# lowa



Grade	Recommendations to Improve Patient Access	
D	Remove prior authorization for HCV treatment.	
	Remove substance use restrictions.	
	Remove requirement to consult with a specialist.	
	Remove retreatment restrictions.	
	Remove additional restrictions as described below.	

## **State Overview**

As of October 2023, 727,959 individuals were enrolled in Medicaid and CHIP.<sup>1</sup> According to Iowa HHS, more than 18,000 Iowans have been diagnosed with chronic HCV.<sup>2</sup> As of July 1, 2022, 95% of Iowa Medicaid beneficiaries were enrolled in a managed care organization(MCO), with the remaining 5% in fee-for-service (FFS).<sup>3</sup> Iowa Medicaid contracts with the following 3 MCOs: Wellpoint Iowa, Molina Healthcare of Iowa, and Iowa Total Care.<sup>4</sup>

The Iowa Medicaid Preferred Drug List designates Mavyret and sofosbuvir/velpatasvir as preferred HCV treatment regimens.<sup>5</sup>

Deductions		Policy
Prior Authorization	-8	Prior authorization is required for all HCV treatment regimens. <sup>6</sup>
Fibrosis Restrictions		Iowa Medicaid does not impose fibrosis restrictions. <sup>7</sup>
Substance Use Restrictions	-4	Iowa Medicaid requires that the "patient has been educated on the importance of abstinence from IV drug use and alcohol use, the importance of compliance with HCV treatment, and how to prevent HCV transmission. If patient is currently using IV drugs and/or alcohol, recommend the patient participate in alcohol and/or substance abuse counseling." <sup>8</sup> Additionally, patients must be evaluated for readiness for HCV treatment using a tool such as the SAMHSA Drug & Alcohol Screening Tool or PREP-C.
Prescriber Restrictions	-8	Iowa Medicaid imposes prescriber restrictions. Treatment must be prescribed "by or in consultation with a digestive disease, liver disease, or infectious disease provider practice." <sup>9</sup>
Retreatment Restrictions	-8	Iowa Medicaid imposes retreatment restrictions for people who use substances. "Patients who previously achieved SVR that have HCV recurrence due to IV drug use must have documentation that the patient has completed or is participating in a recovery program, receiving alcohol or substance abuse counseling services, or seeing an addiction specialist as part of HCV treatment." <sup>10</sup>
Access in Managed Care		Iowa Total Care <sup>11</sup> and Amerigroup Iowa <sup>12</sup> impose the same restrictions as FFS.
Additional Restrictions	-10	<ul> <li>Iowa Medicaid imposes additional restrictions as follows<sup>13</sup>:</li> <li>Documentation of chronic HCV diagnosis.</li> <li>Documentation of genotype.</li> <li>Viral load must be collected within 12 months of prior authorization request.</li> <li>Prohibits refills for lost or stolen medications.</li> <li>Documentation of steps to address non-compliance for patients who have a history of non-compliance, including a psychosocial readiness assessment.</li> </ul>
Total Deductions		Total Score [100-Deductions] Grade
-38		62 D

# **Contact Your State Officials**

**Medicaid Office<sup>14</sup>: Elizabeth Matney, Medicaid Director, Iowa Department of Human Services** 100 Army Post Road, Des Moines, IA 50315; Telephone: (515) 256-4640

#### Pharmaceutical and Therapeutics Committee<sup>15</sup>: Iowa Medicaid Enterprise

100 Army Post Road, Des Moines, IA 50315; Email Address: info@iowamedicaidpdl.com

## **Key Sources**

Preferred Drug List: Iowa Department of Human Services, Preferred Drug List (Jan. 1, 2024) Clinical Criteria: Iowa Department of Human Services, Iowa Medicaid Drug Prior Authorization Criteria (Jan. 1, 2024) Prior Authorization Form: Iowa Department of Human Services, Request for Prior Authorization: Hepatitis C Treatments (June 2023)

- <sup>3</sup> Kaiser Family Foundation, Share of Medicaid Population Covered Under Different Delivery Systems, https://perma.cc/EMN8-QR8B.
- <sup>4</sup> Iowa DHS, MCO Provider-Specific Contact Information, https://perma.cc/88HY-F9S7.
- <sup>5</sup> Preferred Drug List.
- <sup>6</sup> Clinical Criteria.
- <sup>7</sup> Clinical Criteria.
- <sup>8</sup> Clinical Criteria.
- <sup>9</sup> Clinical Criteria.
- <sup>10</sup> Clinical Criteria.
- <sup>11</sup> Iowa Total Care, Request for Prior Authorization, Hepatitis C Treatments (Jan. 2023), https://perma.cc/7R36-NJUH.
- <sup>12</sup> Amerigroup, Request for Prior Authorization: Hepatitis C Treatments (Jan. 2023), https://perma.cc/XK34-WUA9.
- <sup>13</sup> Clinical Criteria.
- <sup>14</sup> National Association of Medicaid Directors, Medicaid Directors, https://perma.cc/7KTL-ULKZ /.
- <sup>15</sup> Iowa Medicaid PDL, Pharmaceutical & Therapeutics Committee Info, https://perma.cc/RFK2-GDGY.



<sup>&</sup>lt;sup>1</sup> Centers for Medicare & Medicaid Services, Medicaid and CHIP in Iowa, https://perma.cc/P8CC-GB2P.

<sup>&</sup>lt;sup>2</sup> Iowa Health & Human Services, Hepatitis C, https://perma.cc/8KCA-6MG4.