

Hepatitis C: State of Medicaid Access Report Card

Illinois



Grade	Recommendations to Improve Patient Access
F	<ul style="list-style-type: none"> Remove prior authorization for HCV treatment. Remove substance use counseling requirement. Remove requirement to consult with a specialist prescriber. Remove retreatment restrictions. Ensure transparency and parity across FFS and MCOs regarding HCV coverage criteria. Remove additional restrictions as described below.

State Overview

As of February 2022, 3,578,040 individuals were enrolled in Medicaid and CHIP.¹ As of 2016, an estimated 54,900 people were living with HCV in Illinois.² As of July 1, 2021, 80.6% of Medicaid beneficiaries are enrolled in an MCO, with the other 19.4% enrolled in FFS.³ Illinois contracts with six MCOs as part of the HealthChoice Illinois managed care program, for non-dual eligible beneficiaries: Aetna Better Health, Blue Cross Community Health Plans, CountyCare Health Plan, MeridianHealth Plan, Molina, and YouthCare (specifically serving youth currently and formerly under the care of the Illinois Department of Children & Family Services).⁴

The Illinois Medicaid Preferred Drug List (PDL) lists Mavyret and sofosbuvir/velpatasvir as preferred drugs, with the following non-preferred drugs also listed: Sovaldi, Zepatier, Harvoni, ledipasvir/sofosbuvir, Epclusa, Vosevi, Viekira Pak.⁵

Deductions		Policy
Prior Authorization	-8	Prior authorization is required for all DAA treatment regimens. ⁶
Fibrosis Restrictions	0	Illinois Medicaid does not impose fibrosis restrictions. ⁷
Substance Use Restrictions	-4	The prescriber must counsel the patient regarding substance use issues: "Prescribing provider is responsible for addressing ongoing misuse of alcohol and/or continued use of illicit IV drugs (if appropriate)." ⁸
Prescriber Restrictions	-8	Illinois Medicaid requires prescription by or in consultation with a specialist "within the 3 months prior to the request for prior authorization," and "records containing a specialist recommendation for treatment with a DAA regimen must be submitted with the request for prior approval." ⁹
Retreatment Restrictions	-8	Illinois Medicaid imposes retreatment restrictions. Past failure to submit SVR testing results after treatment "due to a patient's non-cooperation may result in denial of retreatment." ¹⁰
Access in Managed Care	-8	Aetna imposes more stringent requirements than FFS. Aetna requires 3 months sobriety, and conditions retreatment on sobriety (must be participating in a recovery program if there was a history of substance use in the last 6 months, and must submit a urine test), and does not replace lost or stolen medications. ¹¹ Molina ¹² and Blue Cross ¹³ impose the same requirements as FFS. CountyCare, ¹⁴ Meridian, ¹⁵ and YouthCare ¹⁶ do not publish HCV treatment coverage criteria.
Additional Restrictions	-6	Illinois Medicaid imposes additional restrictions as follows: <ul style="list-style-type: none"> RNA results must be collected within 1 year of request for prior approval, and a number of other tests must be collected within 3 months, including: ALT and AST, CBC, GFR, Negative HBV screen or quantitative HBV DNA.¹⁷ Documentation of chronic HCV infection.¹⁸ Non-adherence to treatment for 7 days or more, or "patient's failure to obtain refills in a timely manner," may result in discontinuation of treatment.¹⁹
Total Deductions	-42	Total Score [100-Deductions] 58
		Grade F

Contact Your State Officials

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Key Sources

Preferred Drug List: [Illinois HFS, Medicaid Preferred Drug List \(Jul. 2022\)](#)

Clinical Criteria: [Illinois HFS, Criteria for Prior Approval of Direct-Acting Antivirals \(DAAs\) for Hepatitis C \(Nov. 2018\)](#)

Prior Authorization Form: Illinois Medicaid does not publish prior authorization forms for HCV treatment.

¹ CMS, Medicaid & CHIP in Illinois, <https://perma.cc/27JN-JU9K>.

² HepVu, Local Data: Illinois, <https://perma.cc/Y9LA-JTKT>.

³ Kaiser Family Foundation, Share of Medicaid Population Covered Under Different Delivery Systems, <https://perma.cc/47VJ-UBP7>.

⁴ HealthChoice Illinois, Health Plans and Their Subcontractor Contact Information (April 1, 2022), <https://perma.cc/SP5E-YVVP>.

⁵ Preferred Drug List.

⁶ See Preferred Drug List; Clinical Criteria.

⁷ Clinical Criteria.

⁸ Clinical Criteria.

⁹ Clinical Criteria.

¹⁰ Clinical Criteria.

¹¹ Aetna Better Health, Pharmacy Prior Authorization: Illinois Medicaid Hepatitis C Medications (Jan. 2022), <https://perma.cc/A7W3-LBBA>.

¹² Molina, Medications for Treatment of Chronic Hepatitis C Prior Authorization Request Form, <https://perma.cc/J9E7-CDXC>.

¹³ BCBS Illinois, Hepatitis C Direct Acting Antivirals Prior Authorization with Quantity Limit (Feb. 2022), <https://perma.cc/J2VX-DK2B>.

¹⁴ CountyCare, Prior Authorizations, <https://perma.cc/QW3H-X5D6>.

¹⁵ Illinois Meridian, Pharmacy, <https://perma.cc/A7X5-C52U>.

¹⁶ YouthCare HealthChoice Illinois, Pharmacy, <https://perma.cc/DPC3-EZB8>.

¹⁷ Clinical Criteria.

¹⁸ Clinical Criteria.

¹⁹ Clinical Criteria.

²⁰ Medicaid Directors, National Association of Medicaid Directors, <https://perma.cc/7KTL-ULKZ>; see also Illinois HFS, Executive Staff, <https://perma.cc/EV9V-DYZ6>.

²¹ Illinois HFS, Drugs and Therapeutics Advisory Board Agenda Request, <https://perma.cc/HUH4-4LGM>.