

# Hepatitis C: State of Medicaid Access Report Card

## California

Estimated Number of Individuals Living with Hepatitis C: 629,600<sup>1</sup>



Grade	Summary
<p><b>B+</b></p>	<p><b>Liver Damage (Fibrosis) Restrictions:</b> Fee-For-Service (FFS) and Managed Care Organizations (MCOs) require at least moderate liver damage (F2 or greater). However, there is a broad range of clinical criteria and high risk of exposure under which a beneficiary can access treatment with less liver damage, including active injection drug use and women of childbearing age who wish to become pregnant, among others.</p> <p><b>Sobriety Restrictions:</b> FFS and MCOs do not have sobriety requirements.</p> <p><b>Prescriber Restrictions:</b> FFS and MCOs do not have prescriber requirements.</p> <p><b>Recommendations to Improve Patient Access:</b></p> <ul style="list-style-type: none"> <li>Remove liver damage requirements.</li> <li>Maintain parity across FFS and MCOs and transparency regarding hepatitis C coverage requirements.</li> </ul> <p><i>Grade Rationale: California has taken significant steps to improve access to hepatitis C medications by ensuring parity across FFS and MCOs, lowering liver damage requirements and ensuring there are no sobriety and prescriber restrictions. The state also has a broad range of clinical criteria and high risk of exposure under which a patient can access treatment. California is the only state that identifies active injection drug use as a qualification for treatment regardless of liver damage. With minimal changes, California could have open access. In recognition of parity across FFS and MCOs and the state's leadership in providing access to active drug users, a "plus" has been added to the state's B grade.</i></p>

### Background

As of April 2017, California had 12,264,071 individuals enrolled in Medicaid (known as Medi-Cal) and the Children's Health Insurance Program.<sup>2</sup> Medi-Cal operates a Fee-For-Service (FFS) program and employs six managed care models: Two-Plan, County Organized Health Systems (COHS), Geographic Managed Care (GMC), Regional Model (RM), Imperial and San Benito (county).<sup>3</sup> Most beneficiaries, 84 percent, are enrolled in a Managed Care Organization (MCO) that operates in one of the above managed care systems.<sup>4</sup> The remaining 16 percent participate in the FFS program.<sup>5</sup> In June 2015, the Department of Health Care Services sent a letter to all Medi-Cal Managed Care Health Plans informing them that FFS hepatitis C coverage criteria apply across the whole program.<sup>6</sup> All beneficiaries are subject to the same hepatitis C prior authorization (PA) criteria.

### State of Medicaid Hepatitis C Treatment Access

California moderately restricts access to hepatitis C medications. In June 2015, the state required all MCOs to apply FFS hepatitis C coverage criteria. The state has improved access by reducing liver damage restrictions from severe damage (F3 or greater) to at least moderate damage (F2 or greater).<sup>7</sup> Beneficiaries may also qualify for treatment by meeting other clinical criteria (see under liver damage restrictions).<sup>8</sup> California also removed sobriety and prescriber restrictions.<sup>9</sup>

California imposes other PA requirements. A beneficiary must be evaluated for readiness to initiate treatment and must be able and willing to strictly adhere to prescribed treatment protocols.<sup>10</sup> Prescribers must educate patients regarding potential risks and benefits of hepatitis C therapy and the potential for resistance and failed therapy if medication is not taken as prescribed.<sup>11</sup> Beneficiaries must be 18 years or older to qualify for treatment.<sup>12</sup> California imposes quantity limits; a prescription is dispensed in quantities of 28 days at a time.<sup>13</sup> Some MCOs dispense in quantities of 14 days. Prescribers must apply for therapy to be reauthorized/continued. If a patient has not been adherent to the treatment protocol, reauthorization may be denied. Additionally, missed hepatitis C medical appointments may result in denial of treatment authorization. The Medi-Cal Formulary includes the following Direct-Acting Antivirals (DAAs): Epclusa, Harvoni and Viekira Pak.<sup>14</sup> MCOs can establish their own PDLs.

California is transparent regarding its hepatitis C coverage requirements. The state responded to the NVHR/CHLPI survey on hepatitis C coverage requirements.

## Liver Damage (Fibrosis) Restrictions

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California requires beneficiaries to have at least moderate liver damage (F2 or greater) to qualify for treatment.<sup>15</sup> This requirement applies across the whole program regardless if a beneficiary is enrolled in FFS or a MCO plan.<sup>16</sup> However, beneficiaries who meet other clinical criteria or have a high risk of exposure due to certain behaviors could qualify for treatment earlier by providing evidence of: extra-hepatic manifestation of hepatitis C, such as type 2 or 3 essential mixed cryoglobulinemia with end-organ manifestations (e.g., vasculitis); kidney disease (e.g., proteinuria, nephrotic syndrome or membranoproliferative glomerulonephritis); liver cancer with greater than 12 months life expectancy; pre- and post-liver transplant, or other solid organ transplant; HIV or hepatitis B co-infection; other coexistent liver disease (e.g., nonalcoholic steatohepatitis); type 2 diabetes mellitus (insulin resistant); porphyria cutanea tarda; debilitating fatigue impacting quality of life (e.g., secondary to extra-hepatic manifestations and/or liver disease); men who have sex with men with high-risk sexual practices; active injection drug users; individuals on long-term hemodialysis; women of childbearing age who wish to get pregnant or hepatitis C infected health care workers who perform exposure-prone procedures.<sup>17</sup>

## Sobriety Restrictions

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California does not have any sobriety restrictions.<sup>18</sup> This applies to FFS and MCO beneficiaries.

## Provider Restrictions

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California does not impose any prescriber restrictions.<sup>19</sup> This applies to FFS and MCO beneficiaries.

## Points of Contact for Questions & Concerns about California's State of Hepatitis C Medicaid Access

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<sup>1</sup> HepVu, California State Profile: <https://hepvu.org/state/california/>

<sup>2</sup> Medicaid and CHIP in California, By-State, Medicaid.gov (Accessed June 2017): <https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=california>

<sup>3</sup> Medi-Cal Managed Care, California Department of Health Care Services (Accessed June 2017): <http://www.dhcs.ca.gov/services/Pages/Medi-CalManagedCare.aspx>; See also: Medi-Cal Managed Care Program Fact Sheet – Managed Care Models, California Department of Health Care Services (November 2014): <http://www.dhcs.ca.gov/provgovpart/Documents/MMCDModelFactSheet.pdf>; See also: Total Medicaid MCOs, Henry J. Kaiser Family Foundation, March 2017: <http://kff.org/other/state-indicator/total-medicaid-mcos/> (Accessed June 2017)

<sup>4</sup> Share of Medicaid Population Covered Under Different Delivery Systems, Medicaid Managed Care Market Tracker, Henry J Kaiser Family Foundation, June 2016 (Accessed June 2017): <http://www.kff.org/medicaid/state-indicator/share-of-medicaid-population-covered-under-different-delivery-systems/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>5</sup> Ibid. Share of Medicaid Population Covered Under Different Delivery Systems

<sup>6</sup> Hepatitis C Treatment Plan Policy Update, All Medi-Cal Managed Care Health Plans, Department of Health Care Services, Health and Human Services Agency, State of California, June 29, 2015 (Accessed June 2017): <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2015/APL15-016.pdf>

<sup>7</sup> Treatment Policy for the Management of Chronic Hepatitis C, California Department of Health Care Services (DHCS), Effective: July 1, 2015: <http://www.dhcs.ca.gov/Documents/Hepatitis%20C%20Policy.pdf> (Accessed June 2017)

<sup>8</sup> Ibid. Treatment Policy for the Management of Chronic Hepatitis C

<sup>9</sup> Ibid. Treatment Policy for the Management of Chronic Hepatitis C

<sup>10</sup> Ibid. Treatment Policy for the Management of Chronic Hepatitis C

<sup>11</sup> Ibid. Treatment Policy for the Management of Chronic Hepatitis C

<sup>12</sup> Ibid. Treatment Policy for the Management of Chronic Hepatitis C

<sup>13</sup> Ibid. Treatment Policy for the Management of Chronic Hepatitis C

<sup>14</sup> Contract Drug List, California Department of Health Care Services (Accessed June 2017): [http://files.medi-cal.ca.gov/pubsdoco/manual/man\\_query.asp?wSearch=\(%23filename+drugscdl\\*.doc+OR+%23filename+drugscdl\\*.zip\)&wFLogo=Contract+Drugs+List&wFLogoH=52&wFLogoW=516&wAlt=Contract+Drugs+List&wPath=N](http://files.medi-cal.ca.gov/pubsdoco/manual/man_query.asp?wSearch=(%23filename+drugscdl*.doc+OR+%23filename+drugscdl*.zip)&wFLogo=Contract+Drugs+List&wFLogoH=52&wFLogoW=516&wAlt=Contract+Drugs+List&wPath=N); See also Prescription Drugs Listed Alphabetically (Part 1 through 4): [http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/drugscdlp1a\\_p00.doc](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/drugscdlp1a_p00.doc)

<sup>15</sup> Ibid. Treatment Policy for the Management of Chronic Hepatitis C

<sup>16</sup> Ibid. Treatment Policy for the Management of Chronic Hepatitis C

<sup>17</sup> Ibid. Treatment Policy for the Management of Chronic Hepatitis C

<sup>18</sup> Ibid. Treatment Policy for the Management of Chronic Hepatitis C

<sup>19</sup> Ibid. Treatment Policy for the Management of Chronic Hepatitis C

<sup>20</sup> Department of Health Care Services Contacts (Accessed June 2017): [http://www.dhcs.ca.gov/Pages/dhcs\\_contact.aspx](http://www.dhcs.ca.gov/Pages/dhcs_contact.aspx)

<sup>21</sup> DUR: Board Meetings, California Department of Health Care Services: [http://files.medi-cal.ca.gov/pubsdoco/dur/dur\\_coe.asp](http://files.medi-cal.ca.gov/pubsdoco/dur/dur_coe.asp) (Accessed June 2017)