Hepatitis C: State of Medicaid Access

April 26, 2022

Adrienne Simmons, PharmD, MS  
National Viral Hepatitis Roundtable

Julia Harvey, JD  
Center for Health Law and Policy Innovation
Agenda

A. Overview of *Hepatitis C: State of Medicaid Access*

B. Recent Progress and Current State of Hepatitis C Treatment Access in Medicaid

C. Remaining Barriers to Care

D. Next Steps for *Hepatitis C: State of Medicaid Access*
History of HCV Treatment Access in Medicaid

2013: DAAs come to market at high price, payers impose restrictions on access

2014: Preliminary review of Medicaid coverage shows frequent restrictions

2015: CMS issues guidance to states that Medicaid must cover medically-necessary DAAs

2016: WA Medicaid sued for policy requiring severe liver damage before treatment

2017: www.stateofhepc.org launched, detailing Medicaid treatment restrictions
Overview of
Hepatitis C: State of Medicaid Access
Hepatitis C: State of Medicaid Access

- Launched in 2017
- Documents the current state of Medicaid HCV treatment access across 52 jurisdictions, including state-by-state “report cards”
- Findings are based on surveys of Medicaid officials, publicly available documents, and official press or media releases.
Medicaid Treatment Access Restrictions Tracked to Date

**Liver Damage**
Restrictions based on fibrosis score

**Sobriety**
Required abstinence from drug or alcohol use, or requirements related to substance use disorder counseling or treatment

**Prescriber**
Restrictions on which healthcare providers can prescribe treatment
Recent Progress and Current State of Hepatitis C Treatment Access in Medicaid
Hepatitis C: State of Medicaid Access

www.stateofhepc.org grades as of January 2022
Prior Authorization

- 12 states now allow access to DAAs in their Medicaid programs without requiring prior authorization (PA) for most patients.
- The majority of states (67%) removed PA without a subscription “Netflix” model.
- This obviates the need for burdensome paperwork and streamlines treatment.
Liver Damage

- The most progress made to date has been in removing this barrier.
- 33 states have either eliminated or reduced their fibrosis restrictions.
- Only two states have restrictions remaining.
Sobriety

- 29 states have loosened their sobriety restrictions.
- 44 states impose no minimum period of abstinence.
- Period of abstinence required has shortened overall.
Prescriber

- 28 states have scaled back prescriber restrictions.
- 18 states require specialist involvement, only one state requires prescription written by specialist.
Remaining Barriers to Care
Remaining Barriers to Care

- In addition to those barriers that we already track, additional barriers to care exist, including both substantive and process barriers.

- In Spring 2022, the project team solicited input from stakeholders on ways to improve how we track and report out on state Medicaid programs through a **public listening session**, a **provider steering committee**, and a **public survey**.
Stakeholder Feedback: Public Survey

Which of the below categories best describes your role in relation to viral hepatitis?
(Please select the option that most closely describes your role)

N=275

- Advocate (i.e., work for an advocacy organization): 10.55%
- Clinical provider or healthcare team member: 52.36%
- Government staff: 22.91%
- Personally impacted (Patient, Survivor, Caregiver, Person at risk): 5.82%
- Pharmaceutical company staff: 2.55%
- None of the above (please specify): 5.82%
Additional Barriers Identified*

- Prior authorization as a process barrier
- Chronic infection diagnosis
- Time-based laboratory values
- Genotype
- Adherence assessments
- Retreatment restrictions
- Specialty pharmacy & mail-order
- Different criteria preferred vs. non-preferred

*Currently tracking fibrosis, sobriety, prescriber, and managed care parity barriers
Impact of Barriers

- Delays
- Denials
- Interruptions
- Impede our ability to eliminate hepatitis C by 2030*

*Particularly among communities disproportionately impacted by hepatitis C
In my state, there is actually investigation into adherence for other medications for the patient. For instance, if a person has picked up their diabetes meds late before, [Medicaid] will deny [hepatitis C] treatment.
The burdens include the wasteful cost of repeat labs and negative impact on patients regarding cost and access to transportation. Genotype results have a long turnaround time, sometimes creating delays.
Some of the specialty pharmacies have requirements to speak with the patient before mailing the medication. It becomes a barrier, and possibly even a delay in treatment.
From 2014-2020, an average of approximately 120,000 people were treated each year, falling short of the National Academies of Science and Medicine estimate that at least 260,000 people must be treated annually to eliminate hepatitis C by 2030.

Next Steps for Hepatitis C: State of Medicaid Access
Next Steps for *Hepatitis C: State of Medicaid Access*

- **Stakeholder Feedback**
  - Feb/Mar 2022

- **Data Collection**
  - Apr 2022

- **Full Release**
  - May 2022

[www.stateofhepc.org](http://www.stateofhepc.org)
Hepatitis C: State of Medicaid Access
Project Team

Adrienne Simmons, PharmD, MS, BCPS, AAHIVP
National Viral Hepatitis Roundtable
adrienne@nvhr.org

Julia Harvey, JD
Center for Health Law and Policy Innovation
jharvey@law.harvard.edu

Suzanne Davies | Daniel Raymond | Robert Greenwald