

Hepatitis C: State of Medicaid Access Report Card

Illinois

Estimated Number of Individuals Living with Hepatitis C: 54,900¹



Grade	Summary
<p style="font-size: 2em; font-weight: bold; color: #800000;">B-</p>	<p>Liver Damage (Fibrosis) Restrictions: Fee-For-Service (FFS) does not impose liver damage requirements. Three managed care organizations (MCOs), Blue Cross Community Health Plan, Aetna Better Health, and Molina, also do not impose liver damage requirements. Three MCOs, Meridian Health Plan, CountyCare Health Plan, and YouthCare, do not provide hepatitis C coverage information publicly.</p> <p>Sobriety Restrictions: FFS requires screening for active substance use. Two MCOs, Blue Cross Community Health Plan and Molina, require that the provider attest that they will address any patient alcohol or drug misuse. Aetna Better Health requires three months’ abstinence from alcohol and substance use. Three MCOs, Meridian Health Plan, CountyCare Health Plan, and Youthcare, do not provide hepatitis C coverage information publicly.</p> <p>Prescriber Restrictions: FFS requires a prescription to be written by or in consultation with a specialist. Two MCOs, Blue Cross Community Health Plan and Aetna Better Health, also require a specialist to prescribe or consult. One MCO, Molina, does not appear to impose prescriber requirements. Three MCOs, Meridian Health Plan, CountyCare Health Plan, and YouthCare, do not provide hepatitis C coverage information publicly.</p> <p>Recommendations to Improve Patient Access:</p> <ul style="list-style-type: none"> • Eliminate sobriety and prescriber restrictions. • Ensure parity across FFS and MCOs and transparency regarding hepatitis C coverage requirements for MCOs. <p><i>Grade Rationale: Illinois FFS has moved to eliminate restrictions and provides moderate access. However, some MCOs appear to have more stringent coverage requirements, and transparency is lacking regarding coverage requirements for some MCOs. Because many MCOs have unclear or no public information about hepatitis C coverage, a “minus” has been added to the state’s B grade.</i></p>

Background

As of May 2021, Illinois had 3,331,614 individuals enrolled in Medicaid and Children Health Insurance Program.² The Illinois Department of Healthcare and Family Services (HFS) administers the Medicaid program. HFS delivers health care services through Fee-For-Service (FFS) and MCOs, with 80 percent of beneficiaries enrolled in an MCO.³ Illinois contracts with six MCOs as part of the HealthChoice Illinois managed care program, for non-dual eligible beneficiaries: Blue Cross Community Health Plans, CountyCare Health Plan, Aetna Better Health (formerly Illinicare Health), MeridianHealth Plan, Molina, and YouthCare (specifically serving youth currently and formerly under the care of the Illinois Department of Children & Family Services).⁴

State of Medicaid Hepatitis C Treatment Access

Illinois Medicaid FFS provides moderate access to hepatitis C medications. Due to pressure from legal advocates, FFS has made improvements in opening access by removing past restrictions.⁵ While beneficiaries’ fibrosis score must be documented, FFS does not require a minimum level of liver damage to qualify for treatment.⁶ FFS does not require a minimum period of sobriety prior to treatment. However, the FFS PA requires the prescriber to attest that “he or she is addressing the ongoing misuse of alcohol and/or continued use of illicit IV drugs,” and the clinical criteria states that the provider is responsible for addressing ongoing substance use.⁷ FFS requires a prescription to be written either by a specialist (gastroenterologist, hepatologist, transplant hepatologist, or infectious disease specialist) or with a one-time consultation with a specialist within the 3 months prior to requesting treatment.⁸ The Preferred Drug List (PDL) includes Mavyret and sofosbuvir/velpatasvir as preferred and Harvoni, Sovaldi, Eplclusa, Viekira Pak, Vosevi, ledipasvir/sofosbuvir, and Zepatier as non-preferred.⁹

MCOs coverage requirements vary. Transparency is lacking as three MCOs do not provide coverage requirements publicly. Blue Cross follows the FFS criteria: the prior authorization form and criteria do not require a minimum level of liver damage prior to requesting treatment.¹⁰ Blue Cross’s prior authorization from asks if the prescriber is addressing ongoing misuse of alcohol and/or continues use of

illicit IV drugs, but does not require a minimum period of sobriety prior to treatment.¹¹ Blue Cross requires a prescription to be written either by a specialist (gastroenterologist, hepatologist, transplant hepatologist, or infectious disease specialist) or with a one-time consultation with a specialist within the 3 months prior to requesting treatment.¹²

Aetna does not require a minimum level of liver damage prior to requesting treatment.¹³ Aetna’s clinical criteria require that the prescribing provider screen and counsel regarding the risks of alcohol and drug use and provide a referral for substance use disorder treatment if “history of abuse is present.”¹⁴ The prior authorization also lists no substance abuse activity within the 3 months prior to the request as a treatment requirement and “evidence of remission” during the prior three months for individuals with a history of substance use disorder in the past 12 months.¹⁵ Additionally, for purposes of retreatment, in instances where there is a history of alcohol or substance abuse in the last six months, the individual must actively be “participating in a recovery program, receiving alcohol or substance abuse counseling services, or seeing an addiction specialist” as part of their treatment, or otherwise currently not using illicit substances or abusing alcohol, as confirmed by a urine test.¹⁶ A prescription must be written by or in consultation with a gastroenterologist, hepatologist, or infectious disease or transplant specialist.¹⁷

Molina’s prior authorization form asks about the patient’s liver damage level but does not specify a minimum fibrosis score.¹⁸ Molina does not appear to impose sobriety requirements, but they do ask the prescriber to attest that they are addressing the patient’s alcohol or drug misuse, if applicable.¹⁹ Molina asks about prescriber specialty but does not appear to impose a specialist requirement.²⁰

Meridian Health Plan, CountyCare Health Plan, and YouthCare, do not provide hepatitis C coverage information publicly.

Liver Damage (Fibrosis) Restrictions

FFS does not require a minimum level of liver damage to qualify for treatment.²¹

Blue Cross does not require a minimum level of liver damage prior to requesting treatment.²²

Aetna does not require a minimum level of liver damage prior to requesting treatment.²³

Molina’s prior authorization form asks about the patient’s liver damage level, but does not specify a minimum fibrosis score.²⁴

Meridian Health Plan, CountyCare Health Plan, and YouthCare, do not provide hepatitis C coverage information publicly.

Sobriety Restrictions

FFS does not require a minimum period of sobriety prior to treatment. However, the FFS PA requires the prescriber to attest that “he or she is addressing the ongoing misuse of alcohol and/or continued use of illicit IV drugs,” and the clinical criteria states that the provider is responsible for addressing ongoing substance use.²⁵

Blue Cross’s prior authorization form asks if the prescriber is addressing ongoing misuse of alcohol and/or continues use of illicit IV drugs, but does not require a minimum period of sobriety prior to treatment.²⁶

Aetna’s policy according to their prior authorization form lists no substance abuse activity within the 3 months prior to the request as a treatment requirement and “evidence of remission” during the prior three months for individuals with a history of substance use disorder in the past 12 months.²⁷

Molina’s does not appear to impose sobriety requirements, but they do ask the prescriber to attest that they are addressing the patient’s alcohol or drug misuse, if applicable.²⁸

Meridian Health Plan, CountyCare Health Plan, and YouthCare, do not provide hepatitis C coverage information publicly.

Prescriber Restrictions

FFS requires a prescription to be written either by a specialist (gastroenterologist, hepatologist, transplant hepatologist, or infectious disease specialist) or with a one-time consultation with a specialist within the 3 months prior to requesting treatment.²⁹

Blue Cross requires a prescription to be written either by a specialist (gastroenterologist, hepatologist, transplant hepatologist, or infectious disease specialist) or with a one-time consultation with a specialist within the 3 months prior to requesting treatment.³⁰

Aetna requires a prescription to be written by or in consultation with a gastroenterologist, hepatologist, or infectious disease or transplant specialist.³¹

Molina asks about prescriber specialty but does not appear to impose a specialist requirement.³²

Meridian Health Plan, CountyCare Health Plan, and YouthCare, do not provide hepatitis C coverage information publicly.

Medicaid:³³ Kelly Cunningham, Medicaid Administrator, Division of Medical Programs, Illinois Department of Healthcare and Family

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¹ Illinois State Profile, HepVu (Accessed December 2021): <https://hepvu.org/state/illinois/>.

² Medicaid and CHIP in Illinois, By State, Medicaid.gov: <https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=illinois>.

³ Share of Medicaid Population Covered Under Different Delivery Systems, Medicaid Market Tracker, Henry J. Kaiser Family Foundation: <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>.

⁴ HealthChoice Illinois Health Plan and Their Subcontractor Contact Information, Illinois Department of Healthcare and Family Services:

<https://www2.illinois.gov/hfs/SiteCollectionDocuments/HCSUBcontractors02102021.pdf>; See also Medicaid Managed Care Program Map, Illinois Department of Healthcare and Family Services: <https://www2.illinois.gov/hfs/SiteCollectionDocuments/StatewideHealthChoiceIllinoisPlansAugust12021MMAIUpdate.pdf>.

⁵ Illinois Medicaid Finally to Provide Life-Saving Medication to Cure Hepatitis C, Dani Hunter, Legal Council for Health Justice: <https://legalcouncil.org/illinois-medicaid-hepatitis-c-cure/>.

⁶ Criteria for Prior Approval of Direct-Acting Antivirals (DAAs) for Hepatitis C, Illinois Department of Healthcare and Family Services:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/HFSHepCDAACriteriaWordFINAL11012018.pdf>; See also Prior Authorization Request Form Direct Acting Antivirals (DAA) for Hepatitis C, Illinois Department of Healthcare and Family Services: <https://www.illinois.gov/hfs/SiteCollectionDocuments/HFSWEB034HepCR121821419.pdf>.

⁷ Ibid. Criteria for Prior Approval of Direct-Acting Antivirals (DAAs) for Hepatitis C, Illinois Department of Healthcare and Family Services; See also Prior Authorization Request Form Direct Acting Antivirals (DAA) for Hepatitis C, Illinois Department of Healthcare and Family Services.

⁸ Ibid. Criteria for Prior Approval of Direct-Acting Antivirals (DAAs) for Hepatitis C, Illinois Department of Healthcare and Family Services; See also Prior Authorization Request Form Direct Acting Antivirals (DAA) for Hepatitis C, Illinois Department of Healthcare and Family Services.

⁹ Illinois Medicaid Preferred Drug List, Illinois Department of Healthcare and Family Services (Effective January 1, 2022): <https://www2.illinois.gov/hfs/SiteCollectionDocuments/01012022PDLFinal.pdf>; See also: Medicaid Preferred Drug List, Pharmacy, Illinois Department of Healthcare and Family Services: <https://www.illinois.gov/hfs/MedicalProviders/Pharmacy/preferred/Pages/default.aspx>.

¹⁰ Hepatitis C Direct Acting Antivirals Prior Authorization with Quantity Limit – Through Preferred Agents, BlueCross BlueShield of Illinois:

https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/HCSC/Program_Summaries/HCSC_HepC_Direct_Acting_Antivirals_PAQL_ProgSum.pdf; See also Hepatitis C Prior Authorization Request Prescriber Fax Form, Blue Cross Community Health Plan Illinois: https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IL_MCD/ILMC_HepC_PA.pdf.

¹¹ Ibid. Hepatitis C Prior Authorization Request Prescriber Fax Form, Blue Cross Community Health Plan Illinois.

¹² Ibid. Hepatitis C Direct Acting Antivirals Prior Authorization with Quantity Limit – Through Preferred Agents, BlueCross BlueShield of Illinois; See also Hepatitis C Prior Authorization Request Prescriber Fax Form, Blue Cross Community Health Plan Illinois.

¹³ Pharmacy Prior Authorization Hepatitis C – Clinical Guideline, Aetna Better Health (Effective October 1, 2020): <https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/illinois/providers/pdf/Hepatitis-C-IL-PA-Guideline-ua.pdf>.

¹⁴ Ibid. Pharmacy Prior Hepatitis C – Clinical Guideline, Aetna Better Health (Effective October 1, 2020).

¹⁵ Illinois (Medicaid) Hepatitis C Medications Pharmacy Prior Authorization Form, Aetna Better Health (Effective October 1, 2020):

<https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/illinois/providers/pdf/Hepatitis-C-Fax-Form-IL-ua.pdf>.

¹⁶ Ibid. Pharmacy Prior Hepatitis C – Clinical Guideline, Aetna Better Health (Effective October 1, 2020).

¹⁷ Ibid. Pharmacy Prior Hepatitis C – Clinical Guideline, Aetna Better Health (Effective October 1, 2020); See also Illinois (Medicaid) Hepatitis C Medications Pharmacy Prior Authorization Form, Aetna Better Health (Effective October 1, 2020).

¹⁸ Medications for Treatment of Chronic Hepatitis C Prior Authorization Request Form, Molina Healthcare of Illinois: <https://www.molinahealthcare.com/providers/il/PDF/Medicaid/treatment-of-chronic-hepatitis-c.pdf>; See also Formulary, Molina Healthcare of Illinois: <https://www.molinahealthcare.com/providers/il/medicaid/drug/Pages/formulary.aspx>.

¹⁹ Ibid. Medications for Treatment of Chronic Hepatitis C Prior Authorization Request Form, Molina Healthcare of Illinois; See also Formulary, Molina Healthcare of Illinois.

²⁰ Ibid. Medications for Treatment of Chronic Hepatitis C Prior Authorization Request Form, Molina Healthcare of Illinois; See also Formulary, Molina Healthcare of Illinois.

²¹ Ibid. Criteria for Prior Approval of Direct-Acting Antivirals (DAAs) for Hepatitis C, Illinois Department of Healthcare and Family Services; See also Prior Authorization Request Form Direct Acting Antivirals (DAA) for Hepatitis C, Illinois Department of Healthcare and Family Services.

²² Ibid. Hepatitis C Direct Acting Antivirals Prior Authorization with Quantity Limit – Through Preferred Agents, BlueCross BlueShield of Illinois; See also Hepatitis C Prior Authorization Request Prescriber Fax Form, Blue Cross Community Health Plan Illinois.

²³ Ibid. Pharmacy Prior Hepatitis C – Clinical Guideline, Aetna Better Health (Effective October 1, 2020); See also Illinois (Medicaid) Hepatitis C Medications Pharmacy Prior Authorization Form, Aetna Better Health (Effective October 1, 2020).

²⁴ Ibid. Medications for Treatment of Chronic Hepatitis C Prior Authorization Request Form, Molina Healthcare of Illinois; See also Formulary, Molina Healthcare of Illinois.

²⁵ Ibid. Criteria for Prior Approval of Direct-Acting Antivirals (DAAs) for Hepatitis C, Illinois Department of Healthcare and Family Services; See also Prior Authorization Request Form Direct Acting Antivirals (DAA) for Hepatitis C, Illinois Department of Healthcare and Family Services.

²⁶ Ibid. Hepatitis C Direct Acting Antivirals Prior Authorization with Quantity Limit – Through Preferred Agents, BlueCross BlueShield of Illinois; See also Hepatitis C Prior Authorization Request Prescriber Fax Form, Blue Cross Community Health Plan Illinois.

²⁷ Ibid. Pharmacy Prior Hepatitis C – Clinical Guideline, Aetna Better Health (Effective October 1, 2020); See also Illinois (Medicaid) Hepatitis C Medications Pharmacy Prior Authorization Form, Aetna Better Health (Effective October 1, 2020).

²⁸ Ibid. Medications for Treatment of Chronic Hepatitis C Prior Authorization Request Form, Molina Healthcare of Illinois; See also Formulary, Molina Healthcare of Illinois.

²⁹ Ibid. Criteria for Prior Approval of Direct-Acting Antivirals (DAAs) for Hepatitis C, Illinois Department of Healthcare and Family Services; See also Prior Authorization Request Form Direct Acting Antivirals (DAA) for Hepatitis C, Illinois Department of Healthcare and Family Services.

³⁰ Ibid. Hepatitis C Direct Acting Antivirals Prior Authorization with Quantity Limit – Through Preferred Agents, BlueCross BlueShield of Illinois; See also Hepatitis C Prior Authorization Request Prescriber Fax Form, Blue Cross Community Health Plan Illinois.

³¹ Ibid. Pharmacy Prior Hepatitis C – Clinical Guideline, Aetna Better Health (Effective October 1, 2020); See also Illinois (Medicaid) Hepatitis C Medications Pharmacy Prior Authorization Form, Aetna Better Health (Effective October 1, 2020).

³² Ibid. Medications for Treatment of Chronic Hepatitis C Prior Authorization Request Form, Molina Healthcare of Illinois; See also Formulary, Molina Healthcare of Illinois.

³³ Illinois, Medicaid Directors, National Association of Medicaid Directors: <http://medicaiddirectors.org/about/medicaid-directors/>; See also Executive Staff, Department of Healthcare and Family Services: <https://www.illinois.gov/hfs/About/Pages/ExecutiveStaff.aspx>

³⁴ Committee on Drugs and Therapeutics, Medical Providers, Illinois Department of Healthcare and Family Services (Accessed December 2021):

<https://www.illinois.gov/hfs/MedicalProviders/Pharmacy/Pages/CommitteonDrugsandTherapeutics.aspx>.