

# Hepatitis C: State of Medicaid Access Report Card

## Delaware



Grade	Recommendations to Improve Patient Access
<b>D</b>	<ul style="list-style-type: none"> <li>Remove prior authorization for HCV treatment.</li> <li>Remove substance use restrictions.</li> <li>Remove retreatment restrictions.</li> <li>Ensure transparency and parity across FFS and MCOs regarding HCV coverage criteria.</li> <li>Remove additional restrictions as described below.</li> </ul>

### State Overview

As of February 2022, 282,299 individuals were enrolled in Medicaid and CHIP.<sup>1</sup> It is estimated that as of 2016, 6,300 people were living with HCV in Delaware.<sup>2</sup> Delaware Medicaid contracts with two managed care organizations (MCOs): AmeriHealth Caritas Delaware and Highmark Health Options (Blue Cross and Blue Shield of Delaware).<sup>3</sup>

The Connecticut Medicaid Preferred Drug List includes sofosbuvir/velpatasvir, Mavyret, and Epclusa.<sup>4</sup>

Deductions		Policy
Prior Authorization	-8	Prior authorization is required for all HCV treatment regimens. <sup>5</sup>
Fibrosis Restrictions	0	Delaware Medicaid does not impose fibrosis restrictions. <sup>6</sup>
Substance Use Restrictions	-12	Delaware Medicaid imposes substance use restrictions. "If the client is actively abusing alcohol or IV drugs, or has a history of abuse, there must be documentation of prescriber counseling regarding the risks of alcohol or IV drug abuse and an offer of a referral for substance use disorder treatment." <sup>7</sup> Additionally, the patient is required to sign a consent form that reads: "Alcohol must be avoided to prevent further harm to the liver. The use of alcohol during treatment may lead to coverage of medications being cancelled. Illegal substance must be avoided. Exposure to another form of Hepatitis C would make it more challenging to treat the viral infection. . . . By signing this document, I acknowledge that I have read the above information, that I will abide by all parts of it, and that failure may result in termination of my medication for hepatitis C." <sup>8</sup>
Prescriber Restrictions	0	Delaware Medicaid does not impose prescriber restrictions. <sup>9</sup>
Retreatment Restrictions	-8	Delaware Medicaid imposes retreatment restrictions. "If the client has failed prior therapy, then documentation of the reason for failure is required. Simple noncompliance with previous therapy may be considered a contraindication to retreatment." <sup>10</sup>
Access in Managed Care	-8	Highmark Health Options impose more stringent requirements than FFS. Highmark requires time-based HCV RNA testing, whereas FFS does not. <sup>11</sup> AmeriHealth Caritas impose the same requirements as FFS. <sup>12</sup>
Additional Restrictions	-4	Delaware Medicaid imposes additional restrictions as follows: <ul style="list-style-type: none"> <li>Documentation of genotype.<sup>13</sup></li> <li>Documentation of adherence agreement. If a patient fails to adhere to their medication, their treatment may be discontinued.<sup>14</sup></li> </ul>
<b>Total Deductions</b>	<b>-40</b>	<b>Total Score [100-Deductions]</b> <b>60</b>
		<b>Grade</b> <b>D</b>

## Contact Your State Officials

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**Medicaid Office**<sup>15</sup>: Stephen Groff, Director, Division of Medicaid & Medical Assistance  
DHHS Herman Holloway Campus, Lewis Building, 1901 North Du Pont Highway, New Castle, DE 19720;  
Telephone: (302) 255-9500; Email Address: [stephen.groff@state.de.us](mailto:stephen.groff@state.de.us)

**Pharmacy & Therapeutics Committee**<sup>16</sup>: Delaware Medicaid and Medical Assistance Program  
Email Address: [PanTPublicTestimony@gainwelltechnologies.com](mailto:PanTPublicTestimony@gainwelltechnologies.com)

## Key Sources

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**Preferred Drug List:** [Delaware Medicaid, Delaware Medicaid Preferred Drug List \(Feb. 2022\)](#).

**Clinical Criteria:** [Delaware Medicaid, Prior Authorization Conditions \(Aug. 2021\)](#).

**Prior Authorization Form:** The HCV Prior Authorization Form is included with the Clinical Criteria, above.

**Highmark Health Options Prior Authorization Form:** [Highmark Health Options, Request for Prior Authorization for Hepatitis C Agents \(Apr. 2022\)](#).

**AmeriHealth Caritas Prior Authorization Form:** [AmeriHealth Caritas Delaware, Physician Request Form for Hepatitis C Therapies \(Sep. 2021\)](#).

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<sup>1</sup> Centers for Medicare & Medicaid Services, Medicaid & CHIP in Delaware: <https://perma.cc/M6UU-9WNJ>.

<sup>2</sup> HepVu, Local Data: Delaware (Jan. 2022): <https://perma.cc/P5H9-MG6Z>.

<sup>3</sup> State of Delaware, Division of Medicaid & Medical Assistance (DMMA) Medicaid Managed Care: <https://perma.cc/NS6A-RV97>.

<sup>4</sup> Preferred Drug List.

<sup>5</sup> Preferred Drug List.

<sup>6</sup> Clinical Criteria.

<sup>7</sup> Clinical Criteria.

<sup>8</sup> Prior Authorization Form (see Delaware DMMA Informed Consent Form for Hepatitis C Therapy).

<sup>9</sup> Clinical Criteria.

<sup>10</sup> Clinical Criteria.

<sup>11</sup> Highmark Health Options Prior Authorization Form.

<sup>12</sup> AmeriHealth Caritas Prior Authorization Form.

<sup>13</sup> Clinical Criteria.

<sup>14</sup> Prior Authorization Form (see Delaware DMMA Informed Consent Form for Hepatitis C Therapy).

<sup>15</sup> State of Delaware, Contact Information: <https://perma.cc/2SDZ-VYUX>.

<sup>16</sup> State of Delaware, Pharmacy Corner: <https://perma.cc/QZ2B-CYKK>.