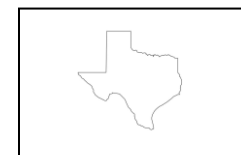


# Hepatitis C: State of Medicaid Access Report Card

## Texas



Grade	Recommendations to Improve Patient Access
<b>A</b>	<ul style="list-style-type: none"> <li>Ensure transparency and parity across FFS and MCOs regarding HCV coverage criteria.</li> </ul>

### State Overview

As of September 2022, 5,670,813 individuals were enrolled in Medicaid and CHIP.<sup>1</sup> It is estimated that as of 2016, 202,500 people were living with HCV in Texas.<sup>2</sup> As of July 1, 2022, most beneficiaries, 97 percent, are enrolled in an MCO; the remaining 3 percent participate in FFS.<sup>3</sup> Texas Medicaid contracts with 16 managed care organizations (MCOs): Aetna Better Health, Amerigroup, BlueCross BlueShield of Texas (BCBS), Community Health First Plan (CHFP), Community Health Choice (CHC), Cook Children's Health Plan, Dell Children's Health Plan, Driscoll, El Paso Health (El Paso), FirstCare, Molina Healthcare of Texas (Molina), Parkland Community Health (Parkland), Scott & White RightCare, Superior HealthPlan (Superior), Texas Children's, and UnitedHealthcare (UHC)<sup>4</sup>. All MCOs apply FFS hepatitis C coverage requirements.<sup>5</sup>

Mavyret is the only preferred regimen on the Texas Medicaid Preferred Drug List.<sup>6</sup>

Deductions		Policy
Prior Authorization		Prior authorization is not required for preferred regimens (Mavyret). <sup>7</sup>
Fibrosis Restrictions		Texas Medicaid does not impose fibrosis restrictions. <sup>8</sup>
Substance Use Restrictions		Texas Medicaid does not impose substance use restrictions. <sup>9</sup>
Prescriber Restrictions		Texas Medicaid does not impose prescriber restrictions. <sup>10</sup>
Retreatment Restrictions		Texas Medicaid does not appear to impose undue retreatment restrictions. <sup>11</sup>
Access in Managed Care	-8	According to Texas HHS, all MCOs apply FFS HCV coverage requirements. <sup>12</sup> However, 2 MCOS, BlueCross BlueShield of Texas <sup>13</sup> and UnitedHealthcare <sup>14</sup> still link to older FFS prior authorization forms that impose additional restrictions, including substance use counseling restrictions, required documentation of genotype, time-based lab restrictions, adherence monitoring, and restrictions on refills for lost or stolen medication. <sup>15</sup>
Additional Restrictions		Texas Medicaid does not appear to impose additional restrictions. <sup>16</sup>
<b>Total Deductions</b>	<b>-8</b>	<b>Total Score [100-Deductions]</b>
		<b>92</b>
		<b>Grade</b>
		<b>A</b>

### Contact Your State Officials

**Medicaid Office**<sup>29</sup>: Stephanie Stephens, Chief Medicaid and CHIP Services Officer, Medicaid & CHIP Services  
4900 North Lamar Boulevard, Austin, TX 78751; Telephone: (512) 707-6096; Email Address: [stephanie.stephens@hhsc.state.tx.us](mailto:stephanie.stephens@hhsc.state.tx.us).

**Pharmacy & Therapeutics Committee**<sup>30</sup>: Drug Utilization Review Board (MC-2250), Texas Health and Human Services  
4900 North Lamar Boulevard, Austin, TX 78751; Email Address: [vdp-advisory@hhsc.state.tx.us](mailto:vdp-advisory@hhsc.state.tx.us).

## Key Sources

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**Preferred Drug List:** [Texas HHS, Preferred Drug List \(July 2022\)](#).

**Prior Authorization Criteria (Non-Preferred Drugs):** [Texas HHS, Criteria Guide for the Texas Prior Authorization Program \(Jan. 1, 2023\)](#).

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<sup>1</sup> CMS, Medicaid & CHIP in Texas, <https://perma.cc/HE4Z-NJBR>.

<sup>2</sup> HepVu, Local Data: Texas, <https://perma.cc/CRV2-45S8>.

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

<sup>4</sup> Texas HHS & Texas Vendor Drug Program, MCO Resource Information (Jan. 1, 2023), <https://perma.cc/35E2-428E>.

<sup>5</sup> Texas HHS & Texas Vendor Drug Program, Clinical Prior Authorization Assistance Chart (Nov. 2022) at 9, <https://perma.cc/QB4A-25NW>.

<sup>6</sup> Preferred Drug List.

<sup>7</sup> Preferred Drug List; see also Texas HHS, Changes in Hepatitis C Treatment Coverage for Medicaid Clients Begins Jan. 1 (Dec. 20, 2022), <https://perma.cc/XCK7-LRE4>.

<sup>8</sup> Preferred Drug List.

<sup>9</sup> Preferred Drug List.

<sup>10</sup> Preferred Drug List.

<sup>11</sup> Preferred Drug List.

<sup>12</sup> Texas HHS & Texas Vendor Drug Program, Clinical Prior Authorization Assistance Chart (Nov. 2022) at 9, <https://perma.cc/QB4A-25NW>.

<sup>13</sup> BlueCross BlueShield of Texas, Medicaid (STAR) and CHIP Prior Authorization Forms (accessed Jan. 10, 2023), <https://perma.cc/C8M8-2T9R>.

<sup>14</sup> UnitedHealthcare Community Plan of Texas, Clinical Prior Authorization Guidelines (accessed Jan. 10, 2023), <https://perma.cc/4V7K-VR6A>.

<sup>15</sup> BlueCross BlueShield of Texas, Antiviral Agents for Hepatitis C Virus Initial Authorization Request (Medicaid), <https://perma.cc/A9RP-XRDV>; UnitedHealthcare Community Plan of Texas, Antiviral Agents for Hepatitis C Virus Initial Authorization Request (Medicaid), <https://perma.cc/26BT-42DS>.

<sup>16</sup> Preferred Drug List.

<sup>29</sup> Texas State Directory, Stephanie Stephens, <https://perma.cc/MW9C-B8LA>.

<sup>30</sup> DUR Board Contacts, Vendor Drug Program, Texas Health and Human Services, <https://perma.cc/N5EF-387P>.