# **Hepatitis C: State of Medicaid Access Report Card**

## Louisiana



Grade	Recommendations to Improve Patient Access		
A	<ul> <li>Remove requirement for submission of chronic hepatitis C diagnosis code.</li> <li>Continue to ensure broad access to HCV treatment.</li> </ul>		

#### **State Overview**

As of October 2023, 1,789,466 individuals were enrolled in Medicaid and CHIP.¹ It is estimated that as of 2016, 50,000 people were living with HCV in Louisiana.² Louisiana Medicaid, known as Healthy Louisiana, operates a fee-for-service (FFS) program and contracts with managed care organizations (MCOs).³ Most beneficiaries, 91 percent, are enrolled in a MCO; the remaining 9 percent participate in FFS.⁴ Healthy Louisiana contracts with six MCOs to provides services to beneficiaries, including: Aetna Better Health (Aetna), AmeriHealth Caritas Louisiana (AmeriHealth), Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare Community Plan (UHC).⁵ As a result of the modified pharmaceutical subscription model for HCV treatment, all MCOs follow the Louisiana single PDL and criteria.⁶ Additionally, as of October 2023, the Magellan Medicaid Administration manages pharmacy benefits for all Medicaid health plans, including MCOs.⁵

The Louisiana Medicaid Preferred Drug List lists sofosbuvir/velpatasvir (generic Epclusa) as the preferred regimen.<sup>8</sup>

Deductions		Policy		
Prior Authorization		Prior authorization is not required for the preferred regimen (sofosbuvir/velpatasvir).9		
Fibrosis Restrictions		Louisiana Medicaid does not impose fibrosis restrictions. <sup>10</sup>		
Substance Use Restrictions		Louisiana Medicaid does not impose substance use restrictions. <sup>11</sup>		
Prescriber Restrictions		Louisiana Medicaid does not impose prescriber restrictions. <sup>12</sup>		
Retreatment Restrictions		Louisiana Medicaid does not impose undue retreatment restrictions. <sup>13</sup>		
Access in Managed Care		As a result of the modified pharmaceutical subscription model for HCV treatment, all MCOs follow the Louisiana single PDL and criteria. 14		
Additional Restrictions	-2	Louisiana Medicaid imposes additional restrictions for preferred treatment <sup>15</sup> :  • Documentation of chronic HCV infection. Pharmacy claims for all agents (including sofosbuvir/velpatasvir) must be submitted with the diagnosis code for chronic hepatitis C. <sup>16</sup> Eligibility is verified via a point-of-sale edit. Point of sale edits are "safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy." <sup>17</sup>		
Total Deductions		Total Score [100-Deductions]	Grade	
-2		98	A	

#### **Contact Your State Officials**

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### **Key Sources**

Preferred Drug List: Louisiana Medicaid, Preferred Drug List (Jan. 1, 2024)

Clinical Criteria: Louisiana Medicaid, Hepatitis C Direct Acting Antiviral Criteria (Apr. 2022)

Prior Authorization Form (for Non-Preferred DAAs): <u>Louisiana Medicaid, DAA Medication Therapy Worksheet (October 2023)</u>
Patient Treatment Agreement (for Non-Preferred DAAs): <u>Louisiana Treatment Agreement for Louisiana Medicaid Recipients (October 2023)</u>

- <sup>1</sup> Centers for Medicare & Medicaid Services, Medicaid & CHIP in Louisiana, https://perma.cc/3DPC-9SJX.
- <sup>2</sup> HepVu, Local Data: Louisiana, https://perma.cc/85GV-9WX8.
- <sup>3</sup> Louisiana Department of Health, Healthy Louisiana, https://perma.cc/82WX-LG99.
- <sup>4</sup> Kaiser Family Foundation, Share of Medicaid Population Covered Under Different Delivery Systems (July 1, 2022), https://perma.cc/EMN8-QR8B.
- <sup>5</sup> Healthy Louisiana, Compare Plans, https://perma.cc/GV93-N3QG.
- <sup>6</sup> Preferred Drug List; see also Louisiana Department of Health, Managed Care Executed Contracts, https://perma.cc/7T5U-ERFC.
- <sup>7</sup> Magellan Medicaid Administration Pharmacy Portal, https://perma.cc/MM8N-GDKL.
- <sup>8</sup> Preferred Drug List.
- <sup>9</sup> Clinical Criteria.
- <sup>10</sup> Clinical Criteria.
- <sup>11</sup> Clinical Criteria.
- <sup>12</sup> Clinical Criteria.
- <sup>13</sup> Clinical Criteria.
- <sup>14</sup> Preferred Drug List; see also Louisiana Department of Health, Managed Care Executed Contracts, https://perma.cc/7T5U-ERFC.
- <sup>15</sup> Clinical Criteria.
- <sup>16</sup> Louisiana Medicaid, Point of Sale Edits: Infectious Disorders Hepatitis C Agents Direct Acting Antiviral Agents (October 2022), https://perma.cc/5VP5-JTAK; see also Louisiana Medicaid, Medications Requiring ICD-10 Diagnosis Codes (Jan. 2023), https://perma.cc/5UTG-SK47.
- <sup>17</sup> Louisiana Medicaid, Point of Sale Edits: Infectious Disorders Hepatitis C Agents Direct Acting Antiviral Agents (October 2022), https://perma.cc/5VP5-JTAK.
- <sup>18</sup> Louisiana Department of Health, Medicaid Leadership, https://perma.cc/6EFM-9DW3.
- <sup>19</sup> Louisiana Department of Health, Medicaid Pharmaceutical & Therapeutics Committee, https://perma.cc/3BLL-6BEU.

