EXAMINING HEPATITIS C VIRUS TREATMENT ACCESS: A REVIEW OF SELECT STATE MEDICAID FEE-FOR-SERVICE AND MANAGED CARE PROGRAMS

Illinois
Illinois

Hepatitis C Virus (HCV) in Illinois

Prevalence
+ As of 2007 (the latest year for which data are available), between 99,863 and 150,903 individuals are living with hepatitis C virus (HCV) in Illinois.

HIV Co-Infection
+ Approximately one out of every three individuals living with HIV in Illinois is also infected with HCV.

Yearly Reported Cases
+ About 5,000 cases in individuals between the ages of 30 and 59 are reported each year.

Age Breakdown
+ Data unavailable

Deaths
+ Data unavailable

State HCV Programs in Illinois
Illinois integrates viral hepatitis risk reduction counseling and some testing services with its HIV and sexually transmitted infections (STI) programs.

Medicaid in Illinois

Eligibility
In addition to covering categorically needy populations, Illinois has also elected to expand Medicaid coverage. All eligible adults earning 138% of the federal poverty level (about $16,105/year) or under are eligible for Medicaid, regardless of whether they meet other categorical requirements.

Care Delivery
Illinois is currently transitioning most of its Medicaid enrollees into managed care entities. Individuals newly eligible under Medicaid, as well as previously eligible families and children, will be enrolled into a Managed Care Organization (MCO), a Managed Care Community Network (MCCN) (a provider-organized entity, fully capitated), or an Accountable Care Entity (ACE) (similar to an MCCN, although not yet fully capitated), although managed care may not yet be mandatory or available in all counties. Seniors and/or disabled individuals may also be enrolled in Coordinated Care Entities (CCEs) (entities that are fee for service but with additional payments based on care coordination and meeting certain quality metrics).
Medicaid Coverage of Sofosbuvir (Sovaldi)

Fee for Service

The preferred drug list and prior authorization requirements for the fee-for-service program are created in consultation with the Illinois State Medical Society Committee on Drugs and Therapeutics (D and T Committee), which meets quarterly. Individuals subject to fee-for-service requirements include those who are enrolled in either CCE or ACE programs. MCOs or MCCNs can set their own criteria with respect to prior authorization. As of October 2014, Sovaldi is covered as a non-preferred drug. In order to receive approval for Sovaldi, the following criteria must be met (note that additional criteria in other categories may also be required):

Fibrosis Criteria

+ Individuals must have a Metavir score of ≥F4 or equivalent.

Requirements Related to Substance Use

+ Individuals must not have evidence of substance abuse diagnosis or treatment (alcohol, illicit drugs or prescription opioids and other drugs listed on the schedule of controlled drugs maintained by the Drug Enforcement Administration) in the past 12 months. Information pursuant to this requirement will be based on department claims records, prescriber’s knowledge, medical record entry, state’s narcotic prescription registry database, reports from a hospital, an Emergency Department visit, an urgent care clinic, a physician’s office or practice, or another setting.
+ It is not clear from the criteria who (the state or the provider) is responsible for verifying the substance use requirements pursuant to the above medical records.
+ Individuals must also provide documentation of a negative standard urine drug screen report within 15 days prior to submission of the prior approval request.

HIV Co-Infection Criteria

+ Illinois does not appear to have any specific criteria with respect to HIV co-infection.

Prescriber Limitations

+ The prescriber can be any physician who holds a current unrestricted license to practice medicine and is currently enrolled as an Illinois Medicaid Provider.
+ If the prescriber is not a board-certified gastroenterologist, transplant hepatologist or infectious disease specialist, a one-time written consultation report from a board-certified gastroenterologist, transplant hepatologist or infectious disease specialist will be required within the past 3 months. This consulting specialist must have recommended Sovaldi therapy prior to approval. Requests will not be accepted from mid-level practitioners and pharmacies.

Additional Adherence Requirements

+ Non-compliance with the regimen or the individual’s failure to obtain refills every 2 weeks will result in discontinuation of previous prior approval, and no further therapy with Sovaldi will be approved.
+ Provider must provide a copy of a signed patient commitment letter for Sovaldi treatment.
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References


