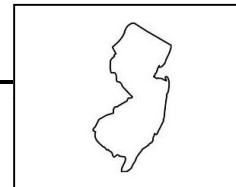


Hepatitis C: State of Medicaid Access Report Card

New Jersey

Estimated Number of Individuals Living with Hepatitis C: 47,200¹



Grade	Summary
<p style="font-size: 2em; font-weight: bold; text-align: center;">B</p>	<p>Liver Damage (Fibrosis) Restrictions: Fee-For-Service (FFS) and managed care organizations (MCOs) do not impose liver damage requirements.</p> <p>Sobriety Restrictions: FFS and four MCOs, Aetna Better Health of New Jersey, Amerigroup, Horizon NJ Health, and UHC do not impose sobriety restrictions. One MCO, WellCare, requires that providers evaluate urine toxicology results and consider treatment for active substance users on a case-by-case basis.</p> <p>Prescriber Restrictions: FFS and two MCOs, Aetna and Amerigroup, do not impose prescriber restrictions. One MCO, UnitedHealthcare Community Plan, requires a specialist to prescribe. Two MCOs, Horizon NJ Health and WellCare, have unclear prescribing requirements.</p> <p>Recommendations to Improve Patient Access:</p> <ul style="list-style-type: none"> • Ensure hepatitis C coverage parity across FFS and MCO programs and provide transparency regarding hepatitis C coverage criteria. • Consider removing prior authorizations for treatment naïve patients. <p><i>Grade Rationale: New Jersey has taken steps to improve access to hepatitis C treatment by reducing liver damage criteria, sobriety, and prescriber requirements. The state has also mandated that MCOs apply the same coverage criteria as the FFS program. While some MCOs have complied, one plan requires providers to consider active substance users on a case-by-case basis and three plans have not complied with the state's removal of prescriber restrictions. Additionally, one MCO only allows 14 days' supply to be dispensed at a time and requires refill records for future refills. By ensuring MCO compliance and removing the quantity limit New Jersey could improve its grade to an "A."</i></p>

Background

As of May 2021, New Jersey had 1,973,335 individuals enrolled in Medicaid and Children's Health Insurance Program (CHIP).² New Jersey Medicaid operates a Fee-For-Service (FFS) program and contracts with Managed Care Organizations (MCOs).³ Most beneficiaries, over 96 percent, are enrolled in one of 5 MCO plans. The remaining 4 percent participate in FFS.⁴ New Jersey contracts with Aetna Better Health of New Jersey (Aetna), Amerigroup RealSolutions (Amerigroup), Horizon NJ Health (Horizon), UnitedHealthcare Community Plan (UHC) and WellCare.⁵

State of Medicaid Hepatitis C Treatment Access

New Jersey has taken moderate steps to improve access to hepatitis C medications. The state has been pressed by patient advocates and the Legal Services of New Jersey (LSNJ) to open access.⁶ The Drug Utilization Review Board (DURB) acknowledged receipt of letters from Disability Rights of New Jersey and LSNJ and said they were under review.⁷ Previously, FFS required severe liver damage (F3 or greater) and concurrent treatment for substance or alcohol use to access treatment.⁸ Additionally, beneficiaries actively using alcohol or substances would not qualify for treatment.⁹

On June 22, 2016 the DURB reviewed and approved a new protocol for hepatitis C medications. The DURB reduced the liver damage requirement to at least moderate liver damage (F2 or greater) and eliminated sobriety restrictions.¹⁰ DURB also eliminated the restriction that treatment may only be approved once during a beneficiary's lifetime.¹¹ In October 2016, the DURB included a requirement that all patients be tested for hepatitis B prior to initiating treatment.¹² On July 18, 2018, the DURB removed the requirement for patients to have at least moderate liver damage (F2 or greater), such that liver damage is no longer required to access treatment.¹³ On July 14, 2021, the DURB reviewed and approved an addendum to the hepatitis C protocol that removed prescriber restrictions.¹⁴ In various DURB meeting summaries, hepatitis C protocols and prior authorization (PA) forms are mentioned; however, they are not publicly available.¹⁵ Additionally, it appears the state has mandated MCO plans apply DURB criteria; however, not all plans have complied.

Aetna requires a diagnosis of chronic hepatitis C with genotype and submission of HCV RNA levels within 90 days of starting treatment and at weeks 4, 12, and 24.¹⁶ Additionally, Aetna requires prescribers to demonstrate a beneficiary's adherence to therapy by providing refill records and limits the quantity of the first two prescription fills to 14 days' supply.¹⁷ Aetna's preferred products include Mavyret.¹⁸

Amerigroup requires a diagnosis of chronic hepatitis C, which includes genotype and a positive HCV RNA result. Preferred products include Mavyret and sofosbuvir/velpatasvir.¹⁹

Horizon and WellCare do not publish clinical criteria for hepatitis C treatment. The publicly available prior authorization form requires a diagnosis of chronic hepatitis C, which includes genotype and a positive HCV RNA result within the past 90 days.^{20,21} Horizon's preferred products include Mavyret and sofosbuvir/velpatasvir.²² WellCare's preferred products include Mavyret.²³

UHC has improved treatment access by removing previous liver damage and substance use screening requirements. UHC requires a diagnosis of chronic hepatitis C, including genotype and HCV RNA within the past 90 days.²⁴ For repeat treatment, the PA form requests documentation of the outcome of treatment and reason for discontinuing. Preferred drugs include Mavyret and sofosbuvir/velpatasvir.²⁵

Liver Damage (Fibrosis) Restrictions

FFS does not impose liver damage requirements.²⁶

Aetna, Amerigroup, Horizon, UHC, and WellCare do not appear to impose liver damage requirements. Aetna and Amerigroup require documentation of fibrosis level.^{27,28,29,30,31}

Sobriety Restrictions

FFS, Aetna, Amerigroup, Horizon, and UHC do not impose sobriety requirements.^{32,33,34,35}

WellCare's PA form states that "patients with active substance or alcohol use disorders should be considered for therapy on a case-by-case basis, and care should be coordinated with substance use treatment specialists." The PA form also requests urine toxicology within the past 30 days.³⁶

Prescriber Restrictions

FFS, Aetna, and Amerigroup do not impose prescriber restrictions.^{37,38,39}

UHC requires a hepatologist, gastroenterologist, infectious disease or other specialist to prescribe.⁴⁰

Horizon and WellCare appear to impose prescriber requirements, as the PA forms inquire about prescriber specialty.^{41,42}

Points of Contact for Questions & Concerns about New Jersey's State of Medicaid Hepatitis C Access

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Drug Utilization Review Board (DURB):⁴⁴ DURB Secretary, New Jersey DURB, Office of the Medical Director, Division of Medical Assistance and Health Services, Department of Human Services

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¹ New Jersey State Profile, HepVu (Accessed December 2021): <https://hepvu.org/state/new-jersey/>.

² Medicaid and CHIP in New Jersey, By-State, Medicaid.gov (Accessed December 2021): <https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=new-jersey>.

³ Share of Medicaid Population Covered Under Different Delivery Systems, Medicaid Managed Care Market Tracker, Henry J. Kaiser Family Foundation, July 1, 2021 (Accessed December 2021):

<http://www.kff.org/medicaid/state-indicator/share-of-medicaid-population-covered-under-different-delivery-systems/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

⁴ Ibid. Share of Medicaid Population Covered Under Different Delivery Systems, Medicaid Managed Care Market Tracker, Henry J. Kaiser Family Foundation, July 1, 2021 (Accessed December 2021).

⁵ New Jersey Medicaid & Managed Care, Division of Medical Assistance & Health Services, New Jersey Department of Human Services (Accessed December 2021):

<http://www.state.nj.us/humanservices/dmahs/info/resources/care/>.

⁶ June 22, 2016 DURB Meeting Summary (Accessed December 2021): https://www.state.nj.us/humanservices/dmahs/boards/durb/meeting/durb_06_22_16.pdf; See also Drug Utilization Review Board (DURB), Division of Medical Assistance and Health Services, Department of Human Services (Accessed December 2021): <https://www.state.nj.us/humanservices/dmahs/boards/durb/meeting/index.html>.

⁷ Ibid. June 22, 2016 DURB Meeting Summary.

⁸ Ibid. June 22, 2016 DURB Meeting Summary.

⁹ Ibid. June 22, 2016 DURB Meeting Summary.

¹⁰ Ibid. June 22, 2016 DURB Meeting Summary.

¹¹ Ibid. June 22, 2016 DURB Meeting Summary.

¹² October 19, 2016 DURB Meeting Summary (Accessed December 2021): https://www.state.nj.us/humanservices/dmahs/boards/durb/meeting/durb_10_19_16.pdf; See also Drug Utilization Review Board (DURB), Division of Medical Assistance and Health Services, Department of Human Services (Accessed December 2021): <https://www.state.nj.us/humanservices/dmahs/boards/durb/meeting/index.html>.

¹³ July 18, 2018 DURB Meeting Summary (Accessed December 2021): https://www.nj.gov/humanservices/dmahs/boards/durb/meeting/durb_7-18-18.pdf.

¹⁴ July 14, 2021 DURB Meeting Summary (Accessed December 2021): https://www.state.nj.us/humanservices/dmahs/boards/durb/meeting/durb_7-14-21.pdf.

¹⁵ April 20, 2016 DURB Meeting Summary (Accessed December 2021): https://www.state.nj.us/humanservices/dmahs/boards/durb/meeting/durb_04_20_2016.pdf; See also July 22, 2016 DURB Meeting Summary; See also October 19, 2016 DURB Meeting Summary.

¹⁶ Protocol for Direct Acting Antiviral Hepatitis C Drugs, Aetna Better Health of New Jersey, Updated July 2021 (Accessed December 2021):

<https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/pdfs/formulary/guidelines/DAA-drugs-for-hep-C-NJ-ua.pdf>; See also Hepatitis C Medications Prior Authorization Form, Aetna Better Health of New Jersey, Updated October 15, 2018 (Accessed December 2021):

https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/newjersey/providers/pdf/Hepatitis%20C%20Medications_Pharmacy%20PA%20Request%20Form-NJ.pdf.

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