Hepatitis C: State of Medicaid Access Report Card

Connecticut



Grade	Recommendations to Improve Patient Access		
В	 Remove prior authorization for HCV treatment. Remove additional restrictions as described below. 		

State Overview

As of February 2022, 970,162 individuals were enrolled in Medicaid and CHIP.¹ It is estimated that as of 2016, 18,300 people were living with HCV in Connecticut.² Connecticut Medicaid does not contract with any managed care organizations (MCOs).³

The Connecticut Medicaid Preferred Drug List includes sofosbuvir/velpatasvir, Mavyret, and Vosevi.⁴

Deductions		Policy		
Prior Authorization	-8	Prior authorization is required for all HCV treatment regimens. ⁵		
Fibrosis Restrictions		Connecticut Medicaid does not impose fibrosis restrictions. ⁶		
Substance Use Restrictions		Connecticut Medicaid does not impose substance use restrictions. ⁷		
Prescriber Restrictions		Connecticut Medicaid does not impose prescriber restrictions.8		
Retreatment Restrictions		Connecticut Medicaid does not impose retreatment restrictions.9		
Access in Managed Care		Connecticut Medicaid does not contract with any MCOs. ¹⁰		
Additional Restrictions	-8	 Connecticut Medicaid imposes additional restrictions as follows:¹¹ Confirmation of chronic HCV infection. Documentation of genotype. Prohibits refills for lost or stolen medications without appropriate documentation. 14-day dispensing limitation. 		
Total Deductions		Total Score [100-Deductions]	Grade	
-16		84	В	

Contact Your State Officials

Medicaid Office¹²: William Gui Woolston, Director, Division of Health Services, Connecticut Department of Social Services 55 Farmington Avenue, Hartford, CT 06105-3730

Pharmacy & Therapeutics Committee¹³: PDL Coordinator, Pharmaceutical and Therapeutics Committee 55 Farmington Avenue, Hartford, CT 06105; Telephone: 571-348-0187; Email Address: ConnecticutPDLQuestions@gainwelltechnologies.com





Key Sources

Preferred Drug List: Connecticut Medicaid, Preferred Drug List (Apr. 2022).

Clinical Criteria: Connecticut Medicaid, Prior Authorization Required from Gainwell Technologies.

Prior Authorization Form: CT Medical Assistance Program, Hepatitis C Prior Authorization (PA) Request Form (Sep. 2021).

¹ Centers for Medicare & Medicaid Services, Medicaid & CHIP in Connecticut: https://perma.cc/8279-Q7HU.





² HepVu, Local Data: Connecticut (Jan. 2022): https://perma.cc/5TTJ-GMKM.

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 Preferred Drug List.

⁶ Clinical Criteria.

⁷ Clinical Criteria.

⁸ Clinical Criteria.

⁹ Clinical Criteria.

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

¹¹ Clinical Criteria.

¹² National Association of Medicaid Directors, Medicaid Directors: https://perma.cc/RK6K-TFKK.

¹³ Connecticut Department of Social Services, Pharmaceutical And Therapeutics Committee: https://perma.cc/VL6C-KTNS.