

# Hepatitis C: State of Medicaid Access Report Card

## Alabama

Estimated Number of Individuals Living with Hepatitis C: 30,700<sup>1</sup>



| Grade    | Summary   |
|----------|---|
| <b>C</b> | <p><b>Liver Damage (Fibrosis) Restrictions:</b> Alabama does not impose liver damage restrictions.</p> <p><b>Sobriety Restrictions:</b> Alabama requires abstinence from drugs and alcohol for at least six months.</p> <p><b>Prescriber Restrictions:</b> Alabama does not appear to impose any prescriber restrictions.</p> <p><b>Recommendations to Improve Patient Access:</b></p> <ul style="list-style-type: none"><li>• Remove sobriety restrictions.</li><li>• Consider waiving prior authorization for treatment-naïve individuals.</li><li>• Authorize retreatment for reinfections.</li></ul> <p><i>Grade Rationale: While Alabama has no prescriber or liver damage restrictions, it has an unacceptable sobriety (six months) requirements and will not treat reinfections. With these restrictions, many people with hepatitis C do not have access to treatment.</i></p> |

### Background

As of September 2020, there were 983,168 individuals enrolled in Alabama’s Medicaid and Children Health Insurance Program (CHIP).<sup>2</sup> Alabama operates a fee-for-service (FFS) and primary care case management program and does not contract with managed care organizations.<sup>3</sup> Coverage criteria established by the FFS program pertain to all Medicaid beneficiaries.

### State of Medicaid Hepatitis C Treatment Access

Alabama’s hepatitis C coverage criteria has expanded over time to include those at earlier fibrosis stages. As of March 2021, Alabama does not require a minimum level of liver damage to qualify for treatment and allows beneficiaries of all fibrosis levels to qualify.<sup>4</sup> Additionally, the program does not impose any prescriber restrictions.<sup>5</sup> However, the state requires at least six months’ sobriety from substances or alcohol confirmed by a screen performed at the time treatment is prescribed.<sup>6</sup> The program only allows one treatment in a patient’s lifetime.<sup>7</sup> FFS covers the following Direct-Acting Agents (DAAs): Epclusa, Harvoni, Mavyret, Zepatier, and all generics.<sup>8</sup>

### Liver Damage (Fibrosis) Restrictions

Alabama does not impose liver damage restrictions.

### Sobriety Restrictions

Alabama’s PA form inquires if a patient has used alcohol or an illicit substance in the past six months.<sup>9</sup> The prescriber must submit a drug and alcohol screening report with the PA request.<sup>10</sup> Additionally, an individual must sign a patient consent form that commits them not to use alcohol or illicit substances while undergoing treatment. If a patient uses either alcohol or a substance, Medicaid will not pay for hepatitis C therapy.<sup>11</sup>

### Prescriber Restrictions

Alabama does not impose prescriber restrictions.

### Points of Contact for Questions & Concerns about Alabama’s State of Medicaid Hepatitis C Treatment Access

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<sup>1</sup> HepVu, Alabama State Profile: <https://hepvu.org/state/alabama/>

<sup>2</sup> Medicaid.gov; Medicaid & CHIP in Alabama: <https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=alabama>

<sup>3</sup> Share of Medicaid Population Covered under Different Delivery Systems, State Health Facts, Kaiser Family Foundation, Collected as part of Medicaid Managed Care Market Tracker (Updated July 1, 2019):

<http://kff.org/medicaid/state-indicator/share-of-medicaid-population-covered-under-different-delivery-systems/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>4</sup> Alabama Medicaid Pharmacy Hepatitis C Antiviral Agents PA Request Form, Ala. Medicaid Agency:

[https://medicaid.alabama.gov/documents/9.0\\_Resources/9.4\\_Forms\\_Library/9.4.14\\_PA\\_Forms/9.4.14\\_PH\\_PA\\_Form\\_415\\_Hep\\_C\\_Revised\\_3-1-21.pdf](https://medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.14_PA_Forms/9.4.14_PH_PA_Form_415_Hep_C_Revised_3-1-21.pdf). See also Hepatitis C Antiviral Agents Prior Authorization (PA) Criteria Instructions: [https://medicaid.alabama.gov/documents/9.0\\_Resources/9.4\\_Forms\\_Library/9.4.14\\_PA\\_Forms/9.4.14\\_PH\\_PA\\_Form\\_415\\_Hep\\_C\\_External\\_Criteria\\_Instructions\\_3-1-21.pdf](https://medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.14_PA_Forms/9.4.14_PH_PA_Form_415_Hep_C_External_Criteria_Instructions_3-1-21.pdf).

<sup>5</sup> Alabama Medicaid Pharmacy Hepatitis C Antiviral Agents PA Request Form, Ala. Medicaid Agency:

[https://medicaid.alabama.gov/documents/9.0\\_Resources/9.4\\_Forms\\_Library/9.4.14\\_PA\\_Forms/9.4.14\\_PH\\_PA\\_Form\\_415\\_Hep\\_C\\_Revised\\_3-1-21.pdf](https://medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.14_PA_Forms/9.4.14_PH_PA_Form_415_Hep_C_Revised_3-1-21.pdf). See also Hepatitis C Antiviral Agents Prior Authorization (PA) Criteria Instructions: [https://medicaid.alabama.gov/documents/9.0\\_Resources/9.4\\_Forms\\_Library/9.4.14\\_PA\\_Forms/9.4.14\\_PH\\_PA\\_Form\\_415\\_Hep\\_C\\_External\\_Criteria\\_Instructions\\_3-1-21.pdf](https://medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.14_PA_Forms/9.4.14_PH_PA_Form_415_Hep_C_External_Criteria_Instructions_3-1-21.pdf).

<sup>6</sup> Alabama Medicaid Pharmacy Hepatitis C Antiviral Agents PA Request Form, Ala. Medicaid Agency:

[https://medicaid.alabama.gov/documents/9.0\\_Resources/9.4\\_Forms\\_Library/9.4.14\\_PA\\_Forms/9.4.14\\_PH\\_PA\\_Form\\_415\\_Hep\\_C\\_Revised\\_3-1-21.pdf](https://medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.14_PA_Forms/9.4.14_PH_PA_Form_415_Hep_C_Revised_3-1-21.pdf). See also Hepatitis C Antiviral Agents Prior Authorization (PA) Criteria Instructions: [https://medicaid.alabama.gov/documents/9.0\\_Resources/9.4\\_Forms\\_Library/9.4.14\\_PA\\_Forms/9.4.14\\_PH\\_PA\\_Form\\_415\\_Hep\\_C\\_External\\_Criteria\\_Instructions\\_3-1-21.pdf](https://medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.14_PA_Forms/9.4.14_PH_PA_Form_415_Hep_C_External_Criteria_Instructions_3-1-21.pdf).

<sup>7</sup> Alabama Medicaid Pharmacy Hepatitis C Antiviral Agents PA Request Form, Ala. Medicaid Agency:

[https://medicaid.alabama.gov/documents/9.0\\_Resources/9.4\\_Forms\\_Library/9.4.14\\_PA\\_Forms/9.4.14\\_PH\\_PA\\_Form\\_415\\_Hep\\_C\\_Revised\\_3-1-21.pdf](https://medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.14_PA_Forms/9.4.14_PH_PA_Form_415_Hep_C_Revised_3-1-21.pdf). See also Hepatitis C Antiviral Agents Prior Authorization (PA) Criteria Instructions: [https://medicaid.alabama.gov/documents/9.0\\_Resources/9.4\\_Forms\\_Library/9.4.14\\_PA\\_Forms/9.4.14\\_PH\\_PA\\_Form\\_415\\_Hep\\_C\\_External\\_Criteria\\_Instructions\\_3-1-21.pdf](https://medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.14_PA_Forms/9.4.14_PH_PA_Form_415_Hep_C_External_Criteria_Instructions_3-1-21.pdf).

<sup>8</sup> Preferred Drug List by Therapeutic Category, Ala. Medicaid Agency: [https://medicaid.alabama.gov/documents/4.0\\_Programs/4.3\\_Pharmacy-DME/4.3.7\\_Preferred\\_Drug\\_List/4.3.7\\_PDL\\_Thera\\_1-1-21-Final.pdf/](https://medicaid.alabama.gov/documents/4.0_Programs/4.3_Pharmacy-DME/4.3.7_Preferred_Drug_List/4.3.7_PDL_Thera_1-1-21-Final.pdf/).

<sup>9</sup> Alabama Medicaid Pharmacy Hepatitis C Antiviral Agents PA Request Form, Ala. Medicaid Agency (04/01/17); Alabama Medicaid, Preferred Drug and Prior Authorization Program, Hepatitis C Antiviral Agents Prior Authorization (PA) Criteria Instructions (04/01/17)

<sup>10</sup> Alabama Medicaid Pharmacy Hepatitis C Antiviral Agents PA Request Form, Ala. Medicaid Agency (04/01/17); Alabama Medicaid, Preferred Drug and Prior Authorization Program, Hepatitis C Antiviral Agents Prior Authorization (PA) Criteria Instructions (04/01/17)

<sup>11</sup> Alabama Medicaid Pharmacy, Patient Consent Form, Hepatitis C Agents (Updated 04/01/17):

[https://medicaid.alabama.gov/documents/9.0\\_Resources/9.4\\_Forms\\_Library/9.4.3\\_Consent\\_Forms/9.4.3\\_HepC\\_Consent\\_Revised\\_2-9-17.pdf](https://medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.3_Consent_Forms/9.4.3_HepC_Consent_Revised_2-9-17.pdf)