

# EXAMINING HEPATITIS C VIRUS TREATMENT ACCESS:

A REVIEW OF SELECT STATE MEDICAID FEE-FOR-SERVICE AND MANAGED CARE PROGRAMS

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#### LIMITATIONS ON ACCESS TO HCV TREATMENTS

- Limits Based on Stage of Fibrosis
- Restrictions Based on Substance Use
- Prescriber Limitations
- Other restrictions
  - HIV Co-Infection limitations
  - "Once per lifetime" limitations
  - Genotype limitations
  - Previous history of treatment adherence requirements
  - Specialty pharmacy restrictions
  - Exclusivity agreements with insurers

# ILLINOIS PRIOR AUTHORIZATION CRITERIA: MORE RESTRICTIVE THAN MOST STATES

#### Coverage

+ Non-preferred drug

#### **Fibrosis**

+ Metavir score of ≥F4

#### **Substance Use**

+ No evidence of substance abuse in past 12 months

#### **Prescriber Limitations**

+ If prescriber is not a specialist, required one-time written consultation within past 3 months

## MassHealth FSS Prior Authorization Criteria: Less Restrictive Than Most States

#### Coverage

+ Preferred drug

#### **Fibrosis**

+ No restrictions (form inquires)

#### **Substance Use**

+ No restrictions (form inquires about current use)

#### **Prescriber Limitations**

+ No restrictions

#### **Additional Restrictions**

+ No additional restrictions

### MASSHEALTH MCOS PRIOR AUTHORIZATION CRITERIA

	Boston Med. Ctr. Health Net Plan	Neighborhood Health Plan	Tufts Health Plan Network Health	Health New England
Fibrosis	F3-4	F3-4	F3-4	F4
Requirement s Related to Substance Use	Not abused substances for 6 months	Abstain from use for 6 months and participation in supportive care	No substance abuse within past 6 months OR receiving counseling services	Must be referred to specialist; abstinence for 6 months; ongoing participation in treatment; psychosocial supports
Prescriber Limitations	Prescribed by or in consultation with specialist	Prescribed by or in consultation with specialist	Prescribed by specialist	Prescribed by specialist
HIV Co- Infection	Yes, with non- suppressable viral load or elevated MELD scores	Not without meeting additional requirements above	Not without meeting additional requirements above	Yes, if compliant with antiretroviral therapy as indicated by undetectable viral load
Additional Adherence Requirements	No history of nonadherence; enrollment in monitoring program	Must demonstrate understanding of proposed treatment and display ability to adhere	Must be assessed for potential non-adherence	No record of non- adherence and willing to commit to monitoring

# MASSACHUSETTS AFFORDABLE CARE ACT QUALIFIED HEALTH PLANS – PRIOR AUTHORIZATION CRITERIA

	Fallon Health	Tufts	Harvard Pilgrim
Fibrosis	F3-4	F3-4	F3-4
Requirements Related to Substance Use	Not engaged in any habits that would negate the efficacy of the medications	No illicit abuse within past 6 months OR receiving counselling services/seeing addiction specialist	None
Prescriber Limitations	Prescribed by specialist	Prescribed by specialist	Prescribed or supervised by specialist
HIV Co- Infection	Must meet other criteria	Must meet other criteria	Must meet other criteria
Additional Adherence Requirements	Must have history of adherence and a psychological and behavioral habits assessment to determine if therapy is appropriate	Must be assessed for potential non-adherence	None

#### **CONCLUSION**

- HCV treatment access restrictions are widespread and vary from state to state, program to program, and plan to plan
- Restrictions are not based on current treatment guidelines or grounded in clinical evidence
- Restrictions appear to be driven by financial concerns
- While price of new therapies creates a financial challenge for federal and state Medicaid budgets, access to treatment is crucial to reducing morbidity and mortality
- States have discretion to establish limitations on provision of drugs but must examine access criteria to ensure limitations do not excessively or unreasonably restrict coverage in violation of federal or state anti-discrimination laws



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