

# Hepatitis C: State of Medicaid Access Report Card

## Georgia



Grade	Recommendations to Improve Patient Access
<b>C</b>	<ul style="list-style-type: none"> <li>Remove prior authorization for HCV treatment.</li> <li>Remove substance use 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, 2,318,906 individuals in Georgia were enrolled in Medicaid and CHIP.<sup>1</sup> As of 2016, an estimated 56,800 people were living with HCV in Georgia.<sup>2</sup> As of July 1, 2021, approximately 75% of Georgia Medicaid beneficiaries were enrolled in an MCO (called CMOs in Georgia), with 25% enrolled in FFS.<sup>3</sup> Georgia's Medicaid program, known as Georgia Families, contracts with 3 MCOs: AmeriGroup Community Care, Caresource, and the Peach State Health Plan.<sup>4</sup>

The Georgia Medicaid Preferred Drug List (PDL) lists Mavyret, Sofosbuvir/velpatasvir 400/100 mg generic, and Vosevi as preferred drugs.<sup>5</sup> The PDL also lists the following non-preferred drugs: Harvoni 45/200 mg and Pak (ledipasvir/sofosbuvir), Ledipasvir/sofosbuvir 90/400 mg generic, Sovaldi (sofosbuvir), Zepatier (elbasvir/grazoprevir).<sup>6</sup>

Deductions		Policy
Prior Authorization	-8	Prior authorization is required for all HCV treatment regimens. <sup>7</sup>
Fibrosis Restrictions	0	Georgia Medicaid does not impose fibrosis restrictions. <sup>8</sup>
Substance Use Restrictions	-8	Georgia Medicaid imposes substance use restrictions, requiring patients “who abuse alcohol or intravenous drugs” to submit documentation that they are “enrolled in a substance abuse program.” <sup>9</sup>
Prescriber Restrictions	0	Georgia Medicaid does not impose prescriber restrictions. <sup>10</sup>
Retreatment Restrictions	0	Georgia Medicaid does not impose additional retreatment restrictions for Vosevi. <sup>11</sup> For all other regimens, faxed documentation of the Hepatitis C Retreatment Form is required. <sup>12</sup>
Access in Managed Care	-8	Of the 3 MCOs, one appears to be more restrictive than FFS, and 2 do not publish criteria for HCV treatment coverage. 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.” <sup>13</sup> Caresource <sup>14</sup> and Peach State Health Plan <sup>15</sup> do not publish HCV treatment coverage criteria.
Additional Restrictions	-2	Georgia Medicaid imposes additional restrictions as follows: <ul style="list-style-type: none"> <li>Documentation of chronic HCV infection.<sup>16</sup></li> </ul>
<b>Total Deductions</b>	<b>-26</b>	<b>Total Score [100-Deductions]</b> <b>74</b>
		<b>Grade</b> <b>C</b>

### Contact Your State Officials

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### Key Sources

**Preferred Drug List:** [Georgia DCH, Preferred Drug List \(May 2022\)](#)

**Clinical Criteria:** [Georgia DCH, Hepatitis C Agents Prior Authorization Summary \(July 1, 2021\)](#)

**Prior Authorization Form:** Georgia Medicaid does not publish specific prior authorization forms for hepatitis C treatment.

**Retreatment Form for Nonpreferred Regimens:** [Georgia DCH, HCV Retreatment Prior Authorization Request Form \(June 2019\)](#)

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- <sup>1</sup> CMS, Medicaid & CHIP in Georgia, <https://perma.cc/NPR5-LM94>.
  - <sup>2</sup> HepVu, Local Data: Georgia, <https://perma.cc/FS26-JD8Y>.
  - <sup>3</sup> Kaiser Family Foundation, Share of Medicaid Population Covered Under Different Delivery Systems, <https://perma.cc/47VJ-UBP7>.
  - <sup>4</sup> Georgia DCH, Georgia Families, <https://perma.cc/UDU4-XZGP>.
  - <sup>5</sup> Prior Authorization Summary.
  - <sup>6</sup> Prior Authorization Summary.
  - <sup>7</sup> Prior Authorization Summary.
  - <sup>8</sup> Prior Authorization Summary.
  - <sup>9</sup> Prior Authorization Summary.
  - <sup>10</sup> Prior Authorization Summary.
  - <sup>11</sup> Prior Authorization Summary; see also Retreatment Form for Nonpreferred Regimens.
  - <sup>12</sup> Prior Authorization Summary; see also Retreatment Form for Nonpreferred Regimens.
  - <sup>13</sup> Amerigroup, Community Care of Georgia Formulary, <https://perma.cc/YK37-83CA>.
  - <sup>14</sup> Caresource, Forms, <https://perma.cc/V3UG-HPTP>.
  - <sup>15</sup> Peach State Health Plan, Pharmacy, <https://perma.cc/C2FH-2N3J>.
  - <sup>16</sup> Prior Authorization Summary.
  - <sup>17</sup> Medicaid Directors, National Association of Medicaid Directors, <https://perma.cc/7KTL-ULKZ>.