

Hepatitis C: State of Medicaid Access Report Card

Georgia



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

State Overview

As of October 2023, 2,297,930 individuals in Georgia were enrolled in Medicaid and CHIP. Georgia has not expanded coverage to low-income adults.¹ As of 2016, an estimated 56,800 people were living with HCV in Georgia.² As of July 1, 2022, approximately 75% of Georgia Medicaid beneficiaries were enrolled in a managed care organization (MCO) called CMOs in Georgia, with 25% enrolled in fee-for-service (FFS).³ Georgia’s Medicaid program, known as Georgia Families, contracts with 3 MCOs: Amerigroup Community Care, CareSource, and the Peach State Health Plan.⁴

The Georgia Medicaid Preferred Drug List designates Mavyret, sofosbuvir/velpatasvir, and Vosevi as preferred regimens.⁵

Deductions		Policy
Prior Authorization	-8	Prior authorization is required for all HCV treatment regimens. ⁶
Fibrosis Restrictions	0	Georgia Medicaid does not impose fibrosis restrictions. ⁷
Substance Use Restrictions	0	Georgia Medicaid does not impose substance use restrictions. ⁸
Prescriber Restrictions	0	Georgia Medicaid does not impose prescriber restrictions. ⁹
Retreatment Restrictions	-8	Georgia Medicaid appears to impose retreatment restrictions based on substance use and adherence. “For all repeat authorizations/retreatment requests except for Vosevi, faxed documentation of the Hepatitis C Retreatment Form is required.” The form inquires whether “the patient fail[ed] previous therapy or relapse[d] due to intravenous substance abuse” and whether “the patient fail[ed] previous therapy due to noncompliance with the prescribed regimen.” ¹⁰
Access in Managed Care	-8	Amerigroup Community Care publishes clinical criteria for individual drugs, and its criteria for Mavyret appear to be more restrictive than FFS: “Documentation” must be provided “for a diagnosis of chronic hepatitis C (CHC) infection, which includes genotype and a positive HCV RNA result.” ¹¹ CareSource ¹² requires documentation of genotype and a “documented viral load taken within 6 months of beginning therapy.” ¹³ CareSource also appears to prohibit retreatment: prior authorization forms for both Mavyret and Epclusa note that “medication will not be reauthorized.” ¹⁴ Peach State Health Plan does not publish HCV treatment coverage criteria. ¹⁵
Additional Restrictions	-2	Georgia Medicaid imposes additional restrictions as follows ¹⁶ : <ul style="list-style-type: none"> Documentation of chronic HCV infection.
Total Deductions	-26	Total Score [100-Deductions] 74
		Grade C

Contact Your State Officials

Medicaid Office¹⁷: Stuart Portman, Medicaid Director, Georgia Department of Community Health

2 Martin Luther King Jr. Drive SE East Tower, Atlanta, GA 30334 US; Telephone: (404) 656-4507; Email Address:

Pharmacy Services¹⁸: Tami Sweat, Clinical Manager, OptumRx

Email Address: Tami.Sweat@optum.com

Key Sources

Preferred Drug List: [Georgia Medicaid/PeachCare, Preferred Drug List \(Jan. 22, 2024\)](#)

Clinical Criteria: [Georgia Medicaid, Hepatitis C Agents Prior Authorization Summary \(Feb. 2, 2023\)](#)

Prior Authorization Form: Georgia Medicaid does not publish a specific prior authorization form for initial treatment.

Retreatment Form: [Georgia Medicaid, HCV Retreatment Prior Authorization Request Form \(Jun. 2019\)](#)

¹ Centers for Medicare and Medicaid Services, Medicaid & CHIP in Georgia, <https://perma.cc/BZJ8-FLWT>.

² HepVu, Local Data: Georgia, <https://perma.cc/FS26-JD8Y>.

³ Kaiser Family Foundation, Share of Medicaid Population Covered Under Different Delivery Systems, <https://perma.cc/EMN8-QR8B>.

⁴ Georgia Medicaid, Georgia Families, <https://perma.cc/UDU4-XZGP>.

⁵ Preferred Drug List.

⁶ Prior Authorization Summary.

⁷ Prior Authorization Summary.

⁸ Prior Authorization Summary.

⁹ Prior Authorization Summary.

¹⁰ Prior Authorization Summary; see also Retreatment Form.

¹¹ Amerigroup, Community Care of Georgia, Pharmacy Information: <https://perma.cc/6VR8-57SX>; see also Mavyret (Nov. 15, 2019), <https://perma.cc/VJE8-VD3E>; see also Epclusa (Nov. 15, 2019): <https://perma.cc/GT9Z-DBS3>.

¹² CareSource, Pharmacy Policies, <https://perma.cc/FTL8-WSGE>.

¹³ CareSource Form for Mavyret, <https://perma.cc/39R6-2E68>.

¹⁴ CareSource Form for Mavyret, <https://perma.cc/39R6-2E68>.

¹⁵ Peach State Health Plan, Pharmacy, <https://perma.cc/JYJ2-NPDS>.

¹⁶ Prior Authorization Summary.

¹⁷ Medicaid Directors, National Association of Medicaid Directors, <https://perma.cc/7KTL-ULKZ>.

¹⁸ Georgia Medicaid, Fee-for-Service Pharmacy Program Frequently Asked Questions, <https://dch.georgia.gov/document/publication/ga-medicaid-ffs-frequently-asked-questions-revised-111315-updated-111815/download>.