

# Hepatitis C: State of Medicaid Access Report Card

## Alaska

Estimated Number of Individuals Living with Hepatitis C: 11,400<sup>1</sup>



Grade	Summary
<p style="font-size: 2em; font-weight: bold; color: #800000;">A-</p>	<p><b>Liver Damage (Fibrosis) Restrictions:</b> Alaska Medicaid does not any liver damage requirements.</p> <p><b>Sobriety Restrictions:</b> Alaska Medicaid requires screening and a referral to treatment for active alcohol or illicit substance use.</p> <p><b>Prescriber Restrictions:</b> Alaska Medicaid has no prescriber restrictions except for when a patient has specific clinic criteria.</p> <p><b>Recommendations to Improve Patient Access:</b></p> <ul style="list-style-type: none"> <li>• Remove sobriety restriction.</li> <li>• Maintain transparency regarding hepatitis C coverage criteria.</li> </ul> <p><i>Grade Rationale: Alaska has significantly improved access to hepatitis C medications and removed most barriers to treatment in all three categories. By removing its sobriety restriction, Alaska could have open access. In recognition of Alaska's sobriety restriction, a "minus" has been added to the state's A grade.</i></p>

### Background

According to Alaska's monthly Medicaid report, as of April 2017, the program covered 182,925 individuals.<sup>2</sup> All beneficiaries enrolled in Alaska's Medicaid program are managed through Fee-For-Service (FFS). Alaska does not contract with any Managed Care Organizations (MCOs).<sup>3</sup>

### State of Medicaid Hepatitis C Treatment Access

Alaska has significantly improved access to hepatitis C medications and currently imposes few barriers to treatment. Previously, the coverage criteria were detailed, onerous and requested specific documentation to establish stage of disease and severity.<sup>4</sup> The liver damage requirements varied by hepatitis C genotype (1, 2, 3, 4, 5, 6), with a minimum of at least moderate liver damage (F2 or greater) required across all genotypes.<sup>5</sup> Three separate prior authorization (PA) criteria documents had to be reviewed.<sup>6</sup> Alaska also required 90 days of abstinence from alcohol and other substances, and a patient who tests positive to be actively engaged in a treatment program. A prescription had to be written by or in consultation with a gastroenterologist, infectious disease or hepatologist; however, a specialist had to prescribe treatment for certain patients with advanced disease.<sup>7</sup>

On October 1, 2017, Alaska took dramatic steps to open access. The state now requires a diagnosis of chronic hepatitis C and does not impose liver damage requirements.<sup>8</sup> Alaska requires screening and referral to treatment for active alcohol, illicit substance use or prescription drugs.<sup>9</sup> The state has removed most prescriber requirements. However, beneficiaries between the ages of 12 and 18 must have authorization for treatment requested by or in consultation with a specialist.<sup>10</sup> For all patients, the prescriber "must perform a patient readiness assessment prior to treatment."<sup>11</sup> The patient must agree to "complete the regimen and [commit that he/she] understand[s] the of risks of reinfection and contributors of liver damage" by signing and submitting an attestation.<sup>12</sup> The beneficiary must be screened for hepatitis B.<sup>13</sup> If the patient is co-infected with HIV then the prescriber must "provide documentation of CD4 count, HIV viral load, and HIV treatment regimen."<sup>14</sup> Treatment is authorized in 12 week increments and prescribers must request renewal of authorization if the therapy is needed for additional weeks.<sup>15</sup> Renewal of authorizations requires the test "results from an HCV RNA at treatment weeks 4 and 8 (if regimen is longer than 12 weeks)." Additionally, HCV RNA results from "12 and 24 weeks post-treatment (Sustained Virologic Response (SVR) 12, SVR 24) are required to be maintained in the medical record and be made available at the State of Alaska's request."<sup>16</sup>

Alaska utilizes the Food and Drug Administration (FDA)'s approved dosing and duration limits.<sup>17</sup> Replacement of lost or stolen medication is not authorized.<sup>18</sup> The hepatitis C preferred regimens have been updated: currently, Mavyret is the preferred agent for all genotypes. However, in some cases, Epclusa (Genotypes 2 and 3) and Zepatier (Genotypes 1 and 4) may be prescribed.<sup>19</sup> The clinical criteria specifically states that approval can be denied for a "request [that] is for a non-preferred agent when a medically appropriate preferred agent is available."<sup>20</sup>

Alaska's Medicaid program is transparent with its hepatitis C coverage criteria and PA requirements.<sup>21</sup>

## Liver Damage (Fibrosis) Restrictions

Alaska Medicaid does not have any liver damage requirements.<sup>22</sup>

## Sobriety Restrictions

Alaska Medicaid requires screening and a referral for treatment if the beneficiary is actively using alcohol, illicit substances or “prescriptions drugs for which the patient does not have a prescription.” A PA form effective until October 31, 2017 inquires if a urine or blood test has been conducted in the previous 90 days.<sup>23</sup> The PA form also states if the beneficiary tests positive for legally prescribed medications then the prescriber must provide documentation and a rationale for the results.<sup>24</sup> The PA states if the beneficiary tests positive for alcohol, illicit substances, or prescription drugs for which the patient does not have a prescription then the prescriber must indicate if the patient is “actively attending or has been referred to a treatment program for substance abuse.”<sup>25</sup>

## Prescriber Restrictions

Alaska Medicaid does not have prescriber restrictions for most patients. However, beneficiaries between the ages of 12 and 18 must have request for treatment by or in consultation with a specialist.<sup>26</sup> Additionally, beneficiaries meeting other clinical criteria must have a prescription written by or in consultation with a specialist including: “hepatocellular carcinoma awaiting liver transplantation (and meets Milan Criteria), post liver transplant, decompensated cirrhosis (Child Pugh B or C), mixed genotype, and those previously treated with both an NS3/4A PI and an NS5A inhibitor.”<sup>27</sup> Otherwise, no prescriber requirements are imposed.<sup>28</sup>

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

### Alaska Medicaid<sup>29</sup>: Margaret Brodie, Director, Health Care Services, Alaska Department of Health & Social Services

4501 Business Park Blvd, Building L, Anchorage, AK 99503-7167; Telephone: (907) 334-2520; Email: margaret.brodie@alaska.gov

### Drug Utilization Review (DUR)<sup>30</sup>: Erin Narus, Pharm. D, Manager, Pharmacy Program & Ancillary Services, Alaska Department of Health & Social Services

4501 Business Park Blvd., Building L, Anchorage, AK 99503-7167; Telephone: (907) 334-2425; Email: erin.narus@alaska.gov

<sup>1</sup> HepVu, Alaska State Profile: <https://hepvu.org/state/alaska/>

<sup>2</sup> Medicaid in Alaska, Monthly Report (April 2017): <http://dhss.alaska.gov/HealthyAlaska/Documents/MedicaidDashboard.pdf>

<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, 2016):

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

<sup>4</sup> Drug Utilization Review (DUR) Committee, Alaska Medicaid, Meeting November 20, 2015; See also Alaska Medicaid, Prior Authorization Criteria, Direct Acting Antivirals for Hepatitis C (Last Updated and Approved:

3/25/2016); Effective for Dates of Service: 7/1/2016 and thereafter

<sup>5</sup> Alaska Department of Health and Social Services, Division of Health Care Services, Medication Prior Authorization, Prior Authorization Medication Categories, Infectious Disease:

<http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx#infectious-disease>; See also Drug Utilization Review (DUR) Committee, Alaska Medicaid, Meeting November 20, 2015:

[http://dhss.alaska.gov/dhcs/Pages/pdl/drugutilizb\\_archive\\_pdl.aspx](http://dhss.alaska.gov/dhcs/Pages/pdl/drugutilizb_archive_pdl.aspx); See also Alaska Medicaid, Prior Authorization Criteria, Direct Acting Antivirals for Hepatitis C Genotype 1 (Last Updated and Approved: 3/25/2016);

Effective for Dates of Service: 7/1/2016 and thereafter: [http://dhss.alaska.gov/dhcs/Documents/pharmacy/pdfs/HCV-DAA-GT1\\_20160701.pdf](http://dhss.alaska.gov/dhcs/Documents/pharmacy/pdfs/HCV-DAA-GT1_20160701.pdf); Note: There are three separate prior authorization criteria specified by

genotype first for genotype 1; second for genotypes 2, 3, 5, and 6; and a third for genotype 4

<sup>6</sup> Ibid. ADHSS, Division of Health Care Services, Medication Prior Authorization, Prior Authorization Medication Categories, Infectious Disease

<sup>7</sup> Alaska Medicaid, Prior Authorization Criteria, (Last Updated and Approved: 3/25/2016); Alaska Medicaid Prior Authorization Form, Hepatitis C Direct Acting Antivirals, effective (7/1/16):

[http://dhss.alaska.gov/dhcs/Documents/pharmacy/pdfs/HCV-DAA-FaxForm\\_20160701.pdf](http://dhss.alaska.gov/dhcs/Documents/pharmacy/pdfs/HCV-DAA-FaxForm_20160701.pdf)

<sup>8</sup> Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 10/1/2017 (Accessed October 2017):

[http://dhss.alaska.gov/dhcs/Documents/pharmacy/pdfs/CCFU\\_ID\\_HepC\\_GT-all\\_APPROVED-20170915\\_EFFECTIVE-20171001.pdf](http://dhss.alaska.gov/dhcs/Documents/pharmacy/pdfs/CCFU_ID_HepC_GT-all_APPROVED-20170915_EFFECTIVE-20171001.pdf); See also: Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts

(effective 7/1/16), Alaska Medicaid (Accessed October 2017): [http://dhss.alaska.gov/dhcs/Documents/pharmacy/pdfs/HCV-DAA-FaxForm\\_20160701.pdf](http://dhss.alaska.gov/dhcs/Documents/pharmacy/pdfs/HCV-DAA-FaxForm_20160701.pdf); See also: Infectious Disease, Medication Prior Authorization,

Health Care Services, Alaska Department of Health and Social Services (Accessed October 2017): <http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx>

<sup>9</sup> Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 10/1/2017; See also: Prior Authorization

Form Hepatitis C Direct Acting Antivirals – New Starts (effective 7/1/16), Alaska Medicaid; See also: Infectious Disease, Medication Prior Authorization, Health Care Services, Alaska Department of Health and Social Services

<sup>10</sup> Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 10/1/2017; See also: Prior Authorization

Form Hepatitis C Direct Acting Antivirals – New Starts (effective 7/1/16), Alaska Medicaid; See also: Infectious Disease, Medication Prior Authorization, Health Care Services, Alaska Department of Health and Social Services

<sup>11</sup> Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 10/1/2017; See also: Prior Authorization

Form Hepatitis C Direct Acting Antivirals – New Starts (effective 7/1/16), Alaska Medicaid; See also: Infectious Disease, Medication Prior Authorization, Health Care Services, Alaska Department of Health and Social Services

<sup>12</sup> Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 10/1/2017; See also: Prior Authorization

Form Hepatitis C Direct Acting Antivirals – New Starts (effective 7/1/16), Alaska Medicaid; See also: Infectious Disease, Medication Prior Authorization, Health Care Services, Alaska Department of Health and Social Services

<sup>13</sup> Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 10/1/2017; See also: Prior Authorization

Form Hepatitis C Direct Acting Antivirals – New Starts (effective 7/1/16), Alaska Medicaid; See also: Infectious Disease, Medication Prior Authorization, Health Care Services, Alaska Department of Health and Social Services

<sup>14</sup> Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 10/1/2017; See also: Prior Authorization

Form Hepatitis C Direct Acting Antivirals – New Starts (effective 7/1/16), Alaska Medicaid; See also: Infectious Disease, Medication Prior Authorization, Health Care Services, Alaska Department of Health and Social Services

<sup>15</sup> Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 10/1/2017; See also: Prior Authorization

Form Hepatitis C Direct Acting Antivirals – New Starts (effective 7/1/16), Alaska Medicaid; See also: Infectious Disease, Medication Prior Authorization, Health Care Services, Alaska Department of Health and Social Services

<sup>16</sup> Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 10/1/2017; See also: Prior Authorization

Form Hepatitis C Direct Acting Antivirals – New Starts (effective 7/1/16), Alaska Medicaid; See also: Infectious Disease, Medication Prior Authorization, Health Care Services, Alaska Department of Health and Social Services

<sup>17</sup> Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 10/1/2017; See also: Prior Authorization

Form Hepatitis C Direct Acting Antivirals – New Starts (effective 7/1/16), Alaska Medicaid; See also: Infectious Disease, Medication Prior Authorization, Health Care Services, Alaska Department of Health and Social Services

<sup>18</sup> Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 10/1/2017; See also: Prior Authorization

Form Hepatitis C Direct Acting Antivirals – New Starts (effective 7/1/16), Alaska Medicaid; See also: Infectious Disease, Medication Prior Authorization, Health Care Services, Alaska Department of Health and Social Services

<sup>19</sup> Alaska Medicaid, Prior Authorization Criteria, Direct Acting Antivirals for Hepatitis C (Last Updated and Approved: 3/25/2016)

<sup>20</sup> Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 10/1/2017; See also: Prior Authorization

Form Hepatitis C Direct Acting Antivirals – New Starts (effective 7/1/16), Alaska Medicaid; See also: Infectious Disease, Medication Prior Authorization, Health Care Services, Alaska Department of Health and Social Services

<sup>21</sup> Alaska Department of Health and Social Services (ADHSS), Division of Health Care Services, Medication Prior Authorization, Prior Authorization Medication Categories, Infectious Disease:

<http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx#infectious-disease>; See also DUR Committee Meeting Minutes: [http://dhss.alaska.gov/dhcs/Pages/pdl/drugutilizb\\_pdl.aspx](http://dhss.alaska.gov/dhcs/Pages/pdl/drugutilizb_pdl.aspx)

<sup>22</sup> Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 10/1/2017; See also: Prior Authorization

Form Hepatitis C Direct Acting Antivirals – New Starts (effective 7/1/16), Alaska Medicaid; See also: Infectious Disease, Medication Prior Authorization, Health Care Services, Alaska Department of Health and Social Services

<sup>23</sup> Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts (effective 7/1/16), Alaska Medicaid (Accessed October 2017): [http://dhss.alaska.gov/dhcs/Documents/pharmacy/pdfs/HCV-DAA-FaxForm\\_20160701.pdf](http://dhss.alaska.gov/dhcs/Documents/pharmacy/pdfs/HCV-DAA-FaxForm_20160701.pdf); See also: Infectious Disease, Medication Prior Authorization, Health Care Services, Alaska Department of Health and Social Services (Accessed October 2017):

<http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx>

<sup>24</sup> Ibid. Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts (effective 7/1/16), Alaska Medicaid; See also: Infectious Disease, Medication Prior Authorization, Health Care Services, Alaska Department of Health and Social Services

<sup>25</sup> Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 10/1/2017; See also: Prior Authorization

Form Hepatitis C Direct Acting Antivirals – New Starts (effective 7/1/16), Alaska Medicaid; See also: Infectious Disease, Medication Prior Authorization, Health Care Services, Alaska Department of Health and Social Services

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<sup>26</sup> Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 10/1/2017; See also: Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts (effective 7/1/16), Alaska Medicaid; See also: Infectious Disease, Medication Prior Authorization, Health Care Services, Alaska Department of Health and Social Services

<sup>27</sup> Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 10/1/2017; See also: Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts (effective 7/1/16), Alaska Medicaid; See also: Infectious Disease, Medication Prior Authorization, Health Care Services, Alaska Department of Health and Social Services

<sup>28</sup> Ibid. Direct Acting Antivirals for Hepatitis C (HCV) Therapeutic Class All Genotypes, Prior Authorization Clinical Criteria for Use, Alaska Medicaid, Effective for Dates of Service: 10/1/2017; See also: Prior Authorization Form Hepatitis C Direct Acting Antivirals – New Starts (effective 7/1/16), Alaska Medicaid; See also: Infectious Disease, Medication Prior Authorization, Health Care Services, Alaska Department of Health and Social Services

<sup>29</sup> Department Contacts, Office of the Commissioner, Alaska Department of Health Care & Social Services: <http://dhss.alaska.gov/Commissioner/Pages/Contacts/default.aspx>.

<sup>30</sup> Department Contacts, Office of the Commissioner, Alaska Department of Health Care & Social Services: <http://dhss.alaska.gov/Commissioner/Pages/Contacts/default.aspx>.