Texas

Estimated Number of Individuals Living with Hepatitis C: 376,600

<table>
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<th>Grade</th>
<th>Summary</th>
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<td><strong>D+</strong></td>
<td>Liver Damage (Fibrosis) Restrictions: Fee-For-Service (FFS) requires severe liver damage (F3 or greater). Thirteen of 15 Managed Care Organizations (MCOs) impose the same liver damage requirements as FFS: Aetna, Amerigroup, BlueCross BlueShield, Cigna HealthSpring, Christus Health Plan, Community Health First Plans, El Paso First Health, FirstCare STAR Health Plans, Molina Healthcare, Scott &amp; White, Sendero Health Plans, Superior HealthPlan and UnitedHealthcare. Community Health Choice and Parkland Community Health do not provide hepatitis C coverage criteria publicly.</td>
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<td>Sobriety Restrictions: FFS requires screening for substance use within 90 days prior to submitting a prior authorization request. Thirteen of 15 MCOs impose the same sobriety criteria as the FFS program: Aetna, Amerigroup, BlueCross BlueShield, Cigna HealthSpring, Christus Health Plan, Community Health First Plans, El Paso First Health, FirstCare STAR Health Plans, Molina Healthcare, Scott &amp; White, Sendero Health Plans, Superior HealthPlan and UnitedHealthcare. Community Health Choice and Parkland Community Health do not provide hepatitis C coverage criteria publicly.</td>
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<td>Prescriber Restrictions: FFS requires a prescription be written by or in consultation with a specialist. Thirteen of 15 MCOs impose the same prescribing requirements as FFS: Aetna, Amerigroup, BlueCross BlueShield, Cigna HealthSpring, Christus Health Plan, Community Health First Plans, El Paso First Health, FirstCare STAR Health Plans, Molina Healthcare, Scott &amp; White, Sendero Health Plans, Superior HealthPlan and UnitedHealthcare. Community Health Choice and Parkland Community Health do not provide hepatitis C coverage criteria publicly.</td>
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<td>Recommendations to Improve Patient Access:</td>
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<td>• Remove liver damage, sobriety and prescriber restrictions.</td>
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<td>• Maintain coverage parity across the FFS and MCO programs and ensure transparency regarding hepatitis C coverage in all MCOs.</td>
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<td>Grade Rationale: Texas Medicaid FFS and MCOs severely restrict access to hepatitis C medications, requiring severe liver damage, 90 days of sobriety and a prescription written by or in consultation with a specialist. With these restrictions, very few people with hepatitis C have access to treatment. Texas Medicaid requires MCOs to apply the FFS coverage criteria. However, plans are allowed to impose less stringent requirements. In recognition of parity across FFS and MCOs and the potential for MCOs to have less severe restrictions than FFS, a “plus” has been added to the state’s D grade.</td>
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**Background**

As of July 2017, Texas had 4,759,590 individuals enrolled in Medicaid and Children’s Health Insurance Program. Texas Medicaid operates a Fee-For-Service (FFS) program and contracts with Managed Care Organizations (MCOs). Most beneficiaries, 88 percent, are enrolled in a MCO; the remaining 12 percent participate in FFS. The state operates several programs to provide health care services to Medicaid beneficiaries that cater to certain patient populations. The State of Texas Access Reform (STAR) program provides primary, acute care, behavioral health care and pharmacy services for low-income families, children, pregnant women, as well as some former foster care youth. The program operates statewide with services delivered through MCOs under contract with the Texas Health and Human Services Commission (HHSC). There are 13 STAR service areas. The STAR+PLUS program provides both acute care services and Long-Term Services and Supports (LTSS) by integrating primary care, behavioral health care, pharmacy services and LTSS for individuals who are age 65 or older or adults who have a disability.

Texas Medicaid currently contracts with 19 MCOs: Aetna, Amerigroup, BlueCross BlueShield of Texas (BCBS), Christus Health Plan, Cigna HealthSpring (Cigna), Community Health First Plans (CHFP), Community Health Choice (CHC), El Paso First Health (El Paso), FirstCare STAR (FirstCare), Molina Healthcare of Texas (Molina), Parkland Community Health (Parkland), Scott & White, Sendero Health Plan (Sendero), Superior HealthPlan (Superior) and UnitedHealthcare (UHC). Of the 19 health plans, four MCOs only serve children and therefore are not included below: Cook Children’s Health Plan, Dell Children’s Health Plan, Driscoll Children’s Health Plan and Texas Children’s Health Plan. Texas requires all MCOs to apply FFS hepatitis C coverage requirements. However, MCOs may choose to impose less strict criteria. The

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Texas Medicaid severely restricts access to hepatitis C medications. The state requires MCOs to apply at least FFS coverage requirements; however, plans can opt to impose less strict criteria.13

The state requires prior authorization (PA) and the required laboratory tests must be obtained within 90 days prior to the request for treatment.14 Regarding liver damage, the PA form states “immediate treatment is assigned the highest priority for patients with advanced fibrosis (Metavir stage F3) or cirrhosis (Metavir stage F4), liver transplant recipients, and patients with hepatocellular carcinoma.”15 The PA further states that patients with less than severe liver damage “may not be approved.”16 A beneficiary must have “one drug screen within 90 days prior” to the PA request.17 A prescription must be written by or in consultation with a specialist.21 The prescriber and beneficiary must review and sign the Prescriber Certification.19 The Certification commits the prescriber to provide verbal and written communication regarding the prevention of hepatitis C reinfection, HIV transmission, abstinence from substance use and liver disease progression (avoiding alcohol).20 The prescriber must also provide adherence and drug treatment information and submit supporting documentation such as lab test results and information about pharmaceutical manufacturers’ patient support programs.21

The PA further stipulates that non-adherence to therapy for “more than 14 days could result in discontinuation of prior authorization and additional refills may not be approved.”22 Exceptions to this adherence policy “are considered in circumstances that are beyond patient or prescriber control.”23 The beneficiary must “be assessed for hepatitis B coinfection within 90 days prior” to the request for therapy.24 The prescriber must also “provide required lab results at baseline, and treatment weeks 4 and 12.”25 Prescriptions can only be dispensed for a maximum of a 28 day’s supply.26 Patients requiring “retreatment will be assessed for approval on a case-by-case basis and lost or stolen medications may not be replaced.”27 Health and Human Services also requires the prescriber to submit the Texas Standard Prior Authorization Form Addendum.28 The Addendum requests detailed medical, laboratory and refill information.29 Initial PA is granted for 6 weeks and must be resubmitted every 6 weeks throughout the course of treatment.30 The PA and Preferred Drug List (PDL) establish the following Direct-Acting Antivirals (DAAs) as preferred: Eclusa (Genotypes 2 and 3), Technivie, Viekira XR and Viekira PAK.31 The PA and PDL list the following agents as non-preferred: Daklinza, Harvoni, Sovaldi, Olysio and Zepatier.32 The PA also stipulates that “requesting other products than a preferred product will require additional justification, including rational for why a preferred product is not indicated for the patient.”33 The PA states that “request for a product other than a preferred product does not guarantee approval.”34

Most MCOs (13 of 15) impose the same hepatitis C liver damage, sobriety and prescribing coverage requirements as the FFS program. Two plans do not provide any coverage criteria publicly.

Aetna requires PA and has a separate form for each agent.35 Aetna severely restricts access to hepatitis C treatment and imposes the same restrictions as FFS.36 Beneficiaries must be 18 years old and have severe liver damage (F3 or greater) or hepatocellular carcinoma or be a liver transplant recipient.37 A beneficiary must have “one drug screen within 90 days prior” to the PA request.38 A prescription must be written by or in consultation with a specialist.39 The plan imposes all the additional requirements detailed by the FFS program except Aetna does not appear to require the Prescriber Certification nor the Prior Authorization Addendum.40 Aetna utilizes the same the PDL as FFS.41

Amerigroup requires PA and imposes the same criteria as the FFS program including the Prescriber Certification.42 Beneficiaries must be 18 years old and have severe liver damage (F3 or greater) or hepatocellular carcinoma or be a liver transplant recipient.43 A beneficiary must have “one drug screen within 90 days prior” to the PA request.44 A prescription must be written by or in consultation with a specialist.45 The plan imposes all the additional requirements detailed by the FFS program.46 Amerigroup utilizes the FFS PDL.47

BCBS requires PA and utilizes the same coverage requirements as FFS including the Prescriber Certification.48 Beneficiaries must be 18 years old and have severe liver damage (F3 or greater) or hepatocellular carcinoma or be a liver transplant recipient.49 A beneficiary must have “one drug screen within 90 days prior” to the PA request.50 A prescription must be written by or in consultation with a specialist.51 The plan imposes all the additional requirements detailed by the FFS program.52 BCBS utilizes the FFS PDL.53

CHC requires a health care provider to log in to access PA and formulary information.54 The plan does not provide any hepatitis C coverage information publicly.55

CHFP requires PA and utilizes the same PA forms as FFS program.56 CHFP utilizes Navitus Health Solutions as the pharmacy benefit manager which maintains the PA criteria.57 Beneficiaries must be 18 years old and have severe liver damage (F3 or greater) or hepatocellular carcinoma or be a liver transplant recipient.58 A beneficiary must have “one drug screen within 90 days prior” to the PA request.59 A prescription must be written by or in consultation with a specialist.60 The plan imposes all the additional requirements detailed by the FFS program.61 CHFP utilizes FFS PDL.62

Christus requires PA and imposes the same coverage restrictions as the FFS program including the Prescriber Certification.63 Beneficiaries must be 18 years old and have severe liver damage (F3 or greater) or hepatocellular carcinoma or be a liver transplant recipient.64 A beneficiary must have “one drug screen within 90 days prior” to the PA request.65 A prescription must be written by or in consultation with a specialist.66 The plan imposes all the additional requirements detailed by the FFS program.67 Christus utilizes the FFS PDL.68

Texas Health and Human Services website states, “The Hepatitis C prior authorization criteria applies to all direct-acting antivirals for Hepatitis C for all Medicaid-eligible individuals (both traditional and managed care).”12

State of Medicaid Hepatitis C Treatment Access

Texas Medicaid severely restricts access to hepatitis C medications. The state requires MCOs to apply at least FFS coverage requirements; however, plans can opt to impose less strict criteria.13

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Cigna requires PA and utilizes the same coverage requirements as FFS including the *Prescriber Certification.* Beneficiaries must be 18 years old and have severe liver damage (F3 or greater) or hepatocellular carcinoma or be a liver transplant recipient. A beneficiary must have “one drug screen within 90 days prior” to the PA request. A prescription must be written by or in consultation with a specialist. The plan imposes all the additional requirements detailed by the FFS program. Cigna utilizes the FFS PDL.

El Paso requires PA and imposes the same PA criteria and forms as FFS. El Paso also utilizes Navitus Health Solutions pharmacy benefit manager. Beneficiaries must be 18 years old and have severe liver damage (F3 or greater) or hepatocellular carcinoma or be a liver transplant recipient. A beneficiary must have “one drug screen within 90 days prior” to the PA request. A prescription must be written by or in consultation with a specialist. The plan imposes all the additional requirements detailed by the FFS program. El Paso utilizes FFS PDL.

FirstCare requires PA and applies coverage criteria and forms as the FFS program. FirstCare also utilizes Navitus Health Solutions pharmacy benefit manager. Beneficiaries must be 18 years old and have severe liver damage (F3 or greater) or hepatocellular carcinoma or be a liver transplant recipient. A beneficiary must have “one drug screen within 90 days prior” to the PA request. A prescription must be written by or in consultation with a specialist. The plan imposes all the additional requirements detailed by the FFS program. FirstCare utilizes FFS PDL.

Molina requires PA and imposes the same requirements as the FFS program including the *Prescriber Certification.* Beneficiaries must be 18 years old and have severe liver damage (F3 or greater) or hepatocellular carcinoma or be a liver transplant recipient. A beneficiary must have “one drug screen within 90 days prior” to the PA request. A prescription must be written by or in consultation with a specialist. The plan imposes all the additional requirements detailed by the FFS program. Molina utilizes the FFS PDL.

Parkland’s website refers to FFS formulary and the PDL. However, the plan does not post any PA forms on its website nor link to the FFS website. Parkland’s hepatitis C coverage requirements are not publicly available.

Scott & White requires PA and applies the same PA coverage criteria and forms as the FFS program. Scott & White also utilizes Navitus Health Solutions pharmacy benefit manager. Beneficiaries must be 18 years old and have severe liver damage (F3 or greater) or hepatocellular carcinoma or be a liver transplant recipient. A beneficiary must have “one drug screen within 90 days prior” to the PA request. A prescription must be written by or in consultation with a specialist. The plan imposes all the additional requirements detailed by the FFS program. Scott & White utilizes FFS PDL.

Sendero requires PA and imposes the FFS coverage criteria. Sendero utilizes Navitus Health Solutions pharmacy benefit manager. Beneficiaries must be 18 years old and have severe liver damage (F3 or greater) or hepatocellular carcinoma or be a liver transplant recipient. A beneficiary must have “one drug screen within 90 days prior” to the PA request. A prescription must be written by or in consultation with a specialist. The plan imposes all the additional requirements detailed by the FFS program. Sendero utilizes FFS PDL.

Superior requires PA and imposes the same restrictions as the FFS program. It is unclear if Superior also requires *Prescriber Certification.* Beneficiaries must be 18 years old and have severe liver damage (F3 or greater) or hepatocellular carcinoma or be a liver transplant recipient. A beneficiary must have “one drug screen within 90 days prior” to the PA request. A prescription must be written by or in consultation with a specialist. The plan imposes all the additional requirements detailed by the FFS program. Superior utilizes the FFS PDL.

UHC requires PA and utilizes the same coverage requirements as FFS including the *Prescriber Certification.* Beneficiaries must be 18 years old and have severe liver damage (F3 or greater) or hepatocellular carcinoma or be a liver transplant recipient. A beneficiary must have “one drug screen within 90 days prior” to the PA request. A prescription must be written by or in consultation with a specialist. The plan imposes all the additional requirements detailed by the FFS program. UHC utilizes the FFS PDL.

Except for two MCO plans, Texas Medicaid FFS and MCOs are transparent regarding their hepatitis C coverage restrictions. The state responded to the NVHR/CHLPI survey on hepatitis C coverage requirements.

### Liver Damage (Fibrosis) Restrictions

Texas Medicaid FFS requires severe liver damage (F3 or greater) or beneficiaries to be diagnosed with hepatocellular carcinoma or be a liver transplant recipient.

Aetna, Amerigroup, BCBS, Christus, Cigna, CHFP, El Paso First Health, FirstCare, Molina, Scott & White, Sendero, Superior and UHC require severe liver damage (F3 or greater) or beneficiaries to be diagnosed with hepatocellular carcinoma or be a liver transplant recipient.

CHC and Parkland do not provide any hepatitis C coverage information publicly.

### Sobriety Restrictions

Texas Medicaid FFS requires a beneficiary to have “one drug screen within 90 days prior” to the PA request.
Thirteen of 15 MCOs apply the same abstinence restrictions as FFS. Aetna, Amerigroup, BCBS, Christus, Cigna, CHFP, El Paso First Health, FirstCare, Molina, Scott & White, Sendero, Superior and UHC also require a drug screen within 90 days of requesting PA. 128

CHC and Parkland do not provide any hepatitis C coverage information publicly. 129

Prescriber Restrictions

Texas Medicaid FFS requires a prescription to be written by a “board-certified gastroenterologist, hepatologist, or infectious disease physician.” 130 The PA further elaborates that “a prescriber other than the above specialists may prescribe and assume responsibility and care for the patient when the prescriber is supervised by a specialist, or with consult from a specialist from the previous 90 days.” 131 The prescriber must submit “a copy of written consult.” 132 The PA states that “exceptions may be considered when a specialist is not available.” 133

THIRTEEN OF 15 MCOs APPLY THE SAME PRESCRIBING REQUIREMENTS AS FFS. AETNA, AMERIGROUP, BCBS, CHRISTUS, CIGNA, CHFP, EL PASO FIRST HEALTH, FIRSTCARE, MOLINA, SCOTT & WHITE, SENDERO, SUPERIOR AND UHC IMPOSE THE SAME PRESCRIBING REQUIREMENTS AS FFS DETAILED ABOVE. 134

CHC AND PARKLAND DO NOT PROVIDE ANY HEPATITIS C COVERAGE INFORMATION PUBLICLY. 135

Points of Contact for Questions & Concerns about Texas’s State of Medicaid Hepatitis C Access

Medicaid:136 Jami Snyder, Associate Commissioner, Medicaid/CHIP Division, Medical and Social Services Health and Human Services Commission, State of Texas
4900 North Lamar Blvd., Austin, TX 78751; Telephone: (512) 424-6500; Email Address: jammersyd@hhsc.state.tx.us

Drug Utilization Review (DUR) Board:137 Drug Utilization Review Board (MC-2250), Texas Health and Human Services
4900 North Lamar Blvd., Austin, TX 78751; Email Address: vdpa_advisory@hhsc.state.tx.us

Notes:
Hepatitis C: State of Medicaid Access


130 Ibid. Medicaid Prior Authorization Criteria and Policy, Initial Request, Antiviral Agents for Hepatitis C Virus, Texas Health and Human Services, Revised: 07/2017; See also: Home, PAXPRESS

131 Ibid. Medicaid Prior Authorization Criteria and Policy, Initial Request, Antiviral Agents for Hepatitis C Virus, Texas Health and Human Services, Revised: 07/2017; See also: Home, PAXPRESS

132 Ibid. Medicaid Prior Authorization Criteria and Policy, Initial Request, Antiviral Agents for Hepatitis C Virus, Texas Health and Human Services, Revised: 07/2017; See also: Home, PAXPRESS

133 Ibid. Medicaid Prior Authorization Criteria and Policy, Initial Request, Antiviral Agents for Hepatitis C Virus, Texas Health and Human Services, Revised: 07/2017; See also: Home, PAXPRESS

134 Ibid. Epclusa, Texas Medicaid Managed Care Prior Authorization Criteria and Policy Antiviral Agents for Hepatitis C Virus, CVS/Caremark/Aetna; See also: Prior Authorization Forms, Prior Authorization Request Forms, For Providers, Aetna; See also: Hepatitis C Agents, Prior Authorization Forms, Amerigroup; See also: Antiviral Agents for Hepatitis C Virus, Medicaid Prior Authorization Criteria and Policy | Initial Request, Amerigroup; See also: Texas Medicaid/CHIP Vendor Drug Program, Medicaid Fee-For-Service Prior Authorization Criteria and Policy Antiviral Agents for Hepatitis C Virus - Initial Request, BlueCross BlueShield of Texas (BCBS); See also: Medicaid Managed Care Prior Authorization Criteria and Policy Antiviral Agents for Hepatitis C Virus, Cigna HealthSpring; See also: Hepatitis C Treatment Request Forms, Prior Authorization, Pharmacy Information, Cigna HealthSpring; See also: Medicaid (STAR) and CHIP Prior Authorization Forms, Pharmacy, BlueCross Blue Shield of Texas; For Community Health Plans, El Paso First, FirstCare Health, Scott & White, Sendero Health Plans see also: Antiviral Agents for Hepatitis C Virus (HCV), Medicaid Prior Authorization Criteria and Policy, Initial Request, Texas Health and Human Services; For Community Health Plans, El Paso First, FirstCare Health, Scott & White, Sendero Health Plans see: Hepatitis C Initial Request, Texas Medicaid STAR/CHIP/STAR KIDS Clinical Edits, Navitus Health Solutions; See also: Hepatitis C Drugs (Medicaid), Texas Standard Prior Authorization Form Addendum, Molina Healthcare of Texas, Revised: 09/10/2017; See also: Hepatitis C Prior Authorization Form Addendum, Pharmacy Prior Authorization Forms, Pharmacy, Molina Healthcare; See also: Prior Authorization Criteria and Policy Antiviral Agents for Hepatitis C Virus, Superior Health Plan; See also: Texas Standard Prior Authorization Form - Initial Request Antiviral Agents for Hepatitis C Virus, Superior Health Plan; See also: Medicaid Prior Authorization Forms, Forms, For Providers, Superior Health Plans; See also: Antiviral Agents for Hepatitis C Virus Medicaid Prior Authorization Criteria and Policy | Initial Request, UnitedHealthcare; See also: Prior Authorization Forms, STAR Pharmacy Program, Pharmacy Program, Texas, UnitedHealthcare Community Plan


137 DUR Board Contacts, Contact Us, About, Vendor Drug Program, Texas Health and Human Services (Accessed September 2017): https://www.txvendordrug.com/about/contact/board; Review this website for information on providing public and written testimony: https://www.txvendordrug.com/resources/drug-utilization-review-board/dur-board-meetings