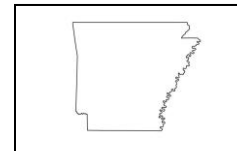


Hepatitis C: State of Medicaid Access Report Card

Arkansas



Grade	Recommendations to Improve Patient Access
F	<ul style="list-style-type: none"> Remove prior authorization for HCV treatment. Remove fibrosis requirement. Remove substance use restriction. Remove requirement that only hepatologists, gastroenterologists, infectious disease specialists, or physicians working directly under those providers may prescribe. Remove retreatment restriction. Remove additional restrictions as described in report card.

State Overview

As of February 2022, 974,315 individuals were enrolled in Medicaid and CHIP.¹ It is estimated that as of 2016, 21,800 people were living with HCV in Arkansas.² Arkansas does not contract with any managed care organization (MCOs) for most of its Medicaid population. A small number of enrollees may participate in the PASSE program, which involves state contracted MCOs for specific high-needs populations.³

The Arkansas Medicaid Preferred Drug List includes Mavyret, sofosbuvir/velpatasvir, and Zepatier.⁴

Deductions		Policy
Prior Authorization	-8	Prior authorization is required for all HCV treatment regimens. ⁵
Fibrosis Restrictions	-12	Arkansas Medicaid imposes fibrosis restrictions. Arkansas Medicaid requires a fibrosis score of F3 or greater. ⁶
Substance Use Restrictions	-12	Arkansas Medicaid imposes substance use restrictions. Arkansas Medicaid requires a six-month sobriety period prior to treatment. ⁷
Prescriber Restrictions	-8	Arkansas Medicaid imposes prescriber restrictions. "All PA requests must be from a hepatologist, gastroenterologist, infectious disease specialist, or a prescriber working under the direct supervision of one of these specialty physicians." ⁸
Retreatment Restrictions	-8	Arkansas Medicaid imposes retreatment restrictions. Retreatment may be conditioned on an individual's previous adherence to treatment. ⁹
Access in Managed Care	0	The PASSE program imposes the same requirements as FFS. ¹⁰
Additional Restrictions	-4	Arkansas Medicaid imposes additional restrictions as follows: ¹¹ <ul style="list-style-type: none"> Documentation of genotype. Documentation of adherence assessment for continuation of treatment. "Adherence with prescribed therapy is a condition for payment of continuation therapy for up to the allowed timeframe for each HCV genotype. The recipient's Medicaid drug history will be reviewed prior to approval."
Total Deductions	-52	Total Score [100-Deductions] 48
		Grade F

Contact Your State Officials

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Drug Review Committee¹³: Cindi Pearson, Pharmacy Administrator
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Key Sources

Preferred Drug List: [Magellan Rx Management, Arkansas Medicaid Preferred Drug List \(April 1, 2022\)](#).

Prior Authorization Form: [Arkansas Medicaid Prescription Drug Program, Hepatitis C Virus \(HCV\) Medication Therapy Request Sheet](#).

¹ Centers for Medicare & Medicaid Services, Medicaid & CHIP in Arkansas: <https://perma.cc/DGF6-QNWZ>.

² HepVu, Local Data: Arkansas (Jan. 2022): <https://perma.cc/RMY6-786X>.

³ Arkansas Department of Human Services, PASSE: Provider-led Arkansas Shared Savings Entity: <https://perma.cc/5U2P-6MQE>.

⁴ Preferred Drug List.

⁵ Preferred Drug List.

⁶ Prior Authorization Form.

⁷ Prior Authorization Form.

⁸ Prior Authorization Form.

⁹ Prior Authorization Form.

¹⁰ Arkansas Department of Human Services, Beneficiary Support: <https://perma.cc/P42Z-BFDN>.

¹¹ Prior Authorization Form.

¹² State of Arkansas, Meet the Secretary: <https://perma.cc/KW6M-2EBX>.

¹³ State of Arkansas, Arkansas Medicaid DRC: <https://perma.cc/5MV2-ZSTT>.