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

## Massachusetts



Grade	Recommendations to Improve Patient Access
A	Remove additional restrictions as described below.

#### **State Overview**

As of October 2023, 1,912,094 individuals were enrolled in Medicaid (MassHealth) and CHIP.¹ It is estimated that as of 2016, 38,100 people were living with HCV in Massachusetts.² 56 percent of MassHealth beneficiaries are enrolled in a Managed Care Organization (MCO),³ Accountable Care Organization (ACO)⁴ or Accountable Care Partnership Plan (ACCP).⁵ The remaining beneficiaries participate in Primary Care Case Management (PCCM) programs (33 percent) operated by the state or Fee-For-Service (FFS) programs (11 percent).⁶ MassHealth managed care enrollees are covered by 5 Accountable Care Partnership Plans and Managed Care Organizations: Health New England, Fallon Health, Mass General Brigham Health Plan, Tufts Health Plan, and WellSense Health Plan.⁵

Effective April 1, 2023, MassHealth transitioned to a uniform formulary, requiring all MCOs and ACOs to use the MassHealth Drug List for pharmacy drug coverage.<sup>8</sup>

The Massachusetts Medicaid Preferred Drug List lists Mavyret, ledipasvir/sofosbuvir, and sofosbuvir/velpatasvir (generic Epclusa) as preferred regimens.9

Deductio	ns	Policy	
Prior Authorization		MassHealth's preferred drug list designates all DAA regimens as requiring prior authorization. <sup>10</sup> However, for many patients, the prior authorization requirement has been effectively removed due to MassHealth's use of pharmacy claims technical software, called Smart PA. <sup>11</sup> MassHealth's Smart PA software links diagnosis codes from medical claims during pharmacy claim adjudication, allowing some claims to process at the pharmacy without a separate prior authorization form needing to be submitted. <sup>12</sup> Patients can thus bypass the prior authorization process if they are prescribed a preferred HCV treatment regimen and meet the following additional requirements: the patient must be at least 3 years old, was never covered for hepatitis C treatment via MassHealth in the past, has no paid MassHealth pharmacy claims suggestive of decompensated cirrhosis in all claims history, and has no history of paid MassHealth claims in the past 90 days for a drug that may lower DAA efficacy. <sup>13</sup>	ms
Fibrosis Restrictions		Massachusetts Medicaid does not impose fibrosis restrictions. <sup>14</sup>	
Substance Use Restrictions		Massachusetts Medicaid does not impose substance use restrictions. <sup>15</sup>	
Prescriber Restrictions		Massachusetts Medicaid does not impose prescriber restrictions. 16	
Retreatment Restrictions		Massachusetts Medicaid does not impose retreatment restrictions. <sup>17</sup>	
Access in Managed Care		Massachusetts Medicaid requires all MCOs to use the MassHealth Drug List for pharmacy drug coverage, including implementing the MHDL's prior authorization status, clinical criteria, and additional coverage notes, 18 and all MCOs use the same uniform prior authorization criteria. 19	
Additional Restrictions	-2	While Massachusetts Medicaid does not impose additional restrictions, prescribers have noted that the rollout of the SmartPA system has not been seamless. A small number of patients who meet the requirements for SmartPA have experienced delays getting their prescriptions.	
Total Deductions -2		Total Score [100-Deductions]  98  Grade	



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

MassHealth Medicaid<sup>20</sup>: Mike Levine, Medicaid Director, Massachusetts Department of Health and Human Services 1 Ashburn Place, 11<sup>th</sup> floor Room 109, Boston, MA, 02108; Telephone (617) 573-1770

Pharmacy & Therapeutics Committee<sup>21</sup>: MassHealth Drug Utilization Review (DUR) Program

Commonwealth Medicine University of Massachusetts Medical School, P.O. Box 2586, Worcester, MA 01613;

Telephone: (800) 745-7318

### **Key Sources**

Preferred Drug List: MassHealth Preferred Drug List (Jan. 2, 2024)

Clinical Criteria: MassHealth Preferred Drug List, Therapeutic Class Tables, Table 44: Hepatitis Antiviral Agents (April 2023)

Prior Authorization Form for Patients Not Meeting SmartPA Criteria: MassHealth Hepatitis Antiviral Agents Prior Authorization Request (Feb. 2024)



<sup>&</sup>lt;sup>1</sup> Centers for Medicare & Medicaid Services, Medicaid & CHIP in Massachusetts, https://perma.cc/EB7U-P5AX.

<sup>&</sup>lt;sup>2</sup> HepVu, Local Data: Massachusetts, https://perma.cc/E36W-HWE6.

<sup>&</sup>lt;sup>3</sup> Commonwealth of Massachusetts, Managed Care Organization Plans, https://perma.cc/QXN7-HBHB.

<sup>&</sup>lt;sup>4</sup> Commonwealth of Massachusetts, Primary ACO Plans, https://perma.cc/AUS2-3XK8.

<sup>&</sup>lt;sup>5</sup> Commonwealth of Massachusetts, Accountable Care Partnership Plans, https://perma.cc/F9Y4-Q8C5.

<sup>&</sup>lt;sup>6</sup> Kaiser Family Foundation, Share of Medicaid Population Covered Under Different Delivery Systems (July 1, 2022), https://perma.cc/EMN8-QR8B.

<sup>&</sup>lt;sup>7</sup> Commonwealth of Massachusetts, MassHealth Accountable Care Partnership Plans and Managed Care Organizations Pharmacy Information, https://perma.cc/7K7G-WRZW; See also MassHealth, Choosing a health plan, https://perma.cc/8GLN-W2MQ.

<sup>&</sup>lt;sup>8</sup> MassHealth Prescriber E-Letter, Volume 13, Issue 1 (March 2023), https://perma.cc/6AQD-7LHN.

<sup>&</sup>lt;sup>9</sup> Preferred Drug List.

<sup>&</sup>lt;sup>10</sup> Preferred Drug List.

<sup>&</sup>lt;sup>11</sup> MassHealth Medicaid, Introduction to MassHealth Drug List (last updated January 30, 2023), https://perma.cc/R7E2-XTTF.

<sup>&</sup>lt;sup>12</sup> MassHealth Medicaid, Introduction to MassHealth Drug List (last updated January 30, 2023), https://perma.cc/R7E2-XTTF.

<sup>&</sup>lt;sup>13</sup> Clinical Criteria.

<sup>&</sup>lt;sup>14</sup> Clinical Criteria.

<sup>&</sup>lt;sup>15</sup> Clinical Criteria.

<sup>&</sup>lt;sup>16</sup> Clinical Criteria.

<sup>&</sup>lt;sup>17</sup> Clinical Criteria.

<sup>&</sup>lt;sup>18</sup> MassHealth Prescriber E-Letter, Volume 13, Issue 1 (March 2023), https://perma.cc/6AQD-7LHN.

<sup>&</sup>lt;sup>19</sup> Prior Authorization Form.

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

<sup>&</sup>lt;sup>21</sup> Commonwealth of Massachusetts, Drug Utilization Review, https://perma.cc/9NZG-U3LD.