Missouri



Grade

Recommendations to Improve Patient Access



Continue to ensure broad access to HCV treatment.

State Overview

As of October 2023, 1,437,662 individuals were enrolled in Medicaid and CHIP.¹ It is estimated that as of 2016, 40,300 people were living with HCV in Missouri.² Missouri's Medicaid program operates a fee-for-service (FFS) program and contracts with three managed care organizations (MCOs): Home State Health³, Healthy Blue⁴, and United Healthcare⁵. Most beneficiaries, 75 percent, are enrolled in a MCO and the remaining 25 percent participate in FFS.⁶ Missouri excludes pharmacy services from MCO contracts, and all pharmacy claims and prior authorizations are processed by the MO HealthNet FFS pharmacy program.⁷

The Missouri Medicaid Preferred Drug List lists Mavyret as the preferred regimen.⁸ Missouri HealthNet acquires Mavyret via a 3-year modified subscription model that is currently contracted to run from July 2021 to June 2024.9

Deductions		Policy	
Prior Authorization		Prior authorization is not required for the preferred regimen (Mavyret). ¹⁰	
Fibrosis Restrictions		Missouri Medicaid does not impose fibrosis restrictions. ¹¹	
Substance Use Restrictions		Missouri Medicaid does not impose substance use restrictions. ¹²	
Prescriber Restrictions		Missouri Medicaid does not impose prescriber restrictions. ¹³	
Retreatment Restrictions		Missouri Medicaid does not impose retreatment restrictions. ¹⁴	
Access in Managed Care		MCOs do not provide pharmacy services for their participants; the MHD Pharmacy program processes pharmacy services for all MCO enrollees. ¹⁵ Thus, access to DAA treatment is the sar MCOs as it is in FFS. ¹⁶	ne in
Additional Restrictions		Missouri Medicaid does not impose additional restrictions. ¹⁷	
Total Deductions		Total Score [100-Deductions] Grade	
0		100 A+	

Contact Your State Officials

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Key Sources

Preferred Drug List: Missouri Medicaid, Preferred Drug List (June 1, 2023) Clinical Criteria: Missouri Medicaid, SmartPA Criteria (Jul. 2023) Prior Authorization Form (for Non-Preferred Drugs): Missouri Medicaid, Hepatitis C Treatment Prior Authorization Form (June 2023)



⁹ Prior Authorization Form.

- ¹⁰ Preferred Drug List.
- ¹¹ Clinical Criteria.
- ¹² Clinical Criteria.
- ¹³ Clinical Criteria.
- ¹⁴ Clinical Criteria.
- ¹⁵ MoHealthNet, Pharmacy Manual (September 1, 2023), https://perma.cc/2AME-PPAB.

¹⁶ Missouri Department of Social Services, Managed Care Pharmacy Carve-Out Billing Notification, https://perma.cc/8SE5-9Z2V. ¹⁷ Clinical Criteria.

- ¹⁸ National Association of Medicaid Directors, Medicaid Directors, https://perma.cc/7KTL-ULKZ.
- ¹⁹ Missouri Drug Utilization Review Board, https://perma.cc/7ME4-AVX4.



¹ Centers for Medicare & Medicaid Services, Medicaid & CHIP in Missouri, https://perma.cc/VC7F-M9QD.

² HepVu, Local Data: Missouri, https://perma.cc/UL3S-FWR8.

³ Home State Health, https://perma.cc/7FU4-D4JW.

⁴ Healthy Blue Missouri, https://perma.cc/J9QQ-NJAP.

⁵ United Healthcare Community Plan Missouri, https://perma.cc/D4A7-JP7Z.

⁶ Kaiser Family Foundation, Share of Medicaid Population Covered Under Different Delivery Systems (July 1, 2022),

https://perma.cc/EMN8-QR8B.

⁷ Missouri Department of Social Services, Managed Care Pharmacy Carve-Out Billing Notification, https://perma.cc/X2UT-GW8C. ⁸ Preferred Drug List.