

Hepatitis C: State of Medicaid Access Report Card

District of Columbia



Grade	Recommendations to Improve Patient Access
F	<ul style="list-style-type: none"> Remove prior authorization for HCV treatment. Remove substance use counseling requirement. Remove specialty prescriber consultation requirement. Remove retreatment restrictions. Ensure transparency and parity across FFS and MCOs regarding HCV coverage criteria. Remove additional barriers to treatment as described below.

State Overview

As of January 2022, 276,641 individuals were enrolled in Medicaid and CHIP.¹ As of 2016, an estimated 12,700 people were living with HCV in the District of Columbia.² As of July 1, 2021, 86% of District of Columbia Medicaid beneficiaries were enrolled in an MCO, with other 14% enrolled in FFS.³ The District of Columbia contracts with four Medicaid Managed Care Organizations (MCOs): MedStar Family Choice, AmeriHealth Caritas DC, CareFirst Community Health Plan DC, and Health Services for Children with Special Needs.⁴ The State MCOs do not use the FFS Preferred Drug List.⁵

The District of Columbia lists Mavyret and Vosevi as preferred regimens.⁶

Deductions		Policy
Prior Authorization	-8	Prior authorization is required for all HCV treatment regimens. ⁷
Fibrosis Restrictions	0	The District of Columbia does not impose fibrosis restrictions. ⁸
Substance Use Restrictions	-4	Prescribers are required to “counsel” the patient “on barriers to HCV therapy, such as alcohol, and illicit drug use.” ⁹
Prescriber Restrictions	-8	HCV treatment may only be prescribed by a gastroenterologist, infectious disease specialist, “a physician specialized in hepatitis treatment and management,” or “a physician/mid-level practitioner working in consultation with [a] gastroenterologist or infectious disease specialist.” ¹⁰
Retreatment Restrictions	-8	The District of Columbia does not appear to cover retreatment for any patients under any circumstances. On the prior authorization form, the prescriber must attest that the patient “clearly understands that only one course of therapy is allowed in his/her District Medicaid lifetime.” ¹¹
Access in Managed Care	-8	MedStar Family Choice, ¹² CareFirst Community Health Plan DC, ¹³ and AmeriHealth Caritas DC ¹⁴ each impose stricter requirements than FFS. MedStar Family Choice requires the prescriber to submit a social history with detail about a patients’ past substance abuse history. ¹⁵ CareFirst Community Health Plan DC requires the prescriber to submit a “past and present history of mental illness and antidepressant/antipsychotic use.” ¹⁶ AmeriHealth Caritas DC requires the prescriber to be “a specialist in hepatology/gastroenterology/infectious disease/HIV or liver transplant.” ¹⁷
Additional Restrictions	-6	The District of Columbia imposes additional restrictions as follows: <ul style="list-style-type: none"> Documentation of genotype.¹⁸ Documentation of the patient’s ability to adhere to treatment, including past treatment for other conditions. On the prior authorization form, prescribers must report whether “the patient has a history of adherence problem to any prior therapy,” and must “describe any education efforts undertaken to improve patient’s adherence.”¹⁹ Additionally, the District of Columbia appears to track patient adherence to their HCV regimen: patients are required to “participate in the Hepatitis C monitoring program provided by the District’s Pharmacy Benefit Manager.”²⁰ Prohibits refills for lost or stolen medication “unless there is legitimate documented evidence.”²¹
Total Deductions	42	Total Score [100-53]
		58
		Grade
		F

Contact Your State Officials

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Key Sources

Preferred Drug List: [District of Columbia Department of Health Care Finance, Preferred Drug List \(March 15, 2022\)](#).

Clinical Criteria: The District of Columbia does not publish specific clinical criteria for HCV treatment.

Prior Authorization Form for Mavyret: [District of Columbia Department of Health Care Finance, Initial Prior Authorization Request for Mavyret \(Dec. 13, 2017\)](#).

Prior Authorization Form for Vosevi: [District of Columbia Department of Health Care Finance, Initial Prior Authorization Request for Vosevi \(Dec. 13, 2017\)](#).

Patient Commitment Form: [District of Columbia Department of Health Care Finance, Hepatitis C Patient Commitment Form \(Feb. 23, 2017\)](#).

¹ CMS, Medicaid & CHIP in DC, <https://perma.cc/358E-RHQU>.

² HepVu, Local Data: DC, <https://perma.cc/2TFT-SU3G>.

³ Kaiser Family Foundation, Share of Medicaid Population Covered Under Different Delivery Systems, <https://perma.cc/47VJ-UBP7>.

⁴ DC Medicaid, Managed Care Information, <https://perma.cc/YUC2-SBA6>.

⁵ KFF, State Medicaid Preferred Drug Lists (July 1, 2019), <https://perma.cc/5WNZ-U3JR>.

⁶ Preferred Drug List.

⁷ Preferred Drug List.

⁸ Prior Authorization for Mavyret; *see also* Prior Authorization for Vosevi.

⁹ Prior Authorization for Mavyret.

¹⁰ Prior Authorization for Mavyret.

¹¹ Prior Authorization for Mavyret.

¹² MedStar Family Choice, Hepatitis C Medications (March 8, 2022), <https://perma.cc/QB8K-P27Z>; *see also* MedStar Family Choice, Hepatitis C Prior Authorization Form (Oct. 1, 2020), <https://perma.cc/93CY-6YKL>.

¹³ CareFirst Community Health Plan District of Columbia, Member Education Commitment to Take Hepatitis C Medications, <https://perma.cc/8FD7-3T4A>.

¹⁴ Amerihealth Caritas District of Columbia, Prior Authorization Protocol for Hepatitis C Treatment for AHDC (Aug. 2020), <https://perma.cc/58KE-CYR2>; Amerihealth Caritas District of Columbia, Physician Request Form for Hepatitis C Therapies (May 2021), <https://perma.cc/8UHF-AQZ8>.

¹⁵ MedStar Family Choice, Hepatitis C Medications (March 8, 2022), <https://perma.cc/QB8K-P27Z>.

¹⁶ CareFirst Community Health Plan District of Columbia, Member Education Commitment to Take Hepatitis C Medications, <https://perma.cc/8FD7-3T4A>.

¹⁷ Amerihealth Caritas District of Columbia, Prior Authorization Protocol for Hepatitis C Treatment for AHDC (Aug. 2020), <https://perma.cc/58KE-CYR2>; Amerihealth Caritas District of Columbia, Physician Request Form for Hepatitis C Therapies (May 2021), <https://perma.cc/8UHF-AQZ8>.

¹⁸ Prior Authorization for Mavyret.

¹⁹ Prior Authorization for Mavyret.

²⁰ Prior Authorization for Mavyret; Patient Commitment Form.

²¹ Prior Authorization for Mavyret.

²² Medicaid Directors, National Association of Medicaid Directors, <https://perma.cc/7KTL-ULKZ>.

²³ District of Columbia Department of Health Care Finance, Contact Us, <https://perma.cc/V7NE-72QM>.