## **Hepatitis C: State of Medicaid Access Report Card**

# Ohio



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

#### **State Overview**

As of February 2022, 3,200,288 individuals were enrolled in Medicaid and CHIP.¹ It is estimated that as of 2016, 89,600 people were living with HCV in Ohio.² Ohio operates a fee-for-service (FFS) program and contracts with managed care organizations (MCOs). Most beneficiaries, 88 percent, are enrolled in an MCO. The remaining 12 percent participate in FFS or limited benefits managed care programs.³ Ohio Medicaid contracts with five MCOs: three national, for-profit plans which includes Buckeye Community Health Plan, Molina Healthcare of Ohio and UnitedHealthcare Community Plan, one national, not-for-profit plan which is CareSource; and one local, for-profit plan which is Paramount Advantage.⁴

The Ohio Medicaid Preferred Drug List includes Mayyret and sofosbuvir/velpatasvir.5

Deductions		Policy		
Prior Authorization	-8	Prior authorization is required for all HCV treatment regimens. <sup>6</sup>		
Fibrosis Restrictions		Ohio Medicaid does not impose fibrosis restrictions. <sup>7</sup>		
Substance Use Restrictions		Ohio Medicaid does not impose substance use restrictions.8		
Prescriber Restrictions		Ohio Medicaid does not impose prescriber restrictions. <sup>9</sup>		
Retreatment Restrictions	-8	Ohio Medicaid restricts access to retreatment. 10 Patients who seek retreatment must document the reason their previous treatment failed, and "if reason for prior failure is non-adherence to prior therapy or failure to complete therapy," the patient must document "what is different this time to try to improve the outcome." 11		
Access in Managed Care	-8	Buckeye Community Health Plan requires documentation that patient has not used substances for the previous 6 months. Molina Health Care of Ohio Molina, United Health Care Source and Paramount Advantage impose the same requirements as FFS.		
Additional Restrictions	-6	Ohio Medicaid imposes additional restrictions as follows: <sup>17</sup> • HCV RNA must be collected within 180 days of application for therapy.  • Documentation of genotype.  • Documentation of adherence counseling.		
Total Deductions		Total Score [100-Deductions]	Grade	
-30		70	С	

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

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### **Key Sources**

Preferred Drug List: Ohio Medicaid, Unified Preferred Drug List (Jan. 1, 2022)

Prior Authorization Form: Ohio Medicaid, Prior Authorization Hepatitis C Treatment (Nov. 2021)

<sup>1</sup> Centers for Medicare & Medicaid Services, Medicaid & CHIP in Ohio: https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=ohio

<sup>2</sup> HepVu, Local Data: Ohio: https://hepvu.org/state/ohio/

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

<sup>4</sup> Ohio Medicaid, Medicaid Managed Care Enhanced and Additional Benefits through June 30, 2022:

https://www.ohiomh.com/Documents/OhioMedicaidComparisonChart.pdf.

- <sup>5</sup> Preferred Drug List.
- <sup>6</sup> Prior Authorization Form.
- <sup>7</sup> Prior Authorization Form.
- <sup>8</sup> Prior Authorization Form.
- <sup>9</sup> Prior Authorization Form.
- <sup>10</sup> Prior Authorization Form.
- <sup>11</sup> Prior Authorization Form.
- <sup>12</sup> Buckeye Health Plan, Hepatitis C Clinical Policy (Jan. 1, 2020):

https://www.buckeyehealthplan.com/content/dam/centene/Buckeye/policies/pharmacy-

policies/OH.PHAR.PPA.71%20Infectious%20Disease%20Agents%20-%20Antivirals%20-%20Hepatitis%20C%20Agents%20v6.pdf <sup>13</sup> Molina of Ohio, Prior Authorization Hepatitis C Treatment (May 2022):

 $https://www.molinahealthcare.com/providers/oh/medicaid/forms/{\sim}/media/Molina/PublicWebsite/PDF/members/oh/en-US/Medicaid/prior-authorization-form.pdf$ 

<sup>14</sup> United Healthcare Ohio, Prior Authorization Hepatitis C Treatment (Mar. 2021):

https://www.uhcprovider.com/content/dam/provider/docs/public/prior-auth/uhccp-pharmacy-forms/h-l/OH-Infectious-Disease-Agents-Antivirals-Hepatitis-C-Agents-PA-Form.pdf

<sup>15</sup> CareSource, Prior Authorization Hepatitis C Treatment (Nov. 2021): https://www.caresource.com/documents/oh-mcd-hepatitis-c-pa-form/

<sup>16</sup> Paramount Healthcare Ohio Medicaid, Prior Authorization Hepatitis C Treatment (Nov. 2021):

https://www.paramounthealthcare.com/assets/documents/pa-specialty-medicaid/hepatitis\_c\_prior\_auth\_form.pdf

- <sup>17</sup> Prior Authorization Form.
- 18 National Association of Medicaid Directors, Medicaid Directors: https://perma.cc/RK6K-TFKK.
- <sup>19</sup> Ohio Medicaid, Pharmacy and Therapeutics (P&T) Committee: https://pharmacy.medicaid.ohio.gov/pharmacy-therapeutics-committee.



