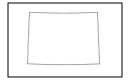
# **Hepatitis C: State of Medicaid Access Report Card**

# Colorado



Grade	Recommendations to Improve Patient Access		
A+	Continue to ensure broad access to HCV treatment.		

## **State Overview**

As of October 2023, 1,534,304 individuals were enrolled in Medicaid and CHIP.¹ It is estimated that as of 2016, 36,300 people were living with HCV in Colorado.² The state operates a Primary Care Case Management (PCCM) program known as the Accountable Care Collaborative.³ As of July 2022, 11% of Medicaid beneficiaries are enrolled in a managed care organization, and 89% are enrolled in PCCM.⁴ The PCCM program is divided into seven geographic Regional Care Collaborative Organizations (RCCO).⁵ Additionally, Elevate Medicaid Choice (Denver Health Medical Plan) covers Medicaid-eligible individuals who live in a limited geographic area including Adams, Arapahoe, Denver, and Jefferson Counties.⁶ All RCCOs appear to follow the HCV treatment criteria set forth by the Colorado Department of Health Care Policy & Financing (DHCPF).⁵

The Colorado Medicaid Preferred Drug List includes Epclusa, Harvoni, ledipasvir/sofosbuvir, Mavyret, sofosbuvir/velpatasvir, and Vosevi.<sup>8</sup> The Elevate Medicaid Choice formulary lists the following medications as preferred: Epclusa, Harvoni, ledipasvir/sofosbuvir, and sofosbuvir/velpatasvir.<sup>9</sup>

Deductions		Policy		
Prior Authorization		Prior authorization is not required for preferred HCV treatment regimens prescribed for initial treatment. Prescriptions may be written and filled for up to a 90-day supply. <sup>10</sup> Elevate Medicaid Choice does not require prior authorization for Epclusa, Harvoni, ledipasvir/sofosbuvir, and sofosbuvir/velpatasvir. <sup>11</sup>		
Fibrosis Restrictions		Colorado Medicaid does not impose fibrosis restrictions. <sup>12</sup>		
Substance Use Restrictions		Colorado Medicaid does not impose substance use restrictions. <sup>13</sup>		
Prescriber Restrictions		Colorado Medicaid does not impose prescriber restrictions. <sup>14</sup>		
Retreatment Restrictions		Colorado Medicaid does not impose undue retreatment restrictions. Prior authorization is required for retreatment using the standard prior authorization form. Elevate Medicaid Choice only allows one course of treatment per year. 6		
Access in Managed Care		All RCCOs appear to follow the criteria established by DHCPF. <sup>17</sup>		
Additional Restrictions		Colorado Medicaid does not impose additional restrictions. <sup>18</sup>		
<b>Total Deductions</b>		Total Score [100-Deductions]	Grade	
0		100	A+	

#### **Contact Your State Officials**

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#### **Key Sources**

Preferred Drug List: Colorado Department of Health Care Policy and Financing, Preferred Drug List (Jan. 1 2024).

Prior Authorization Form: Colorado Department of Health Care Policy and Financing, Standard Prior Authorization (PA) Request Form (Sept. 2019).

Clinical Criteria: Clinical criteria for HCV treatment are described in the Preferred Drug List, above.



<sup>&</sup>lt;sup>1</sup> Centers for Medicare & Medicaid Services, Medicaid & CHIP in Colorado, https://perma.cc/BB7C-PDNA.

<sup>&</sup>lt;sup>2</sup> HepVu, Local Data: Colorado (Jan. 2022), https://perma.cc/R95D-55QR.

<sup>&</sup>lt;sup>3</sup> Health First Colorado, Regional Organizations, https://perma.cc/8UBH-47F9.

<sup>&</sup>lt;sup>4</sup> Kaiser Family Foundation, Share of Medicaid Population Covered under Different Delivery Systems, https://perma.cc/FJ4T-H87G.

<sup>&</sup>lt;sup>5</sup> Colorado Department of Health Care Policy & Financing, Accountable Care Collaborative, https://perma.cc/LD5Y-FLV2.

<sup>&</sup>lt;sup>6</sup> Denver Health Medical Plan, Denver Health Medicaid Choice, https://perma.cc/7Y3D-JC4M.

<sup>&</sup>lt;sup>7</sup> Colorado Department of Health Care Policy & Financing, Health First Colorado Managed Care Contracts, https://perma.cc/M6X4-Z3XW.

<sup>&</sup>lt;sup>8</sup> Preferred Drug List.

<sup>&</sup>lt;sup>9</sup> Elevate Medicaid Choice, Formulary & Pharmaceutical Management Procedures (2023), https://perma.cc/X8V3-R4Q6.

<sup>&</sup>lt;sup>10</sup> Preferred Drug List.

<sup>&</sup>lt;sup>11</sup> Elevate Medicaid Choice, Formulary & Pharmaceutical Management Procedures (2023), https://perma.cc/X8V3-R4Q6.

<sup>&</sup>lt;sup>12</sup> Clinical Criteria.

<sup>&</sup>lt;sup>13</sup> Clinical Criteria.

<sup>&</sup>lt;sup>14</sup> Clinical Criteria.

<sup>&</sup>lt;sup>15</sup> Clinical Criteria.

<sup>&</sup>lt;sup>16</sup> Elevate Medicaid Choice, Formulary & Pharmaceutical Management Procedures (2023), https://perma.cc/X8V3-R4Q6.

<sup>&</sup>lt;sup>17</sup> Colorado Department of Health Care Policy & Financing, Health First Colorado Managed Care Contracts, https://perma.cc/8T4W-AECZ.

<sup>&</sup>lt;sup>18</sup> Clinical Criteria.

<sup>&</sup>lt;sup>19</sup> Colorado Department of Health Care Policy & Financing, Executive Leadership Team, https://perma.cc/J595-HECD.

<sup>&</sup>lt;sup>20</sup> Colorado Department of Health Care Policy & Financing, Pharmacy and Therapeutics (P&T) Committee, https://perma.cc/7AFG-WZR6.