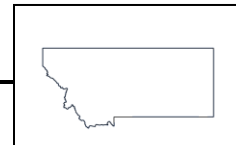


# Hepatitis C: State of Medicaid Access Report Card

## Montana

Estimated Number of Individuals Living with Hepatitis C: 14,900<sup>1</sup>



Grade	Summary
<p style="font-size: 2em; font-weight: bold; color: #800000;">F</p>	<p><b>Liver Damage (Fibrosis) Restrictions:</b> Montana requires severe liver damage (F3 or greater).</p> <p><b>Sobriety Restrictions:</b> Montana requires abstinence from drugs and alcohol for at least six months.</p> <p><b>Prescriber Restrictions:</b> Montana requires a prescription be written by or in consultation with a specialist.</p> <p><b>Recommendations to Improve Patient Access:</b></p> <ul style="list-style-type: none"> <li>• Remove liver damage, sobriety and prescriber restrictions.</li> <li>• Maintain transparency regarding hepatitis C coverage criteria.</li> </ul> <p><i>Grade Rationale: Montana has unacceptable restrictions in all categories. With these restrictions, few people with hepatitis C have access to treatment.</i></p>

### Background

Montana's Medicaid program is called Passport to Health.<sup>2</sup> As of March 2017, there were 254,112 individuals enrolled in Medicaid and Children's Health Insurance Program (CHIP).<sup>3</sup> Over 1,000 cases of hepatitis C are reported in Montana every year, many from the baby boomer generation (born between 1945 - 1965).<sup>4</sup> Montana operates a Primary Care Case Management (PCCM) program in which beneficiaries either choose or are assigned to a primary care provider to manage their care.<sup>5</sup> The state does not contract with Managed Care Organizations (MCOs). 70 percent of beneficiaries are enrolled in the PCCM; the remaining 30 percent participate in the Fee-For-Service (FFS) program.<sup>6</sup> Montana Medicaid establishes uniform hepatitis C coverage criteria for all beneficiaries regardless if an individual is enrolled in the PCCM or FFS program.

### State of Medicaid Hepatitis C Treatment Access

Montana Medicaid severely restricts access to hepatitis C medications. The state requires severe liver damage (F3 or greater) and beneficiaries must not have a history of alcohol or substance use six months prior to seeking approval for treatment.<sup>7</sup> Additionally, a specialist must prescribe treatment.

In April 2016, in an effort to streamline the hepatitis C prior authorization (PA) process, the state announced the use of a single PA form instead of requiring forms for each medication.<sup>8</sup> Montana Medicaid includes the following Direct-Acting Antivirals (DAAs) on the Preferred Drug List (PDL): preferred (Daklinza, Technivie, Epclusa and Viekira PAK) and non-preferred (Harvoni, Olysio, Sovaldi and Zepatier).<sup>9</sup> During the April 26, 2017 Drug Use Review (DUR) Board/Formulary Committee Meeting, the Board requested that the Department of Public Health and Human Services provide data regarding percentage of the total Medicaid prescription budget utilized on hepatitis C treatments at a future meeting.<sup>10</sup>

### Liver Damage (Fibrosis) Restrictions

Montana Medicaid requires patients to have severe liver damage (F3 or greater).<sup>11</sup>

### Sobriety Restrictions

Montana Medicaid imposes severe sobriety restrictions which require beneficiaries not to have a history of alcohol, illicit or other substance use six months prior to the approval of hepatitis C treatment.<sup>12</sup> A patient must sign the *Patient Readiness Criteria* included on the PA form.<sup>13</sup> A patient must be educated on the impact of alcohol on the liver as well as how illicit substance use may increase the risk of reinfection.<sup>14</sup> Beneficiaries are highly encouraged to be involved in a support group or counseling to ensure successful treatment.<sup>15</sup>

On the *Patient Readiness Criteria* checklist, both the provider and patient must acknowledge that the individual is compliant with all current medications that are being prescribed for all disease states/conditions to be considered eligible for hepatitis C treatment approval and have a history of compliance with scheduled appointments/labs preceding approval of hepatitis C treatment.<sup>16</sup> The *Patient Readiness Criteria* also states if a patient has a mental health condition(s), the patient must be compliant with mental health medications and/or psychotherapy.<sup>17</sup> If a patient has a mental health condition(s) that is not currently being treated, then a mental health consult to assess for patient readiness

will be required before hepatitis C treatment can begin.<sup>18</sup> Finally, the *Patient Readiness Criteria* states that “Patient psychosocial readiness is a critical component for hepatitis C treatment success. It is important that any potential impediments to the effectiveness of treatment have been identified and that a plan for dealing with these impediments has been developed. . . Given the high cost of hepatitis C treatment, we want to ensure that both the provider and the patient feel that the patient is committed to effectively start and successfully adhere to treatment.”<sup>19</sup>

## Prescriber Restrictions

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Montana Medicaid requires hepatitis C medications to be prescribed by a specialist: gastroenterologist, hepatologist or infectious disease physician.<sup>20</sup>

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

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### Montana's Medicaid Program:<sup>21</sup> Mary Dalton, Branch Manager, Medicaid & Health Services

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### Drug Use Review (DUR) Board:<sup>22</sup> Dave Campana, R.Ph., Pharmacist, Allied Health Services Bureau, Montana Department of Public Health & Human Services

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<sup>1</sup> HepVu, Montana State Profile: <https://hepvu.org/state/montana/>

<sup>2</sup> Montana Medicaid and Health Montana Kids (HMK) Plus, DPHHS: <http://dphhs.mt.gov/MontanaHealthcarePrograms/MemberServices> (Accessed May 2017)

<sup>3</sup> Medicaid & CHIP in Montana, By-State, Medicaid.gov: <https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=montana> (Accessed May 2017)

<sup>4</sup> Hepatitis C (HCV), Public Health and Safety Division, Montana Department of Health and Human Services (DPHHS), Hepatitis C, Get Tested, The only Danger is Not Knowing:

<http://dphhs.mt.gov/publichealth/hivstd/HepatitisC> (Accessed May 2017)

<sup>5</sup> Ibid. Montana Medicaid and Health Montana Kids (HMK) Plus, DPHHS

<sup>6</sup> Share of Medicaid Populations Covered Under Different Delivery Systems, State Health Facts, The Henry J. Kaiser Family Foundation July 1, 2016 (Accessed May 2017): <http://kff.org/medicaid/state-indicator/share-of-medicare-population-covered-under-different-delivery-systems/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>7</sup> Montana Medicaid Prior Authorization Request for Hepatitis C Treatment, Mountain-Pacific Quality Health (Updated October 2016):

<http://medicaidprovider.mt.gov/Portals/68/docs/forms/HepatitisCTxPAFormRevised10172016.pdf>

<sup>8</sup> Hepatitis C Prior Authorization Request Form, Montana Healthcare Program Notice April 6, 2016 (Mid-Level, Physician and Pharmacy):

<https://medicaidprovider.mt.gov/Portals/68/docs/providernotices/2016/providernoticeprov024427hepcpriorauthorizationsingleform.pdf> (Accessed May 2017)

<sup>9</sup> Montana Medicaid Preferred Drug List (Updated 03/23/2017): <http://medicaidprovider.mt.gov/Portals/68/docs/pharmacy/2017/MTPDL03232017.pdf>

<sup>10</sup> April 2017 Montana DUR Board Meeting Minutes: <http://medicaidprovider.mt.gov/Portals/68/docs/pharmacydur/2017/DURminutesApril262017.pdf>

<sup>11</sup> Ibid. Montana Medicaid Prior Authorization Request for Hepatitis C Treatment, Mountain-Pacific Quality Health

<sup>12</sup> Ibid. Montana Medicaid Prior Authorization Request for Hepatitis C Treatment, Mountain-Pacific Quality Health

<sup>13</sup> Ibid. Montana Medicaid Prior Authorization Request for Hepatitis C Treatment, Mountain-Pacific Quality Health

<sup>14</sup> Ibid. Montana Medicaid Prior Authorization Request for Hepatitis C Treatment, Mountain-Pacific Quality Health

<sup>15</sup> Ibid. Montana Medicaid Prior Authorization Request for Hepatitis C Treatment, Mountain-Pacific Quality Health

<sup>16</sup> Ibid. Montana Medicaid Prior Authorization Request for Hepatitis C Treatment, Mountain-Pacific Quality Health

<sup>17</sup> Ibid. Montana Medicaid Prior Authorization Request for Hepatitis C Treatment, Mountain-Pacific Quality Health

<sup>18</sup> Ibid. Montana Medicaid Prior Authorization Request for Hepatitis C Treatment, Mountain-Pacific Quality Health

<sup>19</sup> Ibid. Montana Medicaid Prior Authorization Request for Hepatitis C Treatment, Mountain-Pacific Quality Health

<sup>20</sup> Ibid. Montana Medicaid Prior Authorization Request for Hepatitis C Treatment, Mountain-Pacific Quality Health

<sup>21</sup> Public Health and Human Services, DPHHS, Agency and Telephone Listing, Montana State Government Directories (Accessed May 2017): <http://mt.gov/govt/statedir/agency/dphhs.mcp>

<sup>22</sup> Ibid. Public Health and Human Services, DPHHS, Agency and Telephone Listing, Montana State Government Directories, See also Montana Medicaid Drug Use Review (DUR) Board:

<https://dphhs.mt.gov/boardscouncils/medicaidur.aspx> or <https://medicaidprovider.mt.gov/19dur>