

# Hepatitis C: State of Medicaid Access Report Card

## District of Columbia

Estimated Number of Individuals Living with Hepatitis C: 12,700<sup>1</sup>



Grade	Summary
<p><b>B+</b></p>	<p><b>Liver Damage (Fibrosis) Restrictions:</b> Fee-For-Service (FFS) and Managed Care Organizations (MCOs) do not have liver damage restrictions.</p> <p><b>Sobriety Restrictions:</b> FFS requires a beneficiary to be screened and counseled for alcohol and substance use. Two MCOs, AmeriHealth Caritas and CareFirst Community Health Plan District of Columbia, also require screening and counseling for alcohol and substance use. Medstar Family Choice District of Columbia requires documentation of the patient’s ability to adhere to treatment and submission of office visit notes detailing alcohol and other substance use.</p> <p><b>Prescriber Restrictions:</b> FFS requires a prescription to be written by or in consultation with a specialist. AmeriHealth Caritas requires a prescription to be written by a specialist. CareFirst Community Health Plan District of Columbia requires that if the prescriber is not a specialist, a one-time written consultation report from a specialist will be required within the past 3 months. Medstar Family Choice District of Columbia does not require prescriber restrictions.</p> <p><b>Recommendations to Improve Patient Access:</b></p> <ul style="list-style-type: none"> <li>• Remove sobriety and prescriber restrictions.</li> <li>• Require coverage parity across the FFS and MCO program and ensure transparency regarding coverage criteria for hepatitis C medications.</li> </ul> <p><i>Grade Rationale: Washington, DC provides moderate access to hepatitis C treatment but still imposes moderate prescriber restrictions and screening for substance use. With minimal changes, DC could improve its grade to an A.</i></p>

### Background

As of November 2020, Washington, DC had 258,915 individuals enrolled in Medicaid and Children’s Health Insurance Program.<sup>2</sup> Washington, DC operates a Fee-For-Service (FFS) program and contracts with four Managed Care Organizations (MCOs): AmeriHealth Caritas District Of Columbia (AmeriHealth), CareFirst Community Health Plan District Of Columbia (CareFirst), Medstar Family Choice District of Columbia (Medstar), and Health Services for Children with Special Needs.<sup>3</sup> Washington, DC has focused on increasing enrollment in the MCO program. Most beneficiaries, 75 percent, are enrolled in an MCO.<sup>4</sup> The remaining 25 percent are enrolled in the FFS program.<sup>5</sup>

### State of Medicaid Hepatitis C Treatment Access

FFS requires a diagnosis of chronic hepatitis C for preferred treatment Mavyret as well as a letter of medical necessity.<sup>6</sup> Patients must be screened and counseled on “barriers to HCV therapy” such as alcohol and drug use.<sup>7</sup> FFS also requires a gastroenterologist, infectious disease specialist, physician specialized in hepatitis treatment, or “physician/mid-level practitioner working in consultation” with a specialist to supervise the beneficiary.<sup>8</sup> Both the beneficiary and prescriber must sign the *DC Medicaid Beneficiary Disclosure and Commitment to Take Hepatitis C Medications* that commits beneficiaries to daily adherence, timely laboratory monitoring, medication counseling, telephone follow-ups, perfect attendance for medical appointments during treatment, and acknowledgement of a specific treatment regimen.<sup>9</sup> The initial PA form also inquires if a beneficiary has had an issue adhering to any other prior therapy. If yes, the prescriber must describe the nature of the problem and “any educational efforts undertaken to improve the patient’s adherence.”<sup>10</sup> The FFS Preferred Drug List (PDL) includes Mavyret and Vosevi.<sup>11</sup> The beneficiary must also agree to participate in the hepatitis C monitoring program and must acknowledge that “only one course of therapy is allowed” in a patient’s lifetime.<sup>12</sup>

AmeriHealth requires prior authorization and attestation from the prescriber that the beneficiary does not have a life expectancy of less than 12 months, has been screened for hepatitis B and HIV, does not have current issues with compliance, is committed to treatment plan, has agreed to participate in a monitoring, educational, and counseling program, and understands that only one course of therapy is allowed in a his or her lifetime.<sup>13</sup> The plan’s preferred treatment are Mavyret, sofosbuvir/velpatasvir, and ledipasvir/sofosbuvir.<sup>14</sup>

CareFirst designates Mavyret as a preferred treatment and requires documentation of genotype. CareFirst also requires that patients sign a treatment commitment form and attest that only one course of therapy is allowed in his or her DC Medicaid lifetime.<sup>15</sup> Medstar requires a baseline viral load to be obtained within 6 months of the anticipated start of treatment submission of genotype results, and most recent office visit notes including details on all previous hepatitis C treatments, Child-Pugh score if cirrhotic, and social history with detail provided on use of alcohol and other substances. The plan’s preferred treatment are Mavyret and sofosbuvir/velpatasvir.<sup>16</sup>

## Liver Damage (Fibrosis) Restrictions

FFS and the three MCOs do not have any liver damage requirements. FFS and CareFirst require a diagnosis of chronic hepatitis C and a letter of medical necessity.<sup>17,18</sup>

While Medstar does not require a specific level of liver damage, they do require a FibroSure, Fibroscan, or liver biopsy result.<sup>19</sup>

## Sobriety Restrictions

FFS, AmeriHealth, and CareFirst require a beneficiary to be screened and counseled for alcohol and substance use and a signed commitment to treatment form.<sup>20</sup> PA forms stipulate that the beneficiary must be counseled on the “barriers to HCV therapy,” including alcohol and illicit drug use.<sup>21</sup>

Medstar requires attestation that the patient will be able to comply/be adherent with full course of therapy and submission of the most recent office visit notes that detail alcohol and other substance use.<sup>22</sup>

## Prescriber Restrictions

FFS requires a gastroenterologist, infectious disease specialist, physician specialized in hepatitis treatment, or “physician/mid-level practitioner working in consultation” with a specialist to supervise the beneficiary.<sup>23</sup>

AmeriHealth requires a prescription to be written by a hepatologist, gastroenterologist, HIV/infectious disease, or liver transplant specialist.<sup>24</sup>

CareFirst requires that if the prescriber is not a specialist, a one-time written consultation report from a specialist is required within the past 3 months.<sup>25</sup>

Medstar Family Choice District of Columbia does not require prescriber restrictions.<sup>26</sup>

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

### Medicaid<sup>27</sup>: Claudia Schlosberg, Director, Health Care Policy and Research Administration, Department of Health Care Finance, District of Columbia

One Judiciary Square 441 4th Street, N.W., Washington, DC 20001; Telephone: (202) 442-9075; Email Address: claudia.schlosberg@dc.gov

### Pharmacy and Therapeutics Committee<sup>28</sup>: Charlene Fairfax, RPh, Senior Pharmacist, Department of Health Care Finance

441 Fourth Street NW, Suite 900, Washington, DC 20001; Telephone: (202) 442-9076; Email Address: charlene.fairfax@dc.gov

<sup>1</sup> HepVu, Washington D.C. Profile: <https://hepvu.org/state/washington-dc/>

<sup>2</sup> Medicaid and CHIP in District of Columbia, By-State, Medicaid.gov (Accessed April 2021): <https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=district-of-columbia>

<sup>3</sup> Managed Care Information, D.C.gov (Accessed April 2021): <https://www.dc-medicaid.com/dcwebportal/nonsecure/managedCareInfo>

<sup>4</sup> Share of Medicaid Population Covered Under Different Delivery Systems, Medicaid Managed Care Market Tracker, Henry J. Kaiser Family Foundation, July 1, 2016 (Accessed April 2021): <http://www.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>5</sup> Ibid. Share of Medicaid Population Covered Under Different Delivery Systems, Medicaid Managed Care Market Tracker

<sup>6</sup> Mavyret, Initial Prior Authorization Request, District of Columbia Department of Healthcare Finance, Revised: 12/13/2017 (Accessed April 2021): [http://www.dc-pbm.com/provider/external/medicaid/dc/doc/en-us/District\\_PA\\_Request\\_Form\\_Mavyret.pdf](http://www.dc-pbm.com/provider/external/medicaid/dc/doc/en-us/District_PA_Request_Form_Mavyret.pdf). Note: DC Medicaid has separate PA forms for each treatment regimen.

<sup>7</sup> Ibid. Mavyret, Initial Prior Authorization Request, District of Columbia Department of Healthcare Finance, Revised: 12/13/2017 (Accessed April 2021): [http://www.dc-pbm.com/provider/external/medicaid/dc/doc/en-us/District\\_PA\\_Request\\_Form\\_Mavyret.pdf](http://www.dc-pbm.com/provider/external/medicaid/dc/doc/en-us/District_PA_Request_Form_Mavyret.pdf). See also: Prior Authorization Forms, DC Department of Healthcare Finance

<sup>8</sup> Ibid. Mavyret, Initial Prior Authorization Request, District of Columbia Department of Healthcare Finance, Revised: 12/13/2017 (Accessed April 2021): [http://www.dc-pbm.com/provider/external/medicaid/dc/doc/en-us/District\\_PA\\_Request\\_Form\\_Mavyret.pdf](http://www.dc-pbm.com/provider/external/medicaid/dc/doc/en-us/District_PA_Request_Form_Mavyret.pdf). See also: Prior Authorization Forms, DC Department of Healthcare Finance

<sup>9</sup> DC Medicaid Disclosure and Commitment to Take Hepatitis C Medications, Department of Health Care Finance, Government of the District of Columbia, Revised: February 23, 2017 (Accessed April 2021): [http://www.dc-pbm.com/provider/external/medicaid/dc/doc/en-us/Hep\\_C\\_Patient\\_Commitment\\_Form.pdf](http://www.dc-pbm.com/provider/external/medicaid/dc/doc/en-us/Hep_C_Patient_Commitment_Form.pdf). See also: Prior Authorization Forms, DC Department of Healthcare Finance

<sup>10</sup> Ibid. Mavyret, Initial Prior Authorization Request, District of Columbia Department of Healthcare Finance, Revised: 12/13/2017; See also: Prior Authorization Forms, DC Department of Healthcare Finance

<sup>11</sup> Pharmacy Preferred Drug List, Department of Health Care Finance, District of Columbia, Effective: December 29, 2017 (Accessed April 2021): [https://dc.fhsc.com/downloads/providers/DCRx\\_PDL\\_listing.pdf](https://dc.fhsc.com/downloads/providers/DCRx_PDL_listing.pdf)

<sup>12</sup> Ibid. Mavyret, Initial Prior Authorization Request, District of Columbia Department of Healthcare Finance, Revised: 12/13/2017; See also: Prior Authorization Forms, DC Department of Healthcare Finance

<sup>13</sup> Prior Authorization Protocol for Hepatitis C Treatment for AHDC, AmeriHealth Caritas, District of Columbia, Revised: August 2020 (Accessed April 2021): <http://www.amerithealthcaritasdc.com/pdf/provider/resources/hepatitis-c-prior-auth-criteria.pdf>. See also: Hepatitis C Prior Authorization Criteria, Pharmacy Prior Authorization Forms, Forms, Providers, AmeriHealth Caritas, District of Columbia, Revised: May 2021 (Accessed May 2021): <https://www.amerithealthcaritasdc.com/pdf/provider/specialty-pa-forms/hepatitis-c.pdf>. See also: AmeriHealth Caritas District of Columbia, Medicaid Managed Care (Accessed April 2021): <http://www.amerithealthcaritas.com/corporate/companies.aspx>

<sup>14</sup> Ibid. Prior Authorization Protocol for Hepatitis C Treatment for AHDC, AmeriHealth Caritas, District of Columbia, Revised: August 2020

<sup>15</sup> Mavyret, PA Request and Required Documentation., CareFirst BlueCross BlueShield, District of Columbia, n.d. (Accessed April 2021): <https://www.carefirstchpdc.com/pdf/CFDC/Mavyret-PA-Request-and-Required-Docmentation.pdf>; See also: MedStar DC Formulary (Accessed April 2021): [https://ct1.medstarhealth.org/content/uploads/sites/43/2021/04/MedStar-DC-F-0421-52614-fmt-sec.pdf?opt\\_id=oeu1618233755652r0.02464589401753914&\\_ga=2.29904950.885423785.1618233756-330668639.1618233756](https://ct1.medstarhealth.org/content/uploads/sites/43/2021/04/MedStar-DC-F-0421-52614-fmt-sec.pdf?opt_id=oeu1618233755652r0.02464589401753914&_ga=2.29904950.885423785.1618233756-330668639.1618233756)

<sup>16</sup> Hepatitis C Medications. MedStar Family Choice District of Columbia. Revised October 20, 2020 (Accessed April 2021): <https://www.medstarfamilychoice.com/for-district-of-columbia-providers/pharmacy/hepatitis-c-medications/>; See also: Prior Authorization Form

<sup>17</sup> Ibid. Mavyret, PA Request and Required Documentation., CareFirst BlueCross BlueShield, District of Columbia, n.d. (Accessed April 2021): <https://www.carefirstchpdc.com/pdf/CFDC/Mavyret-PA-Request-and-Required-Docmentation.pdf>

<sup>18</sup> Ibid. Initial Prior Authorization Request, Harvoni, Department of Health Care Finance, Government of District of Columbia, Revision: 08/04/2016 (Accessed June 2017): [http://www.dc-pbm.com/provider/external/medicaid/dc/doc/en-us/District\\_Harvoni\\_PA\\_Request\\_Form.pdf](http://www.dc-pbm.com/provider/external/medicaid/dc/doc/en-us/District_Harvoni_PA_Request_Form.pdf)

<sup>19</sup> Ibid. Mavyret, Initial Prior Authorization Request, District of Columbia Department of Healthcare Finance, Revised: 12/13/2017; See also: Prior Authorization Forms, DC Department of Healthcare Finance

<sup>20</sup> Ibid. Hepatitis C Medications. MedStar Family Choice District of Columbia. Revised October 20, 2020 (Accessed April 2021): <https://www.medstarfamilychoice.com/for-district-of-columbia-providers/pharmacy/hepatitis-c-medications/>; See also: Prior Authorization Form

<sup>21</sup> Ibid. Mavyret, Initial Prior Authorization Request, District of Columbia Department of Healthcare Finance, Revised: 12/13/2017; See also: Prior Authorization Forms, DC Department of Healthcare Finance

<sup>22</sup> Ibid. Mavyret, Initial Prior Authorization Request, District of Columbia Department of Healthcare Finance, Revised: 12/13/2017; See also: Prior Authorization Forms, DC Department of Healthcare Finance

- 
- <sup>21</sup> Ibid. Prior Authorization Protocol for Hepatitis C Treatment for AHDC, AmeriHealth Caritas, District of Columbia, Revised August 2020
- <sup>22</sup> Ibid. Hepatitis C Medications. MedStar Family Choice District of Columbia. Revised October 20, 2020 (Accessed April 2021): <https://www.medstarfamilychoice.com/for-district-of-columbia-providers/pharmacy/hepatitis-c-medications/>; See also: Prior Authorization Form
- <sup>23</sup> Ibid. Mavyret, Initial Prior Authorization Request, District of Columbia Department of Healthcare Finance, Revised: 12/13/2017; See also: Prior Authorization Forms, DC Department of Healthcare Finance
- <sup>24</sup> Ibid. Prior Authorization Protocol for Hepatitis C Treatment for AHDC, AmeriHealth Caritas, District of Columbia, Revised August 2020
- <sup>25</sup> Ibid. Mavyret, PA Request and Required Documentation., CareFirst BlueCross BlueShield, District of Columbia, n.d. (Accessed April 2021): <https://www.carefirstchpdc.com/pdf/CFDC/Mavyret-PA-Request-and-Required-Documentation.pdf>
- <sup>26</sup> Ibid. Hepatitis C Medications. MedStar Family Choice District of Columbia. Revised October 20, 2020 (Accessed April 2021): <https://www.medstarfamilychoice.com/for-district-of-columbia-providers/pharmacy/hepatitis-c-medications/>; See also: Prior Authorization Form
- <sup>27</sup> Medicaid Directors, National Association of Medicaid Directors (Accessed June 2017): <http://medicaiddirectors.org/about/medicaid-directors/>; See also: Claudia Schlosberg, Biography, Department of Health Care Finance, DC.gov (Accessed April 2021): <https://dhcf.dc.gov/biography/claudia-schlosberg>
- <sup>28</sup> P & T Committee Materials, District of Columbia Medicaid, Magellan Administration (Accessed April 2021): <https://dc.fhsc.com/providers/PDL.asp>; See also: Meeting Guidelines for Receiving Written and Oral Testimony: Evaluation of Therapeutic Classes, Medicaid Pharmacy & Therapeutics (P&T) Committee, District of Columbia Department of Health Care Finance (Accessed April 2021): [https://dc.fhsc.com/downloads/providers/DCRx\\_PT\\_Speaker\\_Testimony\\_Guidelines.pdf](https://dc.fhsc.com/downloads/providers/DCRx_PT_Speaker_Testimony_Guidelines.pdf); Speakers must also fill out and submit a Disclosure Declaration Form: [https://dc.fhsc.com/downloads/providers/DCRx\\_PT\\_Speaker\\_Disclosure\\_Declaration.pdf](https://dc.fhsc.com/downloads/providers/DCRx_PT_Speaker_Disclosure_Declaration.pdf)