

Hepatitis C: State of Medicaid Access Report Card

Kentucky

Estimated Number of Individuals Living with Hepatitis C: 42,500¹



Grade	Summary
<p style="font-size: 2em; font-weight: bold; color: #800000;">A-</p>	<p>Liver Damage (Fibrosis) Restrictions: Kentucky does not impose fibrosis restrictions.</p> <p>Sobriety Restrictions: Kentucky does not impose sobriety requirements for treatment naive patients. For retreatment, Kentucky requires participation in a substance use treatment program and a negative urine toxicology screen.</p> <p>Prescriber Restrictions: Kentucky does not impose prescriber restrictions for individuals receiving simplified treatment. Kentucky requires a prescription written by a gastroenterologist, hepatologist, infectious disease specialist, transplant specialist, or a provider otherwise participating in HCV training program or network (i.e., KHAMP, ECHO), for individuals with certain comorbidities or who have previously been treated for hepatitis C.</p> <p>Recommendations to Improve Patient Access:</p> <ul style="list-style-type: none"> • Remove remaining prescriber restrictions. • Remove sobriety restrictions for individuals seeking retreatment. • Remove prior authorization for patients who qualify for simplified treatment. <p><i>Grade Rationale: Kentucky has made important changes to increase access to hepatitis C treatment. The state has removed liver damage requirements and sobriety requirements for patients seeking first-time therapy. The state also has parity across its FFS and MCO programs. However, the state continues to impose sobriety and specialist restrictions for some patients, including individuals who have previously received treatment for hepatitis C, resulting in the state's grade of A-.</i></p>

Background

As of May 2021, Kentucky had 1,582,081 individuals enrolled in Medicaid and Children’s Health Insurance Program (CHIP).² Kentucky operates a Fee-For-Service (FFS) program and contracts with managed care organizations (MCOs). Most beneficiaries, 90 percent, are enrolled in a MCO. The remaining 10 percent participate in FFS.³ 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.⁴ Kentucky’s FFS program is administered by Magellan.⁵ Beginning in July 2021, outpatient drugs for individuals enrolled in MCOs are managed by a single pharmacy benefits manager (PBM), MedImpact.⁶ MedImpact applies the state’s FFS preferred drug list (PDL) and prior authorization criteria.⁷

State of Medicaid Hepatitis C Treatment Access

Kentucky Medicaid requires prior authorization for hepatitis C treatment for both FFS- and MCO-enrolled members, using a unified prior authorization form.⁸ Because the FFS program (Magellan) and the centralized MCO PBM (MedImpact) utilize the same PDL and prior authorization criteria,⁹ there is parity in hepatitis C access for all Medicaid beneficiaries. Kentucky does not impose fibrosis score restrictions.¹⁰ For treatment naïve patients, Kentucky does not impose sobriety restrictions.¹¹ In cases of re-treatment, patients must be evaluated for alcohol and substance abuse. If the patient has a recent history (within past 6 months) of substance use, the patient must take part in or have completed recovery or counseling services, the patient must abstain from illicit substance use or alcohol abuse with confirmatory lab testing, and the provider must attest to their belief that the patient is able to comply with the treatment plan.¹² In cases of simplified treatment (treatment naïve, non-cirrhotic patients with uncomplicated cases), Kentucky does not impose prescriber requirements.¹³ In cases of non-simplified treatment (patients with certain comorbidities or patients that have been previously treated for hepatitis C), patients must have a prescription written by a gastroenterologist, hepatologist, infectious disease specialist, transplant specialist, or a provider otherwise participating in hepatitis C training program or network (i.e., KHAMP, ECHO).¹⁴

The following Direct-Acting Antivirals (DAAs) are designated as preferred in the PDL: Mavyret, sofosbuvir/velpatasvir, and Vosevi. Non-preferred ages include Epclusa, Harvoni, ledipasvir/sofosbuvir, Sovaldi, Viekira Pak, and Zepatier.¹⁵

Liver Damage (Fibrosis) Restrictions

Kentucky does not impose fibrosis restrictions.¹⁶

Sobriety Restrictions

Kentucky does not impose sobriety requirements for treatment naïve patients. However, for patients seeking repeat DAA therapy, if the patient has a recent history (within the past six months) of alcohol or substance abuse, the criteria require documentation that the patient has completed or is participating in a recovery program, receiving alcohol or substance abuse counseling services, or is seeing an addiction specialist as part of hepatitis C treatment and documentation that the patient is not actively participating in illicit substance use of alcohol abuse with confirmatory laboratory testing (e.g., urine drug screen).¹⁷

Prescriber Restrictions

Kentucky does not impose prescriber requirements for individuals receiving simplified treatment. For individuals who have been previously treated for hepatitis C, have cirrhosis, are HIV+, are HBV+, or have a history of liver transplant or hepatocellular carcinoma, the prescriber must be a gastroenterologist, hepatologist, infectious disease specialist, transplant specialist, or a provider otherwise participating in hepatitis C training program or network (i.e., KHAMP, ECHO).¹⁸

Points of Contact for Questions & Concerns about Kentucky's State of Medicaid Hepatitis C Access

Medicaid:¹⁹ 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

Pharmaceutical and Therapeutics Review Board:²⁰
275 E. Main Street, 6W-D, Frankfort, KY 40601; Telephone: (502)-564-6890; Email Address: dmsweb@ky.gov

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

² Medicaid and CHIP in Kentucky, By-State, Medicaid.gov (Accessed December 2021): <https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=kentucky>.

³ Share of Medicaid Population Covered Under Different Delivery Systems, Medicaid Managed Care Market Tracker, Henry J. Kaiser Family Foundation, July 1, 2016 (Accessed December 2021): <http://www.kff.org/medicaid/state-indicator/share-of-medicaid-population-covered-under-different-delivery-systems/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>.

⁴ Managed Care Organizations, Kentucky Cabinet for Health and Family Services (Accessed December 2021): <https://chfs.ky.gov/agencies/dms/dpgo/mco-cmb/Pages/mco-options.aspx>.

⁵ Magellan Medicaid Administration, Kentucky Medicaid Provider Portal (Accessed December 2021): <https://kyportal.magellanmedicaid.com/provider/public/home.xhtml>.

⁶ Pharmacy Policy Branch, Kentucky Cabinet for Health and Family Services (Accessed December 2021): <https://chfs.ky.gov/agencies/dms/dpo/ppb/Pages/default.aspx>.

⁷ Kentucky Managed Care Organization Single Pharmacy Benefit Manager Announcement, April 1, 2021: <https://chfs.ky.gov/agencies/dms/dpo/ppb/Documents/ProviderMailingApril2021Final.pdf>.

⁸ Kentucky Medicaid Prior Authorization Form (Revised October 7, 2021): https://kyportal.magellanmedicaid.com/public/client/static/kentucky/documents/KY_PARRequestForm_universal_general.pdf.

⁹ Kentucky Medicaid Single PDL Prior Authorization Criteria, Magellan Rx Management (Effective December 14, 2021):

https://kyportal.magellanmedicaid.com/public/client/static/kentucky/documents/KYRx_PDL_prior_authorization_criteria.pdf.

¹⁰ Ibid. Kentucky Medicaid Single PDL Prior Authorization Criteria, Magellan Rx Management (Effective December 14, 2021).

¹¹ Ibid. Kentucky Medicaid Single PDL Prior Authorization Criteria, Magellan Rx Management (Effective December 14, 2021).

¹² Ibid. Kentucky Medicaid Single PDL Prior Authorization Criteria, Magellan Rx Management (Effective December 14, 2021).

¹³ Ibid. Kentucky Medicaid Single PDL Prior Authorization Criteria, Magellan Rx Management (Effective December 14, 2021).

¹⁴ Ibid. Kentucky Medicaid Single PDL Prior Authorization Criteria, Magellan Rx Management (Effective December 14, 2021).

¹⁵ Kentucky Medicaid Pharmacy Program Preferred Drug List (PDL), Magellan Rx Management (Effective December 14, 2021):

https://kyportal.magellanmedicaid.com/public/client/static/kentucky/documents/PreferredDrugGuide_full.pdf.

¹⁶ Ibid. Kentucky Medicaid Single PDL Prior Authorization Criteria, Magellan Rx Management (Effective December 14, 2021).

¹⁷ Ibid. Kentucky Medicaid Single PDL Prior Authorization Criteria, Magellan Rx Management (Effective December 14, 2021).

¹⁸ Ibid. Kentucky Medicaid Single PDL Prior Authorization Criteria, Magellan Rx Management (Effective December 14, 2021).

¹⁹ Kentucky, Medicaid Directors, National Association of Medicaid Directors (Accessed December 2021): <http://medicaiddirectors.org/about/medicaid-directors/>.

²⁰ Pharmacy & Therapeutics Advisory Committee, Kentucky Cabinet for Health and Family Services (Accessed December 2021): <http://chfs.ky.gov/dms/pt.htm>.