

# Hepatitis C: State of Medicaid Access Report Card

## Kentucky



| Grade    | Recommendations to Improve Patient Access  |
|----------|--|
| <b>B</b> | <ul style="list-style-type: none"> <li>Remove prior authorization for HCV treatment.</li> <li>Remove retreatment restrictions related to substance use.</li> <li>Remove additional restrictions as described below.</li> </ul> |

### State Overview

As of October 2023, 1,539,799 individuals were enrolled in Medicaid and CHIP.<sup>1</sup> It is estimated that as of 2016, 42,500 people were living with HCV in Kentucky. Kentucky operates a fee-for-service (FFS) program and contracts with managed care organization (MCOs). Most beneficiaries, 90 percent, are enrolled in an MCO. The remaining 10 percent participate in FFS.<sup>2</sup> Kentucky Medicaid contracts with the following six MCOs: Aetna Better Health (Aetna), Anthem BlueCross BlueShield of Kentucky (Anthem), Humana Healthy Horizons (Humana), Passport Health Plan by Molina (Passport), UnitedHealthcare Community Plan (UHC) and WellCare.<sup>3</sup> Since July 2021, outpatient drugs for individuals enrolled in MCOs are managed by a single pharmacy benefit manager (PBM), MedImpact.<sup>4</sup> MedImpact applies the state's FFS preferred drug list (PDL) and prior authorization criteria.<sup>5</sup>

The Kentucky Medicaid Preferred Drug List designates Mavyret, sofosbuvir/velpatasvir, and Vosevi as preferred regimens.<sup>6</sup>

| Deductions                          |            | Policy  |                                     |           |              |  |  |          |
|-------------------------------------|------------|---|-------------------------------------|-----------|--------------|--|--|----------|
| Prior Authorization                 | -8         | Prior authorization is required for all HCV treatment regimens. <sup>7</sup>  |                                     |           |              |  |  |          |
| Fibrosis Restrictions               | 0          | Kentucky Medicaid does not impose fibrosis restrictions. <sup>8</sup>   |                                     |           |              |  |  |          |
| Substance Use Restrictions          | 0          | Kentucky Medicaid does not impose substance use restrictions. <sup>9</sup>  |                                     |           |              |  |  |          |
| Prescriber Restrictions             | 0          | Kentucky Medicaid does not impose prescriber restrictions for patients who qualify for simplified treatment. For patients who are ineligible for simplified treatment, treatment must be prescribed by a gastroenterologist, hepatologist, infectious disease, or transplant specialist OR a provider who completed an HCV provider training program such as KHAMP or Project ECHO. <sup>10</sup> |                                     |           |              |  |  |          |
| Retreatment Restrictions            | -8         | Kentucky Medicaid imposes retreatment restrictions including: documentation that the patient has completed or is participating in a recovery program, alcohol and substance use counseling, and toxicology results confirming that the patient is not actively using substances. <sup>11</sup>  |                                     |           |              |  |  |          |
| Access in Managed Care              | 0          | All 6 MCOS (Aetna, <sup>12</sup> Anthem, <sup>13</sup> Humana, <sup>14</sup> Passport, <sup>15</sup> UHC, <sup>16</sup> and WellCare <sup>17</sup> ) impose the same requirements as FFS, and link to the statewide Preferred Drug List. <sup>18</sup>  |                                     |           |              |  |  |          |
| Additional Restrictions             | -4         | Kentucky Medicaid imposes additional restrictions as follows <sup>19</sup> : <ul style="list-style-type: none"> <li>HCV RNA must be collected within 3 months.</li> <li>Documentation of chronic HCV infection.</li> </ul>  |                                     |           |              |  |  |          |
| <b>Total Deductions</b>             | <b>-20</b> | <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;"><b>Total Score [100-Deductions]</b></td> <td style="text-align: center;"><b>80</b></td> <td style="text-align: center;"><b>Grade</b></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"><b>B</b></td> </tr> </table>  | <b>Total Score [100-Deductions]</b> | <b>80</b> | <b>Grade</b> |  |  | <b>B</b> |
| <b>Total Score [100-Deductions]</b> | <b>80</b>  | <b>Grade</b>  |                                     |           |              |  |  |          |
|                                     |            | <b>B</b>  |                                     |           |              |  |  |          |

### Contact Your State Officials

**Medicaid Office<sup>20</sup>:** Lisa Lee, Commissioner, Department for Medicaid Services, Kentucky Cabinet for Health and Family Services

275 East Main Street, 6 West A, Frankfort, KY 40621; Telephone: (502) 564-4321

**Pharmacy & Therapeutics Committee<sup>21</sup>:**

275 E. Main Street, 6W-D, Frankfort, KY 40621; Telephone: (502)-564-6890; Email Address: dmsweb@ky.gov

## Key Sources

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**Preferred Drug List:** [Kentucky Medicaid, Pharmacy Program, Preferred Drug List \(Feb. 9, 2024\)](#)

**Clinical Criteria:** [Kentucky Medicaid, Single PDL, Prior Authorization Criteria \(Feb. 9, 2024\)](#)

**Prior Authorization Form:** [Kentucky Medicaid, Pharmacy Prior Authorization Form \(Apr. 7, 2022\)](#)

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<sup>1</sup> Centers for Medicare & Medicaid Services, Medicaid & CHIP in Kentucky, <https://perma.cc/Z2GL-XYM3>.

<sup>2</sup> Kaiser Family Foundation, Share of Medicaid Population Covered Under Different Delivery Systems (July 2, 2022), <https://perma.cc/EMN8-QR8B>.

<sup>3</sup> Kentucky Cabinet for Health and Family Services, Managed Care Organizations, <https://perma.cc/4NU8-FSQ5>.

<sup>4</sup> Pharmacy Policy Branch, Kentucky Cabinet for Health and Family Services, <https://perma.cc/JJ5M-2G29>.

<sup>5</sup> Kentucky Managed Care Organization Single Pharmacy Benefit Manager Announcement (April 1, 2021), <https://perma.cc/8EEQ-2KAE>.

<sup>6</sup> Preferred Drug List.

<sup>7</sup> Clinical Criteria.

<sup>8</sup> Clinical Criteria.

<sup>9</sup> Clinical Criteria.

<sup>10</sup> Clinical Criteria.

<sup>11</sup> Clinical Criteria.

<sup>12</sup> Aetna Better Health of Kentucky, Your Pharmacy Benefits, <https://perma.cc/H86Z-RBSV>.

<sup>13</sup> Anthem Kentucky Medicaid, Pharmacy Benefits, <https://perma.cc/F7WK-4FKU>.

<sup>14</sup> Humana Kentucky Medicaid, Pharmacy, <https://perma.cc/5AYK-6F5V>.

<sup>15</sup> Passport By Molina Healthcare, Preferred Drug List, <https://perma.cc/ZK95-5Z7X>.

<sup>16</sup> UnitedHealthcare Community Plan of Kentucky, Pharmacy Resources and Physician Administered Drugs, <https://perma.cc/YH88-KVCR>.

<sup>17</sup> WellCare Kentucky, Pharmacy, <https://perma.cc/4JWC-26ZG>.

<sup>18</sup> Kentucky Managed Care Organization Single Pharmacy Benefit Manager Announcement (April 1, 2021), <https://perma.cc/8EEQ-2KAE>.

<sup>19</sup> Preferred Drug List and Clinical Criteria.

<sup>20</sup> National Association of Medicaid Directors, Medicaid Directors, <https://perma.cc/7KTL-ULKZ>.

<sup>21</sup> Kentucky Cabinet for Health and Family Services, Pharmacy & Therapeutics Advisory Committee, <https://perma.cc/6G52-JSCJ>.