jersey will continue to cover curative drug
treatments for hepatitis C upon diagnosis, with a simplified prior authorization process for
both treatment-naïve and experienced members.

The Department is committed to reducing barriers to DAAs for hepatitis C due to their
curative potential in people living with the virus. Hepatitis C is a leading cause of cirrhosis
and liver cancer and it is the most common reason for liver transplantation in the United
States. An estimated 160,000 people in New Jersey have hepatitis C. There are also
ongoing concerns about increased infections related to the opioid epidemic, particularly
among older members. Additionally, new hepatitis C virus infections are rising rapidly
among young people aged 20 to 29.

ACTIONS: **Effective immediately**, the following changes to the Drug Utilization Review
Board (DURB) protocol for DAAs shall apply.

Treatment Naïve Members
(Member has no previous utilization of DAAs)

For treatment naïve members with a confirmed diagnosis of hepatitis C, pharmacies shall
verify the diagnosis with the prescriber. This diagnosis can be reported to the Department
by entering the hepatitis C diagnosis in Field 424-DO and using a Diagnosis Code
Qualifier '02' (ICD-10) in field 492-WE on a pharmacy claim.

Confirmatory diagnosis codes include:

- B1710 (Acute hepatitis C Infection)
- B1711 (Acute hepatitis C Infection)
- B182 (Chronic hepatitis C Infection)
- B1920 (Unspecified hepatitis C Infection)
- B1921 (Unspecified hepatitis C Infection)

Pharmacies are required to document the diagnosis verification interaction with the prescriber if the correct diagnosis code is not indicated on the original prescription. Prescribers are encouraged to document the associated diagnosis code on prescriptions sent to the pharmacy for adjudication. **Prior authorization will not be required for properly-reported claims requesting payment for DAAs used in the treatment of hepatitis C for treatment naïve members.**

Treatment Experienced Members
(Member has a history of previous DAA utilization)

A member is considered “treatment experienced” if there is a previous paid claim for a DAA in their pharmacy claims history, regardless of the provider. **Treatment experienced members require prior authorization.** Approval for DAA use in treatment-experienced members requires a detectable hepatitis C virus level within the past 90 days, along with other specified requirements.

Safety edits will continue to be applied as part of the claim adjudication process including, but not limited to, appropriate age as approved by the FDA or other official compendia.

If you have any questions regarding this Newsletter, please contact the Gainwell Technologies Provider Services Unit at 1-800-776-6334.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE