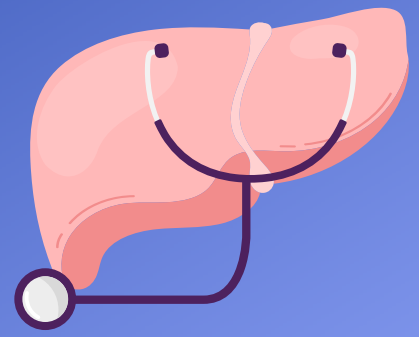


# Advancing Methods to Assess Hepatitis C Treatment Access in Medicaid

The emergence of curative direct-acting antivirals (DAAs) to treat hepatitis C nearly 10 years ago was a major development in addressing the most common deadly, bloodborne infectious disease in the U.S. Despite the efficacy of these medications, state Medicaid programs continue to restrict access to DAAs. Many of these restrictions violate federal law, are incompatible with current medical guidelines, and create significant barriers to care for hundreds of thousands of Americans, exacerbating health disparities across the country.

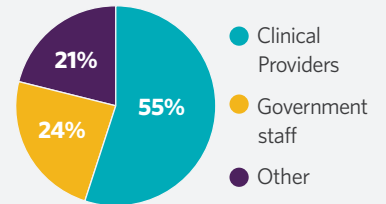


## THE SURVEY

### Assessing the Need

The Center for Health Law Policy and Innovation (CHLPI) and National Viral Hepatitis Roundtable (NVHR) fielded a survey from February 22 - March 11, 2022 to assess current access challenges. The survey (N=275 respondents) asked respondents to evaluate the burden of various barriers and whether each barrier existed in their state. Respondents who are personally impacted (e.g., people who are living with or previously lived with hepatitis C, family members and caretakers, etc.) were invited to provide additional details about challenges they faced. Survey respondents hailed from 43 different states and included advocates, clinical providers, government staff, pharmaceutical company staff, and people with lived experience.

### Survey Respondents



### Remaining Challenges

An updated report and state-by-state grades released in 2022 reveal key remaining treatment barriers:



#### Prior Authorization

73% of states require prior authorization for hepatitis C treatment.



#### Fibrosis Restrictions

4% of states still have fibrosis restrictions.



#### Substance Use Restrictions

37% of states still have sobriety restrictions.



#### Prescriber Restrictions

23% of states still have prescriber restrictions.



#### Retreatment Restrictions

38% of states have restrictions on retreatment that are more severe than initial treatment restrictions.



#### Access in Managed Care

37% of states have managed care organizations who impose more restrictive policies than fee-for-service or who do not publish policies.



#### Additional Restrictions

Many states impose additional barriers\* to hepatitis C treatment access.

\*Other restrictions include genotype documentation, chronic infection documentation, time-based lab values, adherence requirements, and barriers to replacing lost/stolen medication

## THE RESULTS

### Prior Authorization

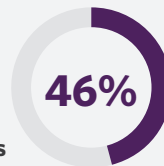
65%



Almost two-thirds (65%) of respondents said that **prior authorization** (as a process barrier, independent of specific prior authorization restrictions) represented a **moderate or severe barrier** to accessing hepatitis C treatment for Medicaid beneficiaries in their state.

### Prescriber Restrictions

46%



Nearly half of respondents (46%) said that **restrictions on which providers can prescribe DAA treatment** were a **moderate or severe barrier** to accessing hepatitis C treatment for Medicaid beneficiaries in their state.

### Retreatment Restrictions

38%



38% of respondents noted **limitations on retreatment for patients who fail therapy or become reinfected** were a **moderate or severe barrier** to accessing hepatitis C treatment.

*"The **prior authorization** requirement prevents many primary care providers from having the confidence and the time to treat."*

### Sobriety Treatment Restrictions

Nearly half of respondents (48%) agreed a **required period of abstinence** was a **moderate or serious barrier** to accessing hepatitis C treatment.



### Pharmacy Practices

Half of respondents (50%) named **mandatory dispensing through specialty pharmacies** as a **moderate or serious barrier** to accessing hepatitis C treatment.





*"While sobriety requirements have been lifted [in some places], we are still hearing reports of doctors that require drug testing or require the patient to sign a sobriety agreement."*



*"I worry about patients not being able to get the second month of medication if they do not get in touch with the pharmacy."*

## THE PERSPECTIVES

### People with Lived Experience



**40% of respondents** reported that they themselves, or someone they know personally, have experienced **delays in treatment due to a problem with their insurance approving coverage of their hepatitis C medications.**

### Who was Surveyed



**87% of all patients** who responded marked that their **primary source of health insurance was either Medicaid (53%) or Medicare (33%).**

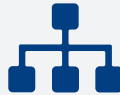
### Fibrosis and Substance Use Restrictions



**One-third of respondents** have experienced, or know someone who has experienced, **barriers to hepatitis C care due to an evaluation that their liver damage was not "serious enough."**

**One-third of patient respondents** expressed that they or someone they care for experienced **trouble getting their hepatitis C medications covered by insurance due to current/recent alcohol or substance use.**

### Prescriber Restrictions



**One-third of respondents** have experienced, or know someone who has experienced, **difficulties getting hepatitis C treatment due to insurance requiring that they see a specialist instead of the place or person that they usually get healthcare from.**

### Stigma from Healthcare Providers



**40% of respondents** shared that they had experienced, or cared for someone who experienced, **stigma from a health care provider while trying to secure hepatitis C treatment.**



*"When I tried to get direct acting antivirals I was told 'no' seven times due to not having a fibrosis score of over F1 and that I was a current drug user due to my methadone clinic attendance."*

Source: StateOfHepC.org



**"I was on [Medicaid] at the time the medicine was new and they would not cover the cost of treatment. So I got private insurance through my employer. My private insurance kept denying coverage. I worked with an advocate at my doctor's office weekly for over 9 months writing and appealing denials for the payment of my Hep C treatment ... I was in critical care due to bleeding, on three different occasions that year. This could have been prevented had they approved my doctor's request for the lifesaving medicine. But the insurance company had me submit 6 months of [bloodwork] to prove I was not a drug addict even though I have no history of substance abuse or addiction."**

— Survey Respondent

## Recommendations to Improve Access to Hepatitis C Treatment

- ✓ Remove prior authorization for hepatitis C treatment
- ✓ Omit pre-treatment genotype assessment and on-treatment monitoring
- ✓ Dispense the full treatment course at treatment initiation
- ✓ Re-consider rationale for dispensing medications solely via specialty pharmacy