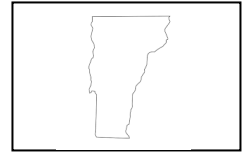


# Hepatitis C: State of Medicaid Access Report Card

## Vermont



Grade	Recommendations to Improve Patient Access
<b>B</b>	<ul style="list-style-type: none"> <li>Remove prior authorization for HCV treatment.</li> <li>Remove additional restrictions as described below.</li> </ul>

### State Overview

As of October 2023, 174,096 individuals were enrolled in Medicaid and CHIP.<sup>1</sup> It is estimated that as of 2016, 3,700 people were living with HCV in Vermont.<sup>2</sup> Vermont's Medicaid, known as Green Mountain Care, is run by the Department of Vermont Health Access (DVHA). Implemented on October 1, 2005, the Global Commitment, a waiver from the Centers for Medicare & Medicaid Services (CMS), converted the DVHA to a public Managed Care Entity (MCE). The Agency of Human Services pays the MCE a lump sum premium payment for the provision of all Medicaid services in the state. All Medicaid beneficiaries are managed by one entity that establishes the coverage criteria, formulary, and prior authorization (PA) requirements for the whole program.<sup>3</sup>

The Vermont Medicaid Preferred Drug List includes Mavyret and sofosbuvir/velpatasvir.<sup>4</sup>

Deductions		Policy						
Prior Authorization	-8	Prior authorization is required for all HCV treatment regimens. <sup>5</sup>						
Fibrosis Restrictions	0	Vermont Medicaid does not impose fibrosis restrictions. <sup>6</sup>						
Substance Use Restrictions	0	Vermont Medicaid does not impose substance use restrictions. <sup>7</sup>						
Prescriber Restrictions	0	For patients who qualify for simplified treatment, any doctor may prescribe. <sup>8</sup> For patients who do not qualify for simplified treatment, prescription must be written by or in consultation with a specialist.						
Retreatment Restrictions	0	Vermont Medicaid does not impose retreatment restrictions. <sup>9</sup>						
Access in Managed Care	0	Vermont does not contract with managed care organizations. <sup>10</sup>						
Additional Restrictions	-4	Vermont Medicaid imposes additional restrictions as follows <sup>11</sup> : <ul style="list-style-type: none"> <li>Labs must be collected within a certain timeframe: "Quantitative HCV RNA viral load done within 6 months or consistently positive in past results for ≥ 1 year span of time with the last being in the last 5 years, with other lab results required within the past 6 months"</li> <li>Documentation of HCV genotype.</li> </ul>						
<b>Total Deductions</b>	<b>-12</b>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td><b>Total Score [100-Deductions]</b></td> <td><b>88</b></td> <td><b>Grade</b></td> </tr> <tr> <td></td> <td></td> <td><b>B</b></td> </tr> </table>	<b>Total Score [100-Deductions]</b>	<b>88</b>	<b>Grade</b>			<b>B</b>
<b>Total Score [100-Deductions]</b>	<b>88</b>	<b>Grade</b>						
		<b>B</b>						

## Contact Your State Officials

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**Medicaid Office<sup>12</sup>: Monica Ogelby, Medicaid Director, Department of Vermont Health Access, State of Vermont**  
NOB 1 South, 280 State Drive, Waterbury, VT 05671; Email Address: [monica.ogelby@vermont.gov](mailto:monica.ogelby@vermont.gov).

**Drug Utilization Review Board<sup>13</sup>: Department of Vermont Health Access, State of Vermont**  
NOB 1 South, 280 State Drive, Waterbury, VT 05671; Telephone: (802) 241-0140 Email Address: [AHS.DVHAph@vermont.gov](mailto:AHS.DVHAph@vermont.gov).

## Key Sources

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**Preferred Drug List & Clinical Criteria:** [Department of Vermont Health Access, Preferred Drug List and Drugs Requiring Prior Authorization \(Jan. 1, 2024\)](#)

**Prior Authorization Form:** [Department of Vermont Health Access, Hepatitis C Treatment Prior Authorization Request Form \(Jan. 1, 2024\)](#).

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<sup>1</sup> Centers for Medicare & Medicaid Services, Medicaid & CHIP in Vermont, <https://perma.cc/SCU2-N9NL>.

<sup>2</sup> HepVu, Local Data: Vermont State Profile, <https://perma.cc/MPM7-ZYZJ>.

<sup>3</sup> State of Vermont, Global Commitment to Health 11-W-00194/1 (May 28, 2021), <https://perma.cc/X8TL-9TM2>.

<sup>4</sup> Preferred Drug List.

<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> Kaiser Family Foundation, Annual Medicaid Budget Survey for State Fiscal Years 2023 and 2024 (Nov. 14, 2023), <https://perma.cc/4K6Y-8DEM>.

<sup>11</sup> Prior Authorization Form.

<sup>12</sup> Vermont Agency of Human Services, Commissioner's Office, <https://dvha.vermont.gov/about-us/dvha-commissioner>.

<sup>13</sup> Vermont Agency of Human Services, Home Page, <https://dvha.vermont.gov/advisory-boards/drug-utilization-review-board/durb-contact-information>.