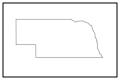
# Hepatitis C: State of Medicaid Access Report Card

## Nebraska



Grade	Recommendations to Improve Patient Access
C	<ul> <li>Remove prior authorization for HCV treatment.</li> <li>Remove substance use counseling requirements.</li> <li>Ensure transparency and parity across FFS and MCOs regarding HCV coverage criteria.</li> <li>Remove additional restrictions as described below.</li> </ul>

#### **State Overview**

As of September 2023, 381,495 individuals were enrolled in Medicaid and CHIP.¹ It is estimated that as of 2016, 7,900 people were living with HCV in Nebraska.² Nebraska Medicaid operates a Fee-For-Service (FFS) program and contracts with Managed Care Organizations (MCOs). Most beneficiaries, 99.9 percent, are enrolled in a MCO and the remaining 0.1 percent participate in FFS.³ The MCO program is known as the Heritage Health⁴ is serviced by three health insurance plans: Molina Healthcare of Nebraska, United Healthcare Community Plan and Nebraska Total Care⁵.

The Nebraska Medicaid Preferred Drug List includes Mavyret, sofosbuvir/velpatasvir, and Vosevi.6

Deductions		Policy
Prior Authorization	-8	Prior authorization is required for all HCV treatment regimens. <sup>7</sup>
Fibrosis Restrictions		Nebraska Medicaid does not impose fibrosis restrictions. <sup>8</sup>
Substance Use Restrictions	-4	Nebraska Medicaid imposes substance use restrictions. Nebraska requires documentation of counseling related to drug or alcohol use before treatment, and documentation of continued support for drug or alcohol use counseling services during treatment.
Prescriber Restrictions		Nebraska Medicaid does not impose prescriber restrictions. <sup>10</sup>
Retreatment Restrictions		Nebraska Medicaid does not impose retreatment restrictions. <sup>11</sup>
Access in Managed Care	-8	Molina Healthcare <sup>12</sup> and United Healthcare <sup>13</sup> do not publish hepatitis C coverage criteria.  Nebraska Total Care follows the same requirements as FFS. <sup>14</sup>
Additional Restrictions	-10	<ul> <li>Nebraska Medicaid imposes additional restrictions as follows<sup>15</sup>:         <ul> <li>HCV RNA must be collected within the past year.</li> <li>Documentation of chronic HCV.</li> <li>Documentation of genotype.</li> <li>Documentation of adherence assessment, including evaluation of behavioral health diagnoses and "other condition(s) which may affect treatment readiness and/or treatment adherence."</li> <li>Prohibits refills for lost or stolen medications and further treatment will not be approved except "in cases of extreme hardship, as determined by the State."</li> </ul> </li> </ul>
Total Deductions -30		Total Score [100-Deductions] Grade 70



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

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### **Key Sources**

Preferred Drug List: Nebraska Medicaid, Preferred Drug List (Jan. 19, 2024)

Clinical Criteria: Nebraska Medicaid, Prior Authorization Criteria Chronic Hepatitis C (Jan. 2024)

Prior Authorization Form: Nebraska Medicaid, Hepatitis C Request for Prior Authorization (Jan. 2024)





<sup>&</sup>lt;sup>1</sup> Centers for Medicare & Medicaid Services, Medicaid & CHIP in Nebraska, https://perma.cc/F5YC-LSCS.

<sup>&</sup>lt;sup>2</sup> HepVu, Local Data: Nebraska State Profile, https://perma.cc/LRQ9-7CH3.

<sup>&</sup>lt;sup>3</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>4</sup> Nebraska Department of Health and Human Services, Heritage Health Plans, https://perma.cc/8JYM-V2CH.

<sup>&</sup>lt;sup>5</sup> Nebraska Department of Health and Human Services, Provider Bulletin 23-04: Nebraska Medicaid Managed Care Contracts 2024 (February 13, 2023), https://perma.cc/MJ7F-E738.

<sup>&</sup>lt;sup>6</sup> Preferred Drug List.

<sup>&</sup>lt;sup>7</sup> Prior Authorization Form.

<sup>&</sup>lt;sup>8</sup> Clinical Criteria.

<sup>&</sup>lt;sup>9</sup> Prior Authorization Form.

<sup>&</sup>lt;sup>10</sup> Prior Authorization Form.

<sup>&</sup>lt;sup>11</sup> Clinical Criteria.

<sup>&</sup>lt;sup>12</sup> Molina Healthcare of Nebraska, Pharmacy, https://perma.cc/7XA9-59S3.

<sup>13</sup> Nebraska United Healthcare Community Plan, Prior Authorization Forms, https://perma.cc/K38L-AQ8G.

<sup>&</sup>lt;sup>14</sup> Nebraska Total Care, Prior Authorization Form (Jan. 30, 2024), https://perma.cc/5WM8-68D5.

<sup>15</sup> Clinical Criteria.

<sup>&</sup>lt;sup>16</sup> National Association of Medicaid Directors, Medicaid Directors, https://perma.cc/[3ZF-ERKG.

<sup>&</sup>lt;sup>17</sup> Nebraska Department of Health and Human Services, P&T Committee, https://perma.cc/3W7J-36ZR.