

Hepatitis C: State of Medicaid Access Report Card

Kentucky



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

State Overview

As of February 2022, 1,534,013 individuals were enrolled in Medicaid and CHIP.¹ 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.² 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.³ Kentucky's FFS program is administered by Magellan.⁴ Beginning in July 2021, outpatient drugs for individuals enrolled in MCOs are managed by a single pharmacy benefits manager (PBM), MedImpact.⁵ MedImpact applies the state's FFS preferred drug list (PDL) and prior authorization criteria.⁶

The Kentucky Medicaid Preferred Drug List includes Mavyret, sofosbuvir/velpatasvir, and Vosevi.⁷

Deductions		Policy
Prior Authorization	-8	Prior authorization is required for all HCV treatment regimens. ⁸
Fibrosis Restrictions	0	Kentucky Medicaid does not impose fibrosis restrictions. ⁹
Substance Use Restrictions	0	Kentucky Medicaid does not impose substance use restrictions. ¹⁰
Prescriber Restrictions	0	Kentucky Medicaid does not impose prescriber restrictions for patients who qualify for simplified treatment. ¹¹
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 lab test confirmation that the patient is not actively using substances. Additionally, prescriptions for treatment-experienced individuals must be written by or in consultation with a specialist. ¹²
Access in Managed Care	0	All MCOs impose the same requirements as FFS. ¹³
Additional Restrictions	-4	Kentucky Medicaid imposes additional restrictions as follows: ¹⁴ <ul style="list-style-type: none"> HCV RNA must be collected within 3 months. Documentation of chronic HCV infection.
Total Deductions	-20	Total Score [100-Deductions] 80
		Grade B

Contact Your State Officials

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Key Sources

Preferred Drug List and Clinical Criteria: [Kentucky Medicaid, Single PDL Prior Authorization Criteria \(May 5, 2022\)](#)

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- ¹ Centers for Medicare & Medicaid Services, Medicaid & CHIP in Kentucky: <https://www.medicaid.gov/state-overviews/stateprofile.html?state=kentucky>.
 - ² Kaiser Family Foundation, Share of Medicaid Population Covered Under Different Delivery Systems (July 1, 2021): <https://perma.cc/SY4K-FFQ5>.
 - ³ Kentucky Cabinet for Health and Family Services, Managed Care Organizations: <https://chfs.ky.gov/agencies/dms/dpqp/mco-cmb/Pages/mco-options.aspx>.
 - ⁴ Magellan Medicaid Administration, Kentucky Medicaid Provider Portal: <https://kyportal.magellanmedicaid.com/provider/public/home.xhtml>.
 - ⁵ Pharmacy Policy Branch, Kentucky Cabinet for Health and Family Services: <https://chfs.ky.gov/agencies/dms/dpo/ppb/Pages/default.aspx>.
 - ⁶ Kentucky Managed Care Organization Single Pharmacy Benefit Manager Announcement (April 1, 2021): <https://chfs.ky.gov/agencies/dms/dpo/ppb/Documents/ProviderMailingApril2021Final.pdf>.
 - ⁷ Preferred Drug List and Clinical Criteria.
 - ⁸ Preferred Drug List and Clinical Criteria.
 - ⁹ Preferred Drug List and Clinical Criteria.
 - ¹⁰ Preferred Drug List and Clinical Criteria.
 - ¹¹ Preferred Drug List and Clinical Criteria.
 - ¹² Preferred Drug List and Clinical Criteria.
 - ¹³ Kentucky Managed Care Organization Single Pharmacy Benefit Manager Announcement (April 1, 2021): <https://chfs.ky.gov/agencies/dms/dpo/ppb/Documents/ProviderMailingApril2021Final.pdf>.
 - ¹⁴ Preferred Drug List and Clinical Criteria.
 - ¹⁵ National Association of Medicaid Directors, Medicaid Directors: <https://perma.cc/RK6K-TFKK>.
 - ¹⁶ Kentucky Cabinet for Health and Family Services, Pharmacy & Therapeutics Advisory Committee: <http://chfs.ky.gov/dms/pt.htm>.