

Hepatitis C: State of Medicaid Access Report Card

Alabama



Grade	Recommendations to Improve Patient Access
D	<ul style="list-style-type: none"> Remove prior authorization for HCV treatment. Remove six-month sobriety requirement. Remove retreatment restriction. Remove additional restrictions as described below.

State Overview

As of February 2022, 1,101,645 individuals were enrolled in Medicaid and CHIP.¹ It is estimated that as of 2016, 30,700 people were living with HCV in Alabama.² Alabama does not contract with any managed care organizations (MCOs).³

The Alabama Medicaid Preferred Drug List includes Epclusa, Harvoni, Mavyret, Zepatier, sofosbuvir/velpatasvir, and ledipasvir/sofosbuvir.⁴

Deductions		Policy
Prior Authorization	-8	Prior authorization is required for all Direct-Acting Antiviral (DAA) HCV treatment regimens. ⁵
Fibrosis Restrictions	0	Alabama Medicaid does not impose fibrosis restrictions. ⁶
Substance Use Restrictions	-12	Alabama Medicaid imposes substance use restrictions. Alabama Medicaid requires a six-month sobriety period prior to treatment and requires confirmatory laboratory screening. ⁷
Prescriber Restrictions	0	Alabama Medicaid does not impose prescriber restrictions. ⁸
Retreatment Restrictions	-8	Alabama Medicaid imposes retreatment restrictions. Alabama Medicaid only provides one course of treatment per lifetime. ⁹
Access in Managed Care	0	Alabama Medicaid does not contract with MCOs. ¹⁰
Additional Restrictions	-4	Alabama Medicaid imposes additional restrictions as follows: <ul style="list-style-type: none"> Documentation of genotype.¹¹ Documentation of adherence counseling. Patients are required to sign a contract stating: "I understand that Medicaid will pay for only one course of medicine. If I do not take my medicine as prescribed, I will not be approved for another course of therapy."¹²
Total Deductions	32	Total Score [100-Deductions]
		68
		Grade D

Contact Your State Officials

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Key Sources

Preferred Drug List: [Alabama Medicaid Agency, Preferred Drug List \(April 1, 2022\)](#).

Prior Authorization Form: [Alabama Medicaid Agency, Alabama Medicaid Pharmacy Hepatitis C Antiviral Agents PA Request Form \(December 1, 2021\)](#).

¹ Centers for Medicare & Medicaid Services, Medicaid & CHIP in Alabama: <https://perma.cc/PL4P-6SPV>.

² HepVu, Local Data: Alabama (Jan. 2022): <https://perma.cc/24UP-PVBS>.

³ Kaiser Family Foundation, Share of Medicaid Population Covered under Different Delivery Systems (Jul. 2021): <https://perma.cc/X7FE-ZHER>.

⁴ Preferred Drug List.

⁵ Prior Authorization Form.

⁶ Prior Authorization Form.

⁷ Prior Authorization Form.

⁸ Prior Authorization Form.

⁹ Prior Authorization Form.

¹⁰ Kaiser Family Foundation, Share of Medicaid Population Covered under Different Delivery Systems (Jul. 2021): <https://perma.cc/X7FE-ZHER>.

¹¹ Prior Authorization Form.

¹² Alabama Medicaid, Patient Consent Form Hepatitis C Agents (Apr. 2017): <https://perma.cc/9K7N-BDY4>.

¹³ National Association of Medicaid Directors, Medicaid Directors: <https://perma.cc/RK6K-TFKK>.

¹⁴ Contact Information, Alabama Medicaid P&T Committee: <https://perma.cc/JA2S-3UA7>.