

Hepatitis C: State of Medicaid Access Report Card

Ohio

Estimated Number of Individuals Living with Hepatitis C: 119,000¹



Grade	Summary
C-	<p>Liver Damage (Fibrosis) Restrictions: Fee-For-Service (FFS) does not have liver damage restrictions. Four Managed Care Organizations (MCOs), Buckeye Community Health Plan, CareSource, Paramount Advantage, and UnitedHealthcare Community Plan also do not impose liver damage restrictions. One MCO, Molina, requires severe liver damage (F3 or greater).</p> <p>Sobriety Restrictions: FFS and all MCOs require six months' sobriety from alcohol and substance use prior to approving treatment.</p> <p>Prescriber Restrictions: FFS requires a prescription written by or in consultation with a specialist. Three MCOs, Buckeye Community Health Plan, CareSource, and Paramount Advantage also require a specialist to consult. One MCO, UnitedHealthcare Community Plan, requires a prescription to be written by a specialist. One MCO, Molina, does not appear to have prescriber requirements.</p> <p>Recommendations to Improve Patient Access:</p> <ul style="list-style-type: none"> • Eliminate sobriety, and prescriber restrictions. • Improve transparency regarding coverage requirements and create coverage parity across FFS and MCO programs. <p><i>Grade Rationale: Ohio FFS improved access by removing liver damage restrictions. However, Ohio continues to significantly restrict access to hepatitis C medications by requiring at least six months' sobriety and a specialist to prescribe or consult. With these restrictions, many of the most vulnerable people living with hepatitis C do not have access to treatment.</i></p>

Background

As of June 2017, Ohio had 2,806,415 individuals enrolled in Medicaid and Children's Health Insurance Program (CHIP).² Ohio operates a Fee-For-Service (FFS) program and contracts with Managed Care Organizations (MCOs). Most beneficiaries, 88 percent, are enrolled in a MCO. The remaining 12 percent participate in FFS.³ The state currently contracts with five managed care plans, including three national, for-profit plans: Buckeye Community Health Plan (Buckeye), Molina Healthcare of Ohio (Molina) and UnitedHealthcare Community Plan (UHC); one national, not-for-profit plan: CareSource; and one local, for-profit plan: Paramount Advantage.⁴

State of Medicaid Hepatitis C Treatment Access

Effective January 1, 2019, Ohio FFS no longer imposes liver damage restrictions and beneficiaries with a chronic HCV infection may qualify for treatment.⁵ However, beneficiaries are required to be free from alcohol use, controlled drug abuse, and illicit drug use for at least six months before being considered for treatment.⁶ Additionally, a specialist must either prescribe or consult with the prescribing physician.⁷ Preferred Direct-Acting Antivirals (DAAs) are Epclusa, Mavyret, and Zepatier and non-preferred are Daklinza, Harvoni, Sovaldi, and Vosevi.⁸

Hepatitis C coverage requirements among MCOs vary across liver damage, sobriety and prescribing criteria.

Buckeye requires PA to access hepatitis C treatments.⁹ Buckeye requires a separate PA for each regimen.¹⁰ Buckeye's PA form asks if the patient has "advanced fibrosis" and requests any disease staging test results, but does not specify a minimum liver damage requirement.¹¹ Similar to FFS, a beneficiary must have documented abstinence from alcohol and substance use for at least six months and agree to participate in a medication adherence program.¹² A prescription must be written by or in consultation with a specialist.¹³

Molina requires PA, however the PA form appears out of date and includes more stringent requirements than FFS.¹⁴ Molina requires severe liver damage (F3 or greater) and six months sobriety from alcohol and substance use.¹⁵ The PA does not specify prescribing requirements.¹⁶ The PA inquires if the beneficiary has any "clinically-significant medical disorder(s) or medical/psychiatric/social comorbidities that could result in less than 12 months life expectancy or interfere with treatment, assessment or compliance with the requested hepatitis C therapy.¹⁷ A prescriber must counsel the beneficiary on adherence and sign an agreement.¹⁸ Molina's formulary includes Epclusa, Harvoni, Sovaldi, Mavyret, Vosevi, and Zepatier.¹⁹

CareSource requires PA. The plan has one PA form that mirrors the FFS PA form, but separate *Pharmacy Policy Statements* for each regimen that include more detailed coverage information.²⁰ CareSource's requirements mirror FFS: CareSource does not require minimum liver damage, but a prescription must be written by or in consultation with a hepatologist, gastroenterologist, or infectious disease specialist.²¹ Beneficiaries must be free from alcohol use, controlled drug abuse, and illicit drug use for six months before being considered for therapy, documented by three separate lab tests.²² CareSource lists the following Mavyret as preferred and Epclusa, Daklinza, Harvoni, Sovaldi, Vosevi, and Zepatier as non-preferred.²³

Paramount Advantage requires PA and utilizes a form that mirrors the FFS PA form. Paramount does not impose liver damage restrictions, a prescription must be written by or in consultation with a specialist, and beneficiaries must be abstinent from drugs and alcohol for six months prior to treatment.²⁴ Paramount lists Mavyret as the preferred regimen and Epclusa, Daklinza, Harvoni, Sovaldi, Vosevi, and Zepatier as non-preferred regimens.²⁵

UHC requires PA and their form mirrors the FFS form. The plan does not require a minimum level of liver damage but requires six months of abstinence from drugs and alcohol.²⁶ A specialist must also prescribe or consult.²⁷ The plan covers Epclusa, Mavyret, and Zepatier as preferred and Daklinza, Harvoni, Sovaldi, and Vosevi as non-preferred.²⁸

Liver Damage (Fibrosis) Restrictions

Ohio FFS does not have liver damage restrictions.

Most MCOs including Buckeye, CareSource, Paramount Advantage, and UHC also do not have liver damage restrictions. However, one MCO, Molina, requires severe liver damage (F3 or greater)

Sobriety Restrictions

Ohio FFS and all MCOs require six months' sobriety from alcohol and substance use before treatment.

Prescriber Restrictions

Ohio FFS requires a prescription written by or in consultation with a specialist such as a hepatologist, gastroenterologist or infectious disease specialist.

Most MCOs, including Buckeye, CareSource, Paramount Advantage, and UHC also require a prescription written by or in consultation with a specialist. One MCO, Molina, does not appear to have prescriber restrictions.

Points of Contact for Questions & Concerns about Ohio's State of Medicaid Hepatitis C Access

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¹ Ohio, State Profile, HepVu (Accessed August 2017): <https://hepvu.org/state/ohio/>

² Medicaid and CHIP in Ohio, By-State, Medicaid.gov (Accessed August 2017): <https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=ohio>

³ Share of Medicaid Population Covered Under Different Delivery Systems, Medicaid Managed Care Market Tracker, Henry J. Kaiser Family Foundation, July 1, 2016 (Accessed August 2017): <http://www.kff.org/medicaid/state-indicator/share-of-medicaid-population-covered-under-different-delivery-systems/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

⁴ Medicaid Managed Health Care Monthly Enrollment Reports, Ohio Department of Medicaid (Accessed August 2017):

<http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MedicaidManagedCarePlanEnrollmentReports.aspx>

⁵ Preferred Drug Lists: Fee-for-Service Preferred Drug List, Ohio Medicaid Pharmacy Benefit Management Program, Ohio Department of Medicaid. Effective January 1, 2019:

https://pharmacy.medicaid.ohio.gov/sites/default/files/OH_PDL_Effective_2019-01-01v2.pdf. See also Prior Authorization Form – Hepatitis C Treatment, Ohio Department of Medicaid: https://pharmacy.medicaid.ohio.gov/sites/default/files/Hep_C_PA_Form_20181228.pdf.

⁶ Preferred Drug Lists: Fee-for-Service Preferred Drug List, Ohio Medicaid Pharmacy Benefit Management Program, Ohio Department of Medicaid. Effective January 1, 2019:

https://pharmacy.medicaid.ohio.gov/sites/default/files/OH_PDL_Effective_2019-01-01v2.pdf. See also Prior Authorization Form – Hepatitis C Treatment, Ohio Department of Medicaid: https://pharmacy.medicaid.ohio.gov/sites/default/files/Hep_C_PA_Form_20181228.pdf.

⁷ Preferred Drug Lists: Fee-for-Service Preferred Drug List, Ohio Medicaid Pharmacy Benefit Management Program, Ohio Department of Medicaid. Effective January 1, 2019:

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⁸ Preferred Drug Lists: Fee-for-Service Preferred Drug List, Ohio Medicaid Pharmacy Benefit Management Program, Ohio Department of Medicaid. Effective January 1, 2019:

https://pharmacy.medicaid.ohio.gov/sites/default/files/OH_PDL_Effective_2019-01-01v2.pdf. See also Prior Authorization Form – Hepatitis C Treatment, Ohio Department of Medicaid: https://pharmacy.medicaid.ohio.gov/sites/default/files/Hep_C_PA_Form_20181228.pdf.

⁹ Comprehensive Preferred Drug List, Buckeye Health Plan and Evolve Pharmacy Solutions; https://www.buckeyehealthplan.com/content/dam/centene/evolve-pharmacy-solutions/pdfs/PDL/FORMULARY-BuckeyeHealthPlan_Ohio.pdf. See also: Pharmacy, For Providers, Buckeye Health Plan: <https://www.buckeyehealthplan.com/providers/pharmacy.html>.

¹⁰ Prior Authorization Fax Forms for Specialty Drugs, For Providers, Buckeye Health Plan: <https://www.buckeyehealthplan.com/providers/pharmacy/prior-auth-specialty.html>

¹¹ Glecaprevir/pibrentasvir (Mavyret), Prior Authorization Form/ Prescription, Buckeye Health Plan, Updated: 10/01/2018; See also: Prior Authorization Fax Forms for Specialty Drugs, For Providers, Buckeye Health Plan.

¹² Glecaprevir/pibrentasvir (Mavyret), Prior Authorization Form/ Prescription, Buckeye Health Plan, Updated: 10/01/2018; See also: Prior Authorization Fax Forms for Specialty Drugs, For Providers, Buckeye Health Plan.

¹³ Glecaprevir/pibrentasvir (Mavyret), Prior Authorization Form/ Prescription, Buckeye Health Plan, Updated: 10/01/2018; See also: Prior Authorization Fax Forms for Specialty Drugs, For Providers, Buckeye Health Plan.

¹⁴ Medications for Treatment of Chronic Hepatitis C, Prior Authorization Request Form, Molina Healthcare of Ohio: <http://www.molinahealthcare.com/members/oh/en-US/PDF/Medicaid/prior-authorization-form.pdf>. See also Provider Forms: Pharmacy, Molina Healthcare of Ohio: <https://www.molinahealthcare.com/providers/oh/medicaid/forms/Pages/fuf.aspx>.

¹⁵ Medications for Treatment of Chronic Hepatitis C, Prior Authorization Request Form, Molina Healthcare of Ohio: <http://www.molinahealthcare.com/members/oh/en-US/PDF/Medicaid/prior-authorization-form.pdf>.

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- ¹⁷ Medications for Treatment of Chronic Hepatitis C, Prior Authorization Request Form, Molina Healthcare of Ohio: <http://www.molinahealthcare.com/members/oh/en-US/PDF/Medicaid/prior-authorization-form.pdf>.
- ¹⁸ Medications for Treatment of Chronic Hepatitis C, Prior Authorization Request Form, Molina Healthcare of Ohio: <http://www.molinahealthcare.com/members/oh/en-US/PDF/Medicaid/prior-authorization-form.pdf>.
- ¹⁹ Molina Healthcare of Ohio Preferred Drug List (Formulary), Updated: 01/01/2019: http://www.molinahealthcare.com/providers/oh/medicaid/drug/PDF/RxInfo_OH_MolinaHealthcareOhioFormulary.pdf.
- ²⁰ Current Pharmacy Policies, Ohio Medicaid, CareSource: <https://www.caresource.com/oh/providers/tools-resources/health-partner-policies/pharmacy-policies/medicaid/>; See also: Mavyret Pharmacy Policy Statement, Ohio Medicaid, CareSource: <https://www.caresource.com/documents/medicaid-oh-policy-pharmacy-mavyret-20190102/>; Hepatitis C Treatment Prior Authorization Form – Unified PDL, CareSource, Ohio Department of Medicaid: <https://www.caresource.com/documents/hepatitis-c-prior-authorization-form/>.
- ²¹ Current Pharmacy Policies, Ohio Medicaid, CareSource: <https://www.caresource.com/oh/providers/tools-resources/health-partner-policies/pharmacy-policies/medicaid/>; See also: Mavyret Pharmacy Policy Statement, Ohio Medicaid, CareSource: <https://www.caresource.com/documents/medicaid-oh-policy-pharmacy-mavyret-20190102/>.
- ²² Current Pharmacy Policies, Ohio Medicaid, CareSource: <https://www.caresource.com/oh/providers/tools-resources/health-partner-policies/pharmacy-policies/medicaid/>; See also: Mavyret Pharmacy Policy Statement, Ohio Medicaid, CareSource: <https://www.caresource.com/documents/medicaid-oh-policy-pharmacy-mavyret-20190102/>.
- ²³ Hepatitis C Treatment Prior Authorization Form – Unified PDL, CareSource, Ohio Department of Medicaid: <https://www.caresource.com/documents/hepatitis-c-prior-authorization-form/>.
- ²⁴ Hepatitis C Treatment Prior Authorization Form – Unified PDL, Paramount Advantage, Ohio Department of Medicaid: <https://www.paramounthealthcare.com/documents/RxPADocs/UPDL%20HCV%20Treatment%20Form%201%201%2019%20FINAL.pdf>. See also: Specialty Drug Prior Authorization Criteria Library, Paramount: <https://www.paramounthealthcare.com/body.cfm?id=859>; Prior Authorization Criteria PA Class: Hepatitis C Medications, Paramount Advantage: <https://www.paramounthealthcare.com/documents/RxPADocs/DRAFT2-0110%20Hepatitis%20C%20Paramount%20Medicaid%20C15176-A%2001-2019c.pdf>.
- ²⁵ Hepatitis C Treatment Prior Authorization Form – Unified PDL, Paramount Advantage, Ohio Department of Medicaid: <https://www.paramounthealthcare.com/documents/RxPADocs/UPDL%20HCV%20Treatment%20Form%201%201%2019%20FINAL.pdf>.
- ²⁶ Hepatitis C Prior Authorization Request Form, UnitedHealthcare, : <https://www.uhcprovider.com/content/dam/provider/docs/public/prior-auth/uhcp-pharmacy-forms/h-1/OH-Hepatitis-C-Medications-Prior-Authorization-Form.pdf>.
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- ²⁹ Ohio, Medicaid Directors, National Association of Medicaid Directors (Accessed August 2017): <http://medicaiddirectors.org/about/medicaid-directors/>; See also: Directors Biography, Ohio Department of Medicaid (Accessed August 2017): <http://www.medicaid.ohio.gov/MEDICAID101/DirectorsBiography.aspx>
- ³⁰ Pharmacy & Therapeutics Committee (P & T), Ohio Department of Medicaid (Accessed August 2017): <https://pharmacy.medicaid.ohio.gov/pharmacy-therapeutics-committee>