

Hepatitis C: State of Medicaid Access Report Card

South Carolina



Grade	Recommendations to Improve Patient Access
B	<ul style="list-style-type: none"> Remove prior authorization for HCV treatment. Ensure transparency and parity across FFS and MCOs regarding HCV coverage criteria. Remove additional restrictions as described below.

State Overview

As of October 2023, 1,227,642 individuals were enrolled in Medicaid and CHIP. South Carolina has not expanded coverage to low-income adults.¹ It is estimated that as of 2016, 35,600 people were living with HCV in South Carolina.² Approximately 81% of Medicaid beneficiaries in South Carolina are enrolled in an MCO, with the other 19% in FFS.³ South Carolina Medicaid contracts with five managed care organizations (MCOs): Absolute Total Care, First Choice by Select Health, Healthy Blue by BlueChoice, Humana Healthy Horizons, and Molina Healthcare.⁴ Effective July 1, 2020, hepatitis C treatment is covered by MCOs and “individual MCO coverage rules, prior authorization requirements and preferred drug classifications may apply.”⁵

The South Carolina 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. ⁷
Fibrosis Restrictions		South Carolina Medicaid does not impose fibrosis restrictions. ⁸
Substance Use Restrictions		South Carolina Medicaid does not impose substance use restrictions. ⁹
Prescriber Restrictions		South Carolina Medicaid does not impose undue prescriber restrictions. If the patient has decompensated cirrhosis, the patient must be referred to a transplant center or subspecialty care. ¹⁰
Retreatment Restrictions		South Carolina Medicaid does not impose retreatment restrictions. ¹¹
Access in Managed Care	-8	<p>Absolute Total Care,¹² First Choice by Select Health,¹³ and Molina Healthcare¹⁴ do not publish up to date hepatitis C clinical criteria nor prior authorization forms. Humana Health Horizons¹⁵ does not publish a prior authorization form, but its coverage policy does not reflect any restrictions.</p> <p>Healthy Blue by BlueChoice appears to impose the same criteria as FFS.¹⁶</p> <p>According to email correspondence from South Carolina Medicaid Pharmacy Services in June 2023, “Revised SCDHHS Prior Authorization Request Form for Hepatitis C-Antiviral Agents was updated and active on Magellan’s website, May 8, 2023, and all five (5) MCOs were made aware of the revised Fee-for-Service PA form on May 12, 2023, and the need for each MCO to have their criteria reflect, at a minimum, the criteria noted above. Noting the need for each MCO to take these changes in criteria to their respective P&T Committees, all have confirmed that their PA criteria for Hepatitis C – Antiviral Agents will be in compliance no later than September 1, 2023.”</p>
Additional Restrictions	-4	<p>South Carolina Medicaid imposes additional restrictions as follows¹⁷:</p> <ul style="list-style-type: none"> All tests must be collected within 6 months of requesting treatment. Documentation of genotype.
Total Deductions -20		Total Score [100-Deductions] 80
		Grade B

Contact Your State Officials

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Key Sources

Preferred Drug List: [South Carolina Medicaid, Preferred Drug List \(Jan. 1, 2024\).](#)

Prior Authorization Form: [South Carolina Medicaid, Prior Authorization Form - Hepatitis C \(May 3, 2023\).](#)

¹ Centers for Medicare & Medicaid Services, Medicaid & CHIP in South Carolina, <https://perma.cc/RU6U-WPCT>.

² HepVu, Local Data: South Carolina, <https://perma.cc/G7KW-U4R4>.

³ Kaiser Family Foundation, Share of Medicaid Population Covered Under Different Delivery Systems (July 1, 2022), <https://perma.cc/EMN8-QR8B>.

⁴ South Carolina Department of Health and Human Services, Managed Care Health Plan Contact Information, <https://perma.cc/2WWB-65AT>.

⁵ South Carolina Medicaid, Medicaid Bulletin (Jun. 30, 2020), <https://perma.cc/K84P-9SDB>.

⁶ Preferred Drug List.

⁷ Preferred Drug List.

⁸ Prior Authorization Form.

⁹ Prior Authorization Form.

¹⁰ Prior Authorization Form.

¹¹ Prior Authorization Form.

¹² Absolute Total Care, Pharmacy, <https://perma.cc/JQS8-TULK>.

¹³ First Choice by Select Health, Hepatitis C Prior Authorization Criteria (Jul. 2020), <https://perma.cc/9TDQ-S2NN>; see also Physician Request Form for Hepatitis C Therapies (Jul. 2020), <https://perma.cc/K8TZ-FSB3>.

¹⁴ Molina Healthcare, Pharmacy Prior Authorization Forms, <https://perma.cc/5VTX-U4Z7>.

¹⁵ Humana Health Horizons, Medical and Pharmacy Coverage policies, see Mavyret and sofosbuvir/velpatasvir, <https://perma.cc/Z987-KCDY>; see also Prior Authorization for Pharmacy Drugs, <https://perma.cc/5F4Z-YW92>.

¹⁶ Healthy Blue by BlueChoice, Formulary, see Mavyret and sofosbuvir/velpatasvir, <https://perma.cc/JGP5-V5UR>.

¹⁷ Prior Authorization Form.

¹⁸ National Association of Medicaid Directors, Medicaid Directors, <https://perma.cc/A89T-6LUZ>.

¹⁹ South Carolina Pharmacy Services, P&T Committee, <https://southcarolina.fhsc.com/providers/ptcommittee.asp>.