

DATE: August 12, 2014

TO: Holders of AHCCCS Medical Policy Manuals

FROM: Kevin Neill, Policy Manager
Office of Medical Policy and Coding, AHCCCS

SUBJECT: AHCCCS Medical Policy Manual (AMPM)
Update, 2014-06

Revisions were made to the following:

CHAPTER 300, MEDICAL POLICY FOR AHCCCS COVERED SERVICES
POLICY 310-V, PRESCRIPTION MEDICATIONS/PHARMACY SERVICES
PRIOR AUTHORIZATION CRITERIA FOR THE USE OF SOVALDI FOR TREATMENT OF
HEPATITIS C

Revision Date 08/01/2014

AHCCCS has established prior authorization criteria for the use of Sovaldi for the treatment of Hepatitis C. Refer to Policy 320-N, Hepatitis C Sovaldi Prior Authorization Criteria Policy.