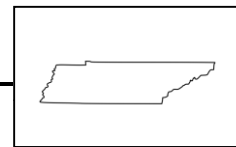


Hepatitis C: State of Medicaid Access Report Card

Tennessee

Estimated Number of Individuals Living with Hepatitis C: 69,100¹



Grade	Summary
<p>B-</p>	<p>Liver Damage (Fibrosis) Restrictions: Tennessee Fee-For-Service (FFS) and managed care organizations (MCOs) do not impose liver damage restrictions.</p> <p>Sobriety Restrictions: Tennessee FFS and MCOs requires <i>either</i> six months of sobriety for beneficiaries with a history of alcohol or substance use, <i>or</i> confirmation from the prescriber that the patient has completed or is currently receiving treatment for substance use by participating in a recovery program, receiving substance or alcohol use counseling services, or seeing an addiction specialist.</p> <p>Prescriber Restrictions: For most patients, Tennessee allows any physician to prescribe treatment, without requiring a consultation with a specialist. However, for patients in certain clinical situations (including decompensated cirrhosis, history of HIV, co-infection with HBV, or prior treatment for HCV), the state requires a prescription to be written by or in consultation with a specialist.</p> <p>Recommendations to Improve Patient Access:</p> <ul style="list-style-type: none"> • Remove sobriety and prescriber restrictions. • Maintain parity across FFS and MCO programs and transparency regarding hepatitis C coverage requirements. <p><i>Grade Rationale: Tennessee Medicaid provides moderate access to hepatitis C medications by allowing treatment regardless of liver damage, and by allowing all physicians to prescribe treatment for most patients. Although Tennessee continues to restrict access for individuals with a history of alcohol or substance use, it no longer requires a six-month period of sobriety, and instead allows patients to submit documentation that they have completed or are currently receiving treatment for alcohol or substance use. This is an improvement, but continued inclusion of a strict abstinence requirement may still deter patients or prompt provider bias. The B-grade reflects that Tennessee substantially increased coverage by relaxing its six-month sobriety policy, while recognizing that barriers to treatment still exist.</i></p>

Background

As of May 2021, Tennessee had 1,619,678 individuals enrolled in Medicaid and Children’s Health Insurance Program (CHIP).² Tennessee’s Medicaid, known as TennCare, enrolls all beneficiaries in managed care organizations (MCOs).³ TennCare contracts with three MCOs: AMERIGROUP Tennessee, BlueCare Tennessee, and UnitedHealthcare Community Plan.⁴ While pharmacy services are coordinated by each MCO, the state finances pharmacy benefits directly through a pharmacy benefit manager.⁵ Effective January 1, 2020, Optum Rx is TennCare’s pharmacy benefit manager.⁶ The FFS coverage criteria, as administered by Optum Rx, applies across the entire Medicaid program.⁷

State of Medicaid Hepatitis C Treatment Access

Tennessee Medicaid provides moderate access to hepatitis C medications. Prescription drug benefits are carved out of MCO contracts and managed by the state’s contracted pharmacy benefit manager, Optum Rx.⁸ Tennessee Medicaid does not restrict treatment based on liver damage or fibrosis score. Tennessee Medicaid does restrict treatment based on sobriety, requiring patients with a history of “illicit substance or alcohol abuse” to maintain six months of sobriety prior to treatment, *or* to submit documentation showing that the patient has “completed or [is] currently participating in a recovery program, or receiving substance or alcohol abuse counseling services, or seeing an addition specialist.”⁹ In most cases, Tennessee allows any physician to prescribe hepatitis C treatment, and does not require the patient to consult a specialist.¹⁰ However, if the patient has a “history of HIV, HBV co-infection, prior history with direct acting hepatitis C antivirals, or decompensated cirrhosis,” treatment must be prescribed by or in consultation with a specialist with experience treating hepatitis C “(e.g., Hepatology, Infectious Disease or Gastroenterology).”¹¹ Tennessee Medicaid’s preferred drug list includes Eplclusa, Harvoni, ledipasvir/sofosbuvir, Mavyret, and sofosbuvir/velpatasvir as preferred, and Harvoni Pak, Sovaldi and Sovalid Pak, Viekira, Vosevi, and Zepatier as non-preferred.¹²

Because pharmacy benefits are administered by the state’s pharmacy benefit manager, these coverage and treatment requirements apply across the entire program regardless of MCO enrollment.

Liver Damage (Fibrosis) Restrictions

Tennessee Medicaid does not require a minimum level of liver damage prior to treatment.¹³ All beneficiaries are subject to the FFS requirements as pharmacy services are excluded from MCO contracts.

Sobriety Restrictions

Tennessee Medicaid requires beneficiaries with a history of “illicit substance or alcohol abuse” to maintain six months of sobriety prior to treatment, *or* to submit documentation showing that the patient has “completed or [is] currently participating in a recovery program, or receiving substance or alcohol abuse counseling services, or seeing an addiction specialist.”¹⁴ All beneficiaries are subject to the FFS requirements as pharmacy services are excluded from MCO contracts.

Prescriber Restrictions

Tennessee allows any physician to prescribe hepatitis C treatment, but if the patient has a “history of HIV, HBV co-infection, prior history with direct acting hepatitis C antivirals, or decompensated cirrhosis,” treatment must be prescribed by or in consultation with a specialist with experience treating hepatitis C “(e.g., Hepatology, Infectious Disease or Gastroenterology).”¹⁵ All beneficiaries are subject to the FFS requirements as pharmacy services are excluded from MCO contracts.

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

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¹ HepVu, Tennessee State Profile (Accessed December 2021): <https://hepvu.org/state/tennessee>.

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

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

⁴ TennCare Contracts, Tennessee Division of TennCare: <https://www.tn.gov/tenncare/information-statistics/tenncare-contracts.html>.

⁵ Ibid, TennCare Contracts, Tennessee Division of TennCare; See also, e.g., Statewide Contract Between the State of Tennessee, d.b.a. TennCare And Amerigroup Tennessee Inc., Tennessee Division of TennCare, page 20: <https://www.tn.gov/content/dam/tn/tenncare/documents2/AmerigroupTennessee.pdf>.

⁶ Pharmacy, Tennessee Division of TennCare: <https://www.tn.gov/tenncare/providers/pharmacy.html>.

⁷ Contract Between The State of Tennessee Department of Finance and Administration Division of TennCare and Optum Rx, Inc., Tennessee Division of TennCare: <https://www.tn.gov/content/dam/tn/tenncare/documents2/Optum3186500600.pdf>.

⁸ Clinical Criteria, Step Therapy, and Quantity Limits for TennCare Preferred Drug List (PDL), Optum Rx, December 1, 2021 (Accessed December 2021):

<https://www.optumrx.com/content/dam/openenrollment/pdfs/Tenncare/home-page/preferred-drug-list/Criteria%20PDL.pdf>; See also Prior Authorization Forms, Optum Rx (Accessed December 2021): https://www.optumrx.com/oe_tenncare/prescriber.

⁹ Ibid, Clinical Criteria, Step Therapy, and Quantity Limits for TennCare Preferred Drug List (PDL), Optum Rx, December 1, 2021; See also Prior Authorization forms for Eplusa, Harvoni, Mavyret, Sovaldi, Viekira, Vosevi, and Zepatier (Accessed December 2021): https://www.optumrx.com/oe_tenncare/prescriber.

¹⁰ Ibid, Clinical Criteria, Step Therapy, and Quantity Limits for TennCare Preferred Drug List (PDL), Optum Rx, December 1, 2021.

¹¹ Ibid, Clinical Criteria, Step Therapy, and Quantity Limits for TennCare Preferred Drug List (PDL), Optum Rx, December 1, 2021.

¹² TennCare Preferred Drug List (PDL), Optum Rx, December 1, 2021: [https://www.optumrx.com/content/dam/openenrollment/pdfs/Tenncare/home-page/preferred-drug-list/Preferred%20Drug%20List%20\(PDL\).pdf](https://www.optumrx.com/content/dam/openenrollment/pdfs/Tenncare/home-page/preferred-drug-list/Preferred%20Drug%20List%20(PDL).pdf).

¹³ Ibid, Clinical Criteria, Step Therapy, and Quantity Limits for TennCare Preferred Drug List (PDL), Optum Rx, December 1, 2021.

¹⁴ Ibid, Clinical Criteria, Step Therapy, and Quantity Limits for TennCare Preferred Drug List (PDL), Optum Rx, December 1, 2021.

¹⁵ Ibid, Clinical Criteria, Step Therapy, and Quantity Limits for TennCare Preferred Drug List (PDL), Optum Rx, December 1, 2021.

¹⁶ Tennessee, Medicaid Directors, National Association of Medicaid Directors: <http://medicaiddirectors.org/about/medicaid-directors>; See also Information & Statistics: Deputy Commissioner, Tennessee Division of TennCare: <https://www.tn.gov/tenncare/information-statistics/deputy-commissioner.html>.