

Hepatitis C: State of Medicaid Access Report Card

Alaska

Estimated Number of Individuals Living with Hepatitis C: 5,200¹



Grade	Summary
<p style="font-size: 2em; font-weight: bold; color: #8B4513;">A+</p>	<p>Liver Damage (Fibrosis) Restrictions: Alaska Medicaid does not impose liver damage requirements.</p> <p>Sobriety Restrictions: Alaska Medicaid does not impose sobriety restrictions.</p> <p>Prescriber Restrictions: Alaska Medicaid does not impose prescriber restrictions unless patients meet certain clinical criteria.</p> <p>Recommendations to Improve Patient Access:</p> <ul style="list-style-type: none"> Continue to provide streamlined access to hepatitis C treatment <p><i>Grade Rationale: Alaska has significantly improved access to hepatitis C medications. Alaska has no liver damage, sobriety, or prescriber restrictions. Additionally, Alaska has streamlined treatment access by not requiring prior authorizations for preferred products. This has earned the state a “plus” added to its grade.</i></p>

Background

According to Alaska’s monthly Medicaid report, as of October 2021, the program covered 251,606 individuals.² All beneficiaries enrolled in Alaska’s Medicaid program are managed through Fee-For-Service (FFS). Alaska does not contract with any Managed Care Organizations (MCOs).³

State of Medicaid Hepatitis C Treatment Access

Alaska has significantly improved access to hepatitis C medications and does not impose barriers to treatment for preferred products and the state imposes few barriers to treatment for non-preferred products. Previously, the coverage criteria were detailed, onerous and requested specific documentation to establish stage of disease and severity.⁴ The liver damage requirements varied by hepatitis C genotype (1, 2, 3, 4, 5, 6), with a minimum of at least moderate liver damage (F2 or greater) required across all genotypes.⁵ Three separate prior authorization (PA) criteria documents had to be reviewed.⁶ Alaska also required 90 days of abstinence from alcohol and other substances, and a patient who tests positive to be actively engaged in a treatment program. A prescription had to be written by or in consultation with a gastroenterologist, infectious disease or hepatologist; however, a specialist had to prescribe treatment for certain patients with advanced disease.⁷

On January 4, 2022, Alaska took further steps to open access. Alaska no longer requires prior authorization for preferred product, Mavyret. For non-preferred products, the state requires a diagnosis of chronic hepatitis C and does not impose liver damage requirements.⁸ Alaska no longer requires screening and referral to treatment for active alcohol, illicit substance use or prescription drugs.⁹ The state has removed most prescriber requirements. However, beneficiaries younger than 19 years and beneficiaries with certain clinical criteria such as post-liver transplant or mixed genotype must have authorization for treatment requested by or in consultation with a specialist.¹⁰ Prescribers “must perform a patient readiness assessment prior to treatment.”¹¹ The patient must agree to “complete the regimen and [commit that he/she] understand[s] the of risks of reinfection and contributors of liver damage” by signing and submitting an attestation.¹² The beneficiary must be screened for hepatitis B.¹³ If the patient is co-infected with HIV then the prescriber must “provide documentation of CD4 count, HIV viral load, and HIV treatment regimen.”¹⁴ For regimens with durations longer than 16 weeks, “HCV RNA may be required to be submitted with the renewal authorization for treatment week 4” Additionally, the prescriber must maintain documentation in the patient’s medical chart of HCV RNA level at treatment week 4, as well as HCV RNA levels after completion of therapy at week 12 post therapy (SVR12); this information shall be made available at the State of Alaska’s request.”¹⁵

Alaska utilizes the Food and Drug Administration (FDA) approved dosing and duration limits.¹⁶ Replacement of lost or stolen medication is not authorized.¹⁷ The hepatitis C preferred regimens have been updated: currently, Mavyret is the preferred agent for all genotypes. However, in some cases, Eplclusa (Genotypes 2 and 3) and Zepatier (Genotypes 1 and 4) may be prescribed.¹⁸ The clinical criteria specifically states that approval can be denied for a “request [that] is for a non-preferred agent when a medically appropriate preferred agent is available.”¹⁹

Alaska’s Medicaid program is transparent with its hepatitis C coverage criteria and PA requirements.²⁰

Liver Damage (Fibrosis) Restrictions

Alaska Medicaid does not impose liver damage requirements.²¹

Sobriety Restrictions

Alaska Medicaid does not impose sobriety restrictions for preferred agents. For non-preferred agents, the patient must agree to “complete the regimen and [commit that he/she] understand[s] the of risks of reinfection and contributors of liver damage” by signing and submitting an attestation.²²

Prescriber Restrictions

Alaska Medicaid does not impose prescriber restrictions for most patients. However, beneficiaries younger than 19 years must have authorization for treatment by or in consultation with a specialist.²³ Additionally, beneficiaries meeting other clinical criteria must have a prescription written by or in consultation with a specialist including: “hepatocellular carcinoma awaiting liver transplantation (and meets Milan Criteria), post liver transplant, decompensated cirrhosis (Child Pugh B or C), mixed genotype, and those previously treated with both an NS3/4A PI and an NS5A inhibitor.”²⁴ Otherwise, no prescriber requirements are imposed.²⁵

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

Alaska Medicaid:²⁶ Renee Gayhart, Director, Health Care Services, Alaska Department of Health & Social Services

240 Main St., Ste 202, Juneau, AK 99801; Telephone: (907) 465-1184; Email: renee.gayhart@alaska.gov

Drug Utilization Review (DUR):²⁷ Erin Narus, PharmD, Manager, Pharmacy Program & Ancillary Services, Alaska Department of Health & Social Services

4601 Business Park Blvd., Building L, Anchorage, AK 99503-7167; Telephone: (907) 334-2425; Email: erin.narus@alaska.gov

¹ Alaska State Profile, HepVu: <https://hepvu.org/local-data/alaska/>.

² Medicaid in Alaska, Monthly Report (Updated October 31, 2021): <http://dhss.alaska.gov/HealthyAlaska/Documents/MedicaidDashboard.pdf>.

³ Share of Medicaid Population Covered under Different Delivery Systems, State Health Facts, Kaiser Family Foundation, Collected as part of Medicaid Managed Care Market Tracker (Updated July 1, 2021): <http://kff.org/medicaid/state-indicator/share-of-medicoid-population-covered-under-different-delivery-systems/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22:%22sort%22:%22asc%22%7D>.

⁴ Drug Utilization Review (DUR) Committee, Alaska Medicaid, Meeting November 20, 2015; See also Alaska Medicaid, Prior Authorization Criteria, Direct Acting Antivirals for Hepatitis C (Last Updated and Approved: 3/25/2016); Effective for Dates of Service: 7/1/2016 and thereafter.

⁵ Alaska Department of Health and Social Services, Division of Health Care Services, Medication Prior Authorization, Prior Authorization Medication Categories, Infectious Disease:

<http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx#infectious-disease>; See also Drug Utilization Review (DUR) Committee, Alaska Medicaid, Meeting November 20, 2015:

http://dhss.alaska.gov/dhcs/Pages/pdl/drugutilizb_archive_pdl.aspx; See also Alaska Medicaid, Prior Authorization Criteria, Direct Acting Antivirals for Hepatitis C Genotype 1 (Last Updated and Approved: 3/25/2016); Effective for Dates of Service: 7/1/2016 and thereafter: http://dhss.alaska.gov/dhcs/Documents/pharmacy/pdfs/HCV_DAA_GT1_20160701.pdf; Note: There are three separate prior authorization criteria specified by genotype first for genotype 1; second for genotypes 2, 3, 5, and 6; and a third for genotype 4.

⁶ Ibid. ADHSS, Division of Health Care Services, Medication Prior Authorization, Prior Authorization Medication Categories, Infectious Disease.

⁷ Ibid. Alaska Medicaid, Prior Authorization Criteria, (Last Updated and Approved: 3/25/2016); See also Alaska Medicaid Prior Authorization Form, Hepatitis C Direct Acting Antivirals, effective (7/1/16):

http://dhss.alaska.gov/dhcs/Documents/pharmacy/pdfs/HCV-DAA-FaxForm_20160701.pdf.

⁸ Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 1/4/2022 (Accessed November 2021):

https://dhss.alaska.gov/dhcs/Documents/pharmacy/Criteria/202111.%20CCFU_ID_HepC_GT-all_November2021.pdf; See also Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts (Updated 2/5/2021), Alaska Medicaid (Accessed November 2021): https://dhss.alaska.gov/dhcs/Documents/pharmacy/forms/AK_Hep_C_DAA_Fax_Form.pdf.

⁹ Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 1/4/2022; See also Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts (updated 2/5/2021).

¹⁰ Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 1/4/2022; See also Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts (updated 2/5/2021).

¹¹ Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 1/4/2022; See also Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts (updated 2/5/2021).

¹² Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 1/4/2022; See also Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts (updated 2/5/2021).

¹³ Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 1/4/2022; See also Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts (updated 2/5/2021).

¹⁴ Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 1/4/2022; See also Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts (updated 2/5/2021).

¹⁵ Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 1/4/2022; See also Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts (updated 2/5/2021).

¹⁶ Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 1/4/2022; See also Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts (updated 2/5/2021).

¹⁷ Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 1/4/2022; See also Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts (updated 2/5/2021).

¹⁸ Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 1/4/2022; See also Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts (updated 2/5/2021).

¹⁹ Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 1/4/2022; See also Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts (updated 2/5/2021).

²⁰ Alaska Department of Health and Social Services (ADHSS), Division of Health Care Services, Medication Prior Authorization, Prior Authorization Medication Categories, Infectious Disease:

<http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx#infectious-disease>; See also DUR Committee Meeting Minutes: http://dhss.alaska.gov/dhcs/Pages/pdl/drugutilizb_pdl.aspx.

²¹ Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 1/4/2022; See also Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts (updated 2/5/2021).

²² Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 1/4/2022; See also Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts (updated 2/5/2021).

²³ Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 1/4/2022; See also Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts (updated 2/5/2021).

²⁴ Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 1/4/2022; See also Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts (updated 2/5/2021).

²⁵ Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 1/4/2022; See also Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts (updated 2/5/2021).

²⁶ Department Contacts, Office of the Commissioner, Alaska Department of Health Care & Social Services: <http://dhss.alaska.gov/Commissioner/Pages/Contacts/default.aspx>.

²⁷ Ibid. Department Contacts, Office of the Commissioner, Alaska Department of Health Care & Social Services.