

Hepatitis C: State of Medicaid Access Report Card

Minnesota



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

State Overview

As of October 2023, 1,327,676 individuals were enrolled in Medicaid and CHIP.¹ It is estimated that as of 2016, 24,300 people were living with HCV in Minnesota.² Minnesota’s Medicaid program operates a fee-for-service (FFS) program and contracts with managed care organizations (MCOs). Most beneficiaries, 87.6 percent, are enrolled in an MCO and the remaining 12.4 percent participate in FFS.³

Minnesota Medicaid contracts with 9 MCOs: Blue Plus, HealthPartners, Hennepin Health, Itasca Medical Care (IMCare), Medica, Prime West Health, South Country Health Alliance, and UCare, and UnitedHealthcare MN.⁴ Since 2019, all MCOs that offer drug benefits to their enrollees are required to use the Minnesota Department of Human Services’ Uniform PDL.⁵

The Minnesota Medicaid Preferred Drug List includes Mavyret and Vosevi.⁶

Deductions		Policy
Prior Authorization	-8	Prior authorization is required for all HCV treatment regimens. ⁷
Fibrosis Restrictions	0	Minnesota Medicaid does not impose fibrosis restrictions. ⁸
Substance Use Restrictions	-4	For patients with “substance use disorder or IV drug use,” the prescribing physician must provide documentation that the patient has been enrolled in a substance use disorder treatment program or documentation that the patient was “counseled about measures to reduce the risks of HCV transmission to others.” ⁹ A prior authorization form dated 2017 is still available on the Minnesota Medicaid website, and imposes much harsher abstinence and drug screen restrictions. However, this form does not appear to be in current use. ¹⁰
Prescriber Restrictions	0	Minnesota Medicaid does not impose prescriber restrictions for most patients. If the patient is treatment experienced or has certain clinical conditions such as HBV or HIV, treatment must be prescribed by a specialist. ¹¹
Retreatment Restrictions	0	Minnesota Medicaid does not impose undue retreatment restrictions. Prescriptions for treatment-experienced individuals must be written by or in consultation with a specialist or a nurse practitioner/physician assistant working alongside a specialist. ¹²
Access in Managed Care	0	Minnesota Medicaid requires all MCOs to “adopt the state’s preferred drugs and clinical prior authorization criteria for direct acting antiviral drugs used to treat Hepatitis C.” ¹³ All 9 MCOs (Blue Plus, ¹⁴ HealthPartners, ¹⁵ Hennepin Health, ¹⁶ Itasca Medical Care (IMCare) ¹⁷ , Medica, ¹⁸ Prime West Health, ¹⁹ South Country Health Alliance, ²⁰ and UCare, ²¹ and UnitedHealthcare MN ²²) impose the same criteria as FFS.
Additional Restrictions	-4	Minnesota Medicaid imposes additional restrictions as follows ²³ : <ul style="list-style-type: none"> Pretreatment HCV RNA must be collected within 1 year of treatment start date. Documentation of genotype.
Total Deductions	-16	Total Score [100-Deductions] 84
		Grade B

Contact Your State Officials

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Key Sources

Preferred Drug List: [Minnesota Fee-for-Service and Managed Care Medicaid Uniform Preferred Drug List \(Jan. 1, 2024\)](#)

Clinical Criteria: [Minnesota Department of Human Services Hepatitis C Clinical Criteria \(Jan. 2021\)](#)

Prior Authorization Form: A prior authorization form dated 2017 is still available on the Minnesota Medicaid website, and imposes much harsher abstinence and drug screen restrictions. However, this form does not appear to be in current use.

¹ Centers for Medicare & Medicaid Services, Medicaid & CHIP in Minnesota, <https://perma.cc/FWR4-8QYQ>.

² HepVu, Local Data: Minnesota, <https://perma.cc/8DCZ-WPQ2>.

³ Kaiser Family Foundation, Share of Medicaid Population Covered Under Different Delivery Systems (July 1, 2022), <https://perma.cc/EMN8-QR8B>.

⁴ Minnesota DHS, MCO Contacts for MHCP Providers, <https://perma.cc/S82E-B7WN>.

⁵ Preferred Drug List.

⁶ Preferred Drug List.

⁷ Clinical Criteria.

⁸ Clinical Criteria.

⁹ Clinical Criteria.

¹⁰ Minnesota DHS Hepatitis C Prior Authorization Form, <https://perma.cc/2CVS-CFZA>.

¹¹ Clinical Criteria.

¹² Clinical Criteria.

¹³ See, e.g., Contract with HMO Minnesota, DBA Blue Plus (Jan. 1, 2023), <https://perma.cc/3P5X-AB8R>; see generally Minnesota Department of Human Services, Managed Care Contracts (accessed Jan. 2023), <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/managed-care-reporting/contracts.jsp>.

¹⁴ BlueCross BlueShield Minnesota, Oral Hepatitis C First and Second Gen Antivirals Prior Authorization Program Summary (Nov. 1, 2023), <https://perma.cc/R2QT-Y4FD>.

¹⁵ HealthPartners, Hepatitis C PA Criteria (March 2023), <https://perma.cc/7SCC-X59Z>.

¹⁶ Contract with Hennepin Health § 6.1.40.6 (Jan. 1, 2024), <https://perma.cc/3PFG-J9N9>.

¹⁷ Itasca Medical Care, Pharmacy & Formularies, <https://perma.cc/MN77-3LDQ>.

¹⁸ Contract with Medica Health Plans, § 6.1.40.6 (Jan. 1, 2024), <https://perma.cc/AG4X-J2RF>.

¹⁹ Contract with PrimeWest Health, § 6.1.40.6 (Jan. 1, 2024), <https://perma.cc/V69B-62MK>.

²⁰ Contract with South Country Health Alliance, § 6.1.40.6 (Jan. 1, 2024), <https://perma.cc/J2SC-ZGZR>.

²¹ Contract with UCare Minnesota, § 6.1.40.6 (Jan. 1, 2024), <https://perma.cc/NPK5-259W>.

²² Contract with UnitedHealthcare, § 6.1.40.6 (Jan. 1, 2024), <https://perma.cc/6WJQ-GHHW>.

²³ Clinical Criteria.

²⁴ National Association of Medicaid Directors, Medicaid Directors, <https://perma.cc/7KTL-ULKZ>.

²⁵ Minnesota Department of Human Services, Drug Formulary Committee, <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/drug-formulary-committee/>.