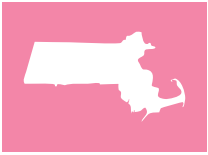


EXAMINING HEPATITIS C VIRUS
TREATMENT ACCESS:
**A REVIEW OF SELECT STATE
MEDICAID FEE-FOR-SERVICE
AND MANAGED CARE PROGRAMS**

Massachusetts



Massachusetts

Hepatitis C Virus (HCV) in Massachusetts

Prevalence

- + It is estimated that 197,000 people in Massachusetts are living with hepatitis C virus (HCV).¹

HIV Co-Infection

- + 4,396 individuals with HIV have been identified as being co-infected with HCV as of 2010—14% of the total population of HIV positive individuals.²

Yearly Reported Cases

- + Approximately 7,963 cases were reported in 2013.³

Age Breakdown

- + The incidence of HCV among individuals between the ages of 15 and 25 has increased over the past decade, more than doubling while the incidence of HCV in those over 30 decreased over the same time period.⁴ Between 2002 and 2009, injection drug users between the ages of 15 and 24 saw diagnoses increase by 74%.⁵

Deaths

- + In 2011, 407 people in Massachusetts died as a result of HCV, either as the main or a contributing cause of their death.⁶
- + This was a slight decrease from 2010, when 442 people in Massachusetts died as a result of HCV.⁷

State HCV Programs in Massachusetts

Massachusetts provides funding for medical case management of individuals infected with HCV.⁸ This takes place through five facilities at seven locations throughout the state, with services including phone check-in, social services coordination, adherence support, meals, transportation, peer support, and housing assistance.⁹ Other services for prevention, testing, and referral are integrated with services for HIV/AIDS and sexually transmitted infections (STI) at locations throughout the state.¹⁰

Medicaid in Massachusetts

Eligibility

Eligibility for MassHealth, Massachusetts's Medicaid program, is open to a number of different populations, and is relatively generous compared to other states.¹¹ In addition to covering categorically needy populations, Massachusetts was one of the first states to expand its Medicaid program, beginning in 2006. Currently, all eligible adults earning 138% of the federal poverty level (FPL) (about \$16,105/year for an individual) or under are eligible for Medicaid, regardless of whether they meet other categorical requirements, with higher income limits for children and pregnant women.¹² Those living with HIV are eligible up to 200% of the FPL (about \$23,340/year for an individual), while certain adult workers with insurance are eligible for MassHealth premium assistance up to 300% of the FPL (about \$43,740/year for an individual).¹³

Care Delivery

Most individuals in MassHealth are required to enroll in a managed care organization (MCO) rather than traditional fee-for-service MassHealth.¹⁴ Those exempt from this requirement include:

- + People with Medicare or other health insurance;
- + Those over age 65;
- + Institutionalized individuals; and
- + Children in the foster care system.¹⁵

Five MCOs provide services to eligible MassHealth recipients in all categories: Boston Medical Center HealthNet Plan (HealthNet), Fallon Community Health Plan (FCHP), Health New England (HNE), Neighborhood Health Plan (NHP), and Tufts Health Plan Network Health (Network Health).¹⁶ A sixth, CeltiCare, began in 2014 to cover MassHealth CarePlus recipients specifically.¹⁷

Medicaid Coverage of Sofosbuvir (Sovaldi)

Fee for Service

Drug coverage decisions for MassHealth are made by the Drug Utilization Review (DUR) Board.¹⁸ This board consists of physicians and pharmacists and meets on a quarterly basis. MassHealth requires prior authorization to cover most hepatitis antiviral drugs, including Sovaldi, but there do not appear to be any explicit restrictions based on a patient's history of substance use or fibrosis status, although the prior authorization form asks specifically about fibrosis stage and substance use; the effect that the answers to these questions have on eligibility is not clear.¹⁹

Fibrosis Criteria

- + Massachusetts does not appear to have fibrosis criteria; although the prior authorization form asks whether an individual's liver fibrosis stage falls within one of two ranges: F1-F2 or F3-F4.

Requirements Related to Substance Use

- + Massachusetts does not appear to have requirements related to substance use, although the prior authorization form requires providers to state whether individuals currently have a substance use disorder, and if so, whether they are currently enrolled in a support program.

HIV Co-Infection Criteria

- + Massachusetts does not appear to have any particular criteria for HIV co-infection.

Prescriber Limitations

- + Massachusetts does not appear to have any prescriber limitations.

Additional Adherence Requirements

- + Massachusetts does not appear to have any additional adherence requirements.

Managed Care

Each of the MassHealth MCOs covers Sovaldi through its formulary, with each requiring prior authorization. The four plans whose criteria are available for viewing have similar requirements, each of which are much stricter than the MassHealth fee-for-service requirements.²⁰ Each requires that a prescription be written by a gastroenterologist, hepatologist, or infectious disease specialist. All except Network Health require fibrosis at a Metavir level of F3 or F4 (or alternative measures of equivalent liver damage), although HealthNet permits authorization if, alternatively, the patient is co-infected with HIV.²¹ Network Health only requires fibrosis in patients with HCV genotype 1.²² Each has some type of substance use requirement requiring abstinence for 6 months, with Health New England having the strictest requirements, but only for “known abusers:” 6 months sobriety, referral to addiction specialist, ongoing participation in formal treatment, and having an adequate support network.²³ (See page 5 for more information).

MassHealth Managed Care Organizations: Prior Authorization Requirements for Sovaldi

	Boston Med. Ctr. Health Net Plan ²⁴	Neighborhood Health Plan ²⁵	Tufts Health Plan Network Health ²⁶	Health New England ²⁷
Fibrosis Criteria	Presence of cirrhosis or fibrosis stage 3 or above; OR HIV co-infection; OR urgency due to extra-hepatic complications or need for hepatotoxic treatment/immunosuppression	Metavir stage F3-4 or FibroScan > 11 kPa; OR two blood tests (e.g., FibroTest >0.75; APRI >2.0); OR severe extra-hepatic symptoms	For genotypes 2, 3, 4: chronic liver disease (any stage of fibrosis) OR serologic evidence of persistent infection For genotype 1: Stage 3 or 4 fibrosis (shown by any of: Metavir F3 or F4; FibroScan \geq 9.5 kPa; FibroSURE \geq 0.58; APRI \geq 1.5; evidence of cirrhosis)	Current (within 6 weeks) HCV RNA test; liver disease indicated by one of: Metavir F4 (F2 for genotype 2 and 3), Ishak 5 or 6 (4-6 for genotype 2 or 3), FibroScan >12.5; APRI >1.75; serum markers of fibrosis
Requirements Related to Substance Use	Member has not abused illicit substances, narcotics, or alcohol for at least 6 months	For members with past or current issues with alcohol abuse or substance use: abstinence from injection drug use and/or excessive alcohol use for 6 months and participation in supportive care	No illicit substance or alcohol abuse within past 6 months; or receiving counseling services/seeing addiction specialist	Individuals who are known abusers of alcohol (AUDIT C Score >8) or illicit substances must have: been referred to an addiction specialist; abstinence of alcohol abuse or illicit substances for at least 6 months; ongoing participation in a formal treatment program; and presence of adequate psychosocial supports as determined by social service and psychiatry consultants
HIV Co-Infection Criteria	Yes, with non-suppressable viral load or elevated MELD scores	Not without meeting additional requirements above	Not without meeting additional requirements above	Yes, if compliant with antiretroviral therapy as indicated by undetectable viral load
Prescriber Limitations	Prescribed by or in collaboration with gastroenterologist, hepatologist, or ID specialist	Prescribed by or in consultation with a GI specialist, hepatologist, or ID specialist	Prescribed by gastroenterologist, hepatologist, or ID specialist	Prescribed by gastroenterologist, hepatologist, or ID specialist
Additional Adherence Requirements	No history of nonadherence; no history of treatment failure with prior HCV treatment due to nonadherence; enrollment in compliance monitoring program	Individual must demonstrate understanding of the proposed treatment; and display the ability to adhere to clinical appointments	"[M]ember has been assessed for potential nonadherence."	No ongoing non-adherence to previously scheduled appointments, meds or treatment; adherence counseling; willing to commit to monitoring

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