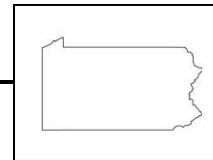


Hepatitis C: State of Medicaid Access Report Card

Pennsylvania

Estimated Number of Individuals Living with Hepatitis C: 93,900¹



Grade	Summary
<p style="font-size: 2em; font-weight: bold; color: #8B4513;">A-</p>	<p>Liver Damage (Fibrosis) Restrictions: Pennsylvania FFS and most MCOs do not impose liver damage restrictions. UnitedHealthcare does not make its prior authorization requirements publicly available.</p> <p>Sobriety Restrictions: Pennsylvania FFS and most MCOs do not impose sobriety restrictions. UnitedHealthcare does not make its prior authorization requirements publicly available.</p> <p>Prescriber Restrictions: Pennsylvania FFS does not impose prescriber restrictions. While six MCOs apply the same criteria as FFS, UPMC For You still requires a specialist to prescribe, and UnitedHealthcare does not make its prior authorization requirements publicly available.</p> <p>Recommendations to Improve Patient Access:</p> <ul style="list-style-type: none"> • Ensure transparency regarding hepatitis C coverage requirements and parity across FFS and MCO programs. • Remove prior authorization for patients who qualify for simplified treatment. <p><i>Grade Rationale: Pennsylvania FFS has taken steps to improve access due to strong patient advocacy and legal pressure. The state's FFS program no longer has fibrosis restrictions, sobriety restrictions, or prescriber restrictions. Nearly all MCOs are in compliance with these requirements, and Pennsylvania is very close to parity. Pennsylvania could achieve an A by improving MCO compliance.</i></p>

Background

As of May 2021, Pennsylvania had 3,344,155 individuals enrolled in Medicaid and Children Health Insurance Program.² Pennsylvania Medicaid operates a Fee-For-Service (FFS) program and contracts with managed care organizations (MCOs), known as the HealthChoices program.³ Most beneficiaries, 96 percent, are enrolled in a MCO; the remaining 4 percent participate in FFS.⁴ HealthChoices divides the state into five regions and contracts with the following eight health care plans: Aetna Better Health (Aetna), AmeriHealth Caritas Pennsylvania (AmeriHealth), Gateway Health Plan (Gateway), Geisinger Health Plan (Geisinger), Keystone First Health Plan (Keystone), Health Partners of Philadelphia (Health Partners), UnitedHealthcare Community Plan (UHC), and UPMC For You (UPMC).⁵

State of Medicaid Hepatitis C Treatment Access

Pennsylvania FFS program has significantly improved access to hepatitis C medications due to substantial patient advocacy and legal pressure by Pennsylvania Health Law Project, Harvard Law School Center for Health Law & Policy Innovation, Community Legal Services, and Kairys, Rudovsky, Messing & Feinberg.⁶ Until mid-2017, FFS required at least moderate liver damage (F2 or greater) or a beneficiary to present other clinical complications including severe extra-hepatic manifestations of hepatitis C, HIV or hepatitis B co-infection, or a history of a liver transplant.⁷ On July 1, 2017, the Department reduced liver damage requirements to at least mild damage (F1 or greater), and since then, access to treatment has continued to improve.⁸ Since January 1, 2018, beneficiaries with no liver damage (F0 or greater) have qualified for treatment.⁹

The most current hepatitis C coverage criteria, updated January 3, 2022, no longer imposes liver damage restrictions or sobriety restrictions, and providers do not need to be specialists in order to prescribe treatment for hepatitis C. These coverage requirements apply to both FFS as well as MCO plans.¹⁰

Under Pennsylvania's current policy, prior authorization requests are evaluated to determine whether the requested prescription is "medically necessary," taking into account the following factors: whether there is documentation of detectable quantitative HCV RNA at baseline; whether there is documentation of genotype (if recommended by AASLD); whether the prescribed regimen is consistent with FDA-approved labeling and other nationally recognized standards or peer-reviewed medical literature; and additional factors such as age, fibrosis score, prior treatment, HIV screening results, and drug resistance testing.¹¹ To receive prior authorization for non-preferred agents, the patient must have a history of therapeutic failure, contraindication, or intolerance to the preferred agents, or must be currently receiving treatment with the same non-preferred agent.¹²

FFS includes the following Direct-Acting Antivirals (DAAs) on the Preferred Drug List (PDL): Mavyret, Sofosbuvir-Velpatasvir (generic for Epclusa), Zepatier.¹³ Non-preferred agents are Epclusa, Harvoni, Ledipasvir-Sofosbuvir (generic for Harvoni), Sovaldi, and Vosevi.¹⁴ If the prescriber requests a non-preferred agent, the health care provider must document a “history of therapeutic failure, contraindication or intolerance to the preferred hepatitis C Agents appropriate for the recipient’s genotype according to peer-reviewed medical literature,” or indicate that the patient is currently receiving treatment with the same non-preferred agent.¹⁵ Additional restrictions also apply for prescriptions that exceed the quantity limit.¹⁶

Six out of Pennsylvania’s eight MCO plans, Aetna, AmeriHealth, Gateway, Geisinger, Keystone, and Health Partners, all appear to follow FFS prior authorization criteria.¹⁷ All MCOs cover the same drugs that are on the Pennsylvania PDL and link to that document on their plan websites.¹⁸

UnitedHealthcare, does not provide publicly available information about its prior authorization criteria, but does link to the Pennsylvania PDL.¹⁹

UPMC utilizes a standard PA form for all DAA treatment.²⁰ UPMC’s form, dated December 9, 2021, still requests prescriber specialty.²¹ The drugs listed on UPMC’s hepatitis C prior authorization form correspond to those on the PDL.²²

Liver Damage (Fibrosis) Restrictions

FFS does not impose liver damage restrictions.²³

Aetna Better Health, AmeriHealth, Geisinger Health Plan, Keystone First Health Plan, Health Partners, Gateway, and UPMC do not list minimum liver damage requirements.²⁴

UnitedHealthcare does not have publicly available clinical criteria nor prior authorization forms.²⁵

Sobriety Restrictions

FFS does not impose sobriety restrictions.²⁶

Aetna Better Health, AmeriHealth, Geisinger Health Plan, Keystone First Health Plan, Health Partners, Gateway, and UPMC do not list sobriety restrictions.²⁷

UnitedHealthcare does not have publicly available clinical criteria or prior authorization forms.²⁸

Prescriber Restrictions

Pennsylvania FFS does not impose prescriber restrictions.²⁹

Aetna Better Health, AmeriHealth, Geisinger Health Plan, Keystone First Health Plan, Health Partners, and Gateway do not impose prescriber restrictions.³⁰

UPMC still asks for provider specialty on its prior authorization form.³¹

UnitedHealthcare does not have publicly available clinical criteria or prior authorization forms.³²

Points of Contact for Questions & Concerns about Pennsylvania’s State of Medicaid Hepatitis C Access

Medicaid:³³ Sally Kozak, Deputy Secretary, Office of Medical Assistance Programs, Pennsylvania Department of Human Services
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¹ Pennsylvania State Profile, HepVu (Accessed December 2021): <https://hepvu.org/state/pennsylvania>.

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

³ Pennsylvania PA 67 1915(b) waiver, Approved December 13, 2016 (Accessed December 2021): https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/PA_PA67_PA-09.pdf.

⁴ Share of Medicaid Population Covered Under Different Delivery Systems, Medicaid Managed Care 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%22colld%22%22Location%22%22sort%22%22asc%22%7D>.

⁵ Statewide Managed Care Map, Pennsylvania Department of Human Services (Accessed December 2021): <https://www.dhs.pa.gov/providers/Providers/Pages/Statewide-Managed-Care-Map.aspx>.

⁶ Wolf Administration Announces Medicaid Policy Change for Individuals Suffering from Hepatitis C Virus, Pennsylvania Press Room, Official News for Pennsylvania State Agencies, May 16, 2017 (Accessed January 2022): http://www.media.pa.gov/Pages/DHS_details.aspx?newsid=258.

⁷ Ibid. Wolf Administration Announces Medicaid Policy Change for Individuals Suffering from Hepatitis C Virus, Pennsylvania Press Room, Official News for Pennsylvania State Agencies, May 16, 2017.

⁸ Ibid. Wolf Administration Announces Medicaid Policy Change for Individuals Suffering from Hepatitis C Virus, Pennsylvania Press Room, Official News for Pennsylvania State Agencies, May 16, 2017.

⁹ See also Corrected - Prior Authorization of Hepatitis C Agents - Pharmacy Services, Medical Assistance Bulletin, Pennsylvania Department of Human Services, Issued: January 22, 2018, Effective: January 1, 2018 (Accessed January 2022), https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/c_269486.pdf.

¹⁰ Prior Authorization of Hepatitis C Agents - Pharmacy Services, Medical Assistance Bulletin, Pennsylvania Department of Human Services, Issued: November 10, 2021, Effective: January 3, 2022, <https://www.dhs.pa.gov/providers/Pharmacy-Services/Documents/Clinical%20Guidelines%20SW%20PDL/Hepatitis%20C%20Agents%2001.03.22.pdf>; See also Hepatitis C Agents, Prior Authorization Form, Pennsylvania Department of Human Services, Effective 1/03/2022 (Accessed January 2022), <https://www.dhs.pa.gov/providers/Pharmacy-Services/Documents/Fax%20Forms%20SW%20PDL/Hepatitis%20C%20Agents%20Standard%20Request%20Form%202022-01-03.pdf>; See also Preferred Drug List, Pennsylvania Department of Human Services, Effective: January 3, 2022 (Accessed January 2022) <https://papdl.com/sites/default/files/ghs-files/Penn%20Statewide%20PDL%202022%20with%20HIGHLIGHTS.pdf>.

- ¹¹ Ibid. Prior Authorization of Hepatitis C Agents - Pharmacy Services, Medical Assistance Bulletin, Pennsylvania Department of Human Services, Issued: November 10, 2021, Effective: January 3, 2022; See Also: Hepatitis C Agents, Prior Authorization Form, Pennsylvania Department of Human Services, Effective 1/03/2022.
- ¹² Ibid. Prior Authorization of Hepatitis C Agents - Pharmacy Services, Medical Assistance Bulletin, Pennsylvania Department of Human Services, Issued: November 10, 2021, Effective: January 3, 2022; See also Hepatitis C Agents, Prior Authorization Form, Pennsylvania Department of Human Services, Effective 1/03/2022.
- ¹³ Ibid. Preferred Drug List, Pennsylvania Department of Human Services, Effective: January 3, 2022 (Accessed January 2022), <https://papdl.com/sites/default/files/ghs-files/Penn%20Statewide%20PDL%202022%20with%20HIGHLIGHTS.pdf>.
- ¹⁴ Ibid. Preferred Drug List, Pennsylvania Department of Human Services, Effective: January 3, 2022.
- ¹⁵ Ibid. Prior Authorization of Hepatitis C Agents - Pharmacy Services, Medical Assistance Bulletin, Pennsylvania Department of Human Services, Issued: November 10, 2021, Effective: January 3, 2022.
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- ¹⁷ Ibid. Hepatitis C Agents Prior Authorization Form, Aetna, Effective 1/03/2022; See also Ibid. Pharmacy Prior Authorization Criteria, AmeriHealth Caritas Pennsylvania, January 3, 2022; Ibid. Hepatitis C Agents Prior Authorization Form, AmeriHealth Caritas Pennsylvania, Effective 1/3/2022; See also Ibid. Hepatitis C Agents Prior Authorization Form, Geisinger Health Plan Pharmacy Customer Service, Effective 1/03/2022; See also Ibid. Hepatitis C Agents Prior Authorization Form, Keystone First Community HealthChoices, Effective 1/3/2022; See also Ibid. Hepatitis C Agents Prior Authorization Form, Health Partners of Philadelphia, Effective 1/03/2022; See also Ibid. Requirements for Prior Authorization of Hepatitis C Agents, Gateway Health Plan, Effective 01/03/2022.
- ¹⁸ Pharmacy, Formulary/Preferred Drug Lists, Aetna (Accessed January 2022) <https://www.aetnabetterhealth.com/pennsylvania/providers/pharmacy>; See also Ibid. Pharmacy Prior Authorization Criteria, AmeriHealth Caritas Pennsylvania, January 3, 2022; See also Find Covered Drugs and Pharmacies: GHP Family: Medical Assistance, Geisinger (Accessed January 2022), <https://www.geisinger.org/health-plan/find/covered-drug-pharmacy>; See also Pharmacy, Keystone First (Accessed January 2022) <https://www.keystonefirstpa.com/pharmacy/index.aspx>; See also Prescription Drug Information, Health Partners (Accessed January 2022), <https://www.healthpartnersplans.com/members/health-partners/resources/prescription-drug-information>; See also Ibid. Gateway Health Plan, Requirements for Prior Authorization of Hepatitis C Agents, Gateway Health Plan, Effective 01/03/2022; See also Pharmacy Resources: Formularies: For UPMC for You (Medical Assistance) Members (Accessed January 2022), <https://www.upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx>; See also UnitedHealthcare Community Plan for Families Lookup Tools: Preferred Drug List (Accessed January 2022), <https://www.uhccommunityplan.com/pa/medicaid/community-plan-for-families/find-a-provider-or-pharmacy#collapse-814066187>.
- ¹⁹ UnitedHealthcare Community Plan for Families Lookup Tools: Preferred Drug List (Accessed January 2022), <https://www.uhccommunityplan.com/pa/medicaid/community-plan-for-families/find-a-provider-or-pharmacy#collapse-814066187>.
- ²⁰ Ibid. Prior Authorization Form, Hepatitis C Agents, Medicaid, UPMC Health Plan, 12/9/21 (Accessed January 2022).
- ²¹ Ibid. Prior Authorization Form, Hepatitis C Agents, Medicaid, UPMC Health Plan, 12/9/21 (Accessed January 2022).
- ²² Ibid. Pharmacy Resources: Formularies: For UPMC for You (Medical Assistance) Members (Accessed January 2022), <https://www.upmchealthplan.com/providers/medical/resources/other/pharmacy.aspx>; See also UPMC Health Plan Provider Partner Update, January 2022, p. 12 (Accessed January 2022), https://www.upmchealthplan.com/images/marketing/21PV2520307_January_Newsletter/12/index.html; See also Ibid. Prior Authorization Form, Hepatitis C Agents, Medicaid, UPMC Health Plan, 12/9/21.
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- ³⁰ Ibid. Hepatitis C Agents Prior Authorization Form, Aetna, Effective 1/03/2022; See also Ibid. Pharmacy Prior Authorization Criteria, AmeriHealth Caritas Pennsylvania, January 3, 2022; Ibid. Hepatitis C Agents Prior Authorization Form, AmeriHealth Caritas Pennsylvania, Effective 1/3/2022; See also Ibid. Hepatitis C Agents Prior Authorization Form, Geisinger Health Plan Pharmacy Customer Service, Effective 1/03/2022; See also Ibid. Hepatitis C Agents Prior Authorization Form, Keystone First Community HealthChoices, Effective 1/3/2022; See also Ibid. Hepatitis C Agents Prior Authorization Form, Health Partners of Philadelphia, Effective 1/03/2022; See also Ibid. Requirements for Prior Authorization of Hepatitis C Agents, Gateway Health Plan, Effective 01/03/2022.
- ³¹ Ibid. Prior Authorization Form, Hepatitis C Agents, Medicaid, UPMC Health Plan, 12/9/21.
- ³² Ibid. UnitedHealthcare Community Plan for Families: Medicaid.
- ³³ Pennsylvania, Medicaid Directors, National Association of Medicaid Directors (Accessed January 2022): <http://medicaiddirectors.org/about/medicaid-directors/>.