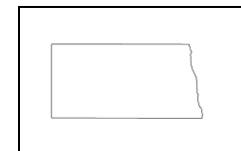


Hepatitis C: State of Medicaid Access Report Card

North Dakota



Grade	Recommendations to Improve Patient Access
D	<ul style="list-style-type: none"> Remove prior authorization for HCV treatment. Remove all substance use restrictions, including three month abstinence requirement. Remove retreatment restriction. Remove additional restrictions as described below.

State Overview

As of February 2022, 120,621 individuals were enrolled in Medicaid and CHIP.¹ It is estimated that as of 2016, 2600 people were living with HCV in North Dakota.² North Dakota operates a primary care case management (PCCM) program, fee-for-service (FFS) program, and contracts with one managed care organization: BlueCross and BlueShield of North Dakota (BCBSND). PCCM covers 42 percent of beneficiaries, FFS covers 34 percent of beneficiaries, and MCO covers covers 24 percent of beneficiaries.³

The North Dakota Medicaid Preferred Drug List includes Harvoni, Mavyret, sofosbuvir/velpatasvir, Solvaldi and Vosevi.⁴

Deductions		Policy
Prior Authorization	-8	Prior authorization is required for all HCV treatment regimens. ⁵
Fibrosis Restrictions	0	North Dakota Medicaid does not impose fibrosis restrictions. ⁶
Substance Use Restrictions	-8	North Dakota Medicaid requires a 3-month sobriety requirement as evidenced by 2 drug and alcohol tests dated at least 3 months apart for patients who are not currently or recently enrolled in a substance use treatment program. Patients and providers must sign an agreement form that includes attests to abstinence, treatment readiness, and adherence. ⁷
Prescriber Restrictions	0	North Dakota Medicaid does not impose prescriber restrictions for patients who are eligible for simplified treatment. ⁸
Retreatment Restrictions	-8	North Dakota Medicaid requires that retreatment be prescribed by or in consultation with a hepatology, gastroenterology, or infectious disease specialist. ⁹
Access in Managed Care	0	BCBSND imposes the same requirements as FFS. ¹⁰
Additional Restrictions	-8	North Dakota Medicaid imposes additional restrictions as follows: ¹¹ <ul style="list-style-type: none"> Two positive HCV RNA levels must be collected within 6 months or 1 positive HCV RNA within the last 12 months. Documentation of chronic HCV infection. Documentation of genotype. Documentation of adherence to past medications.
Total Deductions	-32	Total Score [100-Deductions] 68
		Grade D

Contact Your State Officials

Medicaid¹²: Caprice Knapp, Director, Medical Services Division, Department of Human Services, State of North Dakota
 600 E. Boulevard Ave., Department. 325 Bismarck, North Dakota, ND 58505-0250;
 Telephone: (701) 328-1603; Email Address: cknapp@nd.gov

Drug Utilization Review (DUR) Board¹³: Brendan Joyce, PharmD, Administrator, Pharmacy Services
 Email Address: bjoyce@nd.gov

Key Sources

Preferred Drug List and Clinical Criteria: [ND Department of Human Services, Preferred Drug List \(Apr. 20 2022\)](#)

Prior Authorization Form: [ND Medicaid, Hepatitis C Treatments Prior Authorization Form](#)

¹ Centers for Medicare & Medicaid Services, Medicaid & CHIP in North Dakota: <https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=north-dakota>

² HepVu, Local Data: North Dakota State Profile: <https://hepvu.org/state/north-dakota/>

³ Kaiser Family Foundation, Share of Medicaid Population Covered Under Different Delivery Systems (July 1, 2021): <https://perma.cc/SY4K-FFQ5>.

⁴ Preferred Drug List and Clinical Criteria.

⁵ Preferred Drug List and Clinical Criteria.

⁶ Preferred Drug List and Clinical Criteria.

⁷ Preferred Drug List and Clinical Criteria.

⁸ Preferred Drug List and Clinical Criteria.

⁹ Preferred Drug List and Clinical Criteria.

¹⁰ BCBSND, Hepatitis C Direct Acting Antivirals Prior Authorization Request Form (Jan. 2022):

https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/BCBSND/Commercial/ND_HepC_PA.pdf.

¹¹ Preferred Drug List and Clinical Criteria.

¹² National Association of Medicaid Directors, Medicaid Directors: <https://perma.cc/RK6K-TFKK>.

¹³ ND Department of Human Services, Pharmacy Provider Drug Utilization Review Board, Medicaid Provider Information: <http://www.nd.gov/dhs/services/medicalserv/medicaid/providerpharmacy-dur.html>.