

Carta Trámite

16 de febrero de 2024

A: Todos los proveedores contratados por First Medical Health Plan, Inc., para el Plan Vital.

Re: Carta Normativa 24-0206 relacionada con acuerdo de pago sin riesgo para medicamentos contra la hepatitis C, Synthroid y Atrofia Muscular Espinal, (AME).

Estimado(a) Proveedor(a):

Reciba un cordial saludo de parte de First Medical Health Plan, Inc., (FMHP).

Adjunto a este comunicado encontrará la Carta Normativa 24-0206 de la Administración de Seguros de Salud de Puerto Rico, (ASES).

A través de esta Carta Normativa, la ASES reafirma su compromiso en garantizar el acceso a terapias de alto costo como la Atrofia Muscular Espinal (SMA, por sus siglas en inglés) cubierta, Hepatitis C y otros medicamentos utilizados para tratar condiciones médicas graves para aquellos beneficiarios que lo necesiten.

Es por esto que, para garantizar el acceso, la ASES ha implementado un *Non-Risk Payment Arrangement* (Acuerdo de Pago No-Riesgo) para cubrir las necesidades de esta población. Favor de referirse a la Normativa para los medicamentos aplicables.

Para detalles específicos, sobre la información provista por la ASES, le exhortamos a leer detenidamente la Carta Normativa 24-0206.

Si usted tiene alguna pregunta relacionada con este comunicado y/o necesita información adicional, siéntase en la libertad de comunicarse con nuestro Centro de Servicio al Proveedor al número libre de cargos 1-844-347-7802 de lunes a viernes de 7:00 a.m. a 7:00 p.m. También, puede acceder a nuestra página electrónica www.firstmedicalvital.com.

Cordialmente,

Departamento de Cumplimiento
First Medical Health Plan, Inc.



Normative Letter 24-0206

February 6, 2024

To: Managed Care Organizations (MCOs), Pharmacy Benefit Manager (PBM), Pharmacies, Primary Medical Groups (PMG) and Vital Participant Providers

Re: Non-Risk Payment Arrangement for Hepatitis C, Synthroid and SMA Medications

The Puerto Rico Health Insurance Administration (PRHIA) is committed to guaranteeing access to high-cost therapies such as covered Spinal Muscular Atrophy (SMA), Hepatitis C, and other medications utilized to treat severe medical conditions for those beneficiaries in need. To ensure access, a Non-Risk Payment Arrangement has been implemented to meet the needs of this population without undermining the payments and costs of the MCOs' actuarial quoted premiums.

The products applicable to this agreement are the following:

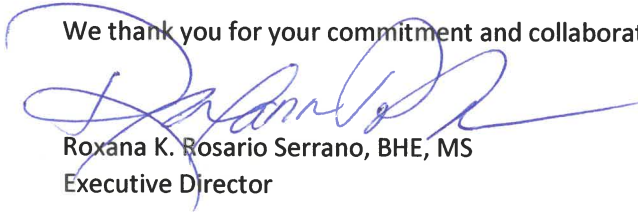
1. Hepatitis C medications
 - a. Ribavirin 200 mg capsule
 - b. Eplclusa (sofosbuvir/velpatasvir 400-100 mg tablet)
 - c. Mavyret (glecaprevir-pibrentasvir 100-40 mg table)
 - d. Any other Hepatitis C drug approved by exception process by the MCOs.

2. Spinal Muscular Athropy (SMA) medications
 - a. Spinraza (nusinersen intrathecal solution 12mg/5 mL)
 - b. Zolgensma (onasemnogene abeparvovec -xioi kit)
 - c. Evrysdi (risdiplam oral solution 0.75 mg/ml)

3. Synthroid medications
 - a. **Clarification:** For Synthroid medications (brand only) the *Non-Risk Payment Arrangement will be applicable only for the difference in price between the generic and the brand product.* The contracted MCO will pay for the Synthroid generic price portion.

The PRHIA will continue bearing the risk 100 (%) percent and as a result these products will not be included in the MCOs' premiums. The MCOs are responsible to pay for the treatment when approved for the patients, upfront and ASES will reimburse these costs directly to the MCOs. The MCOs utilization shall be submitted to PRHIA on or before the 15th of each month and it will be reimbursed monthly by ASES directly to the MCOs. This revised payment process will be effective March 2024.

We thank you for your commitment and collaboration in this process.



Roxana K. Rosario Serrano, BHE, MS
Executive Director

Autorizado por la Oficina del Contralor Electoral OCE-SA-2024-00267