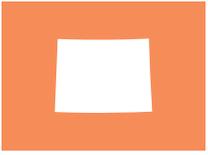


EXAMINING HEPATITIS C VIRUS
TREATMENT ACCESS:
**A REVIEW OF SELECT STATE
MEDICAID FEE-FOR-SERVICE
AND MANAGED CARE PROGRAMS**

Colorado



Colorado

Hepatitis C Virus (HCV) in Colorado¹

Prevalence

- + Estimates indicate that more than 70,000 Colorado residents have ever been infected with hepatitis C virus (HCV).

HIV Co-Infection

- + As of 2011, it was estimated that about 9.7% of individuals living with HIV in Colorado were co-infected with HCV.²

Yearly Reported Infections

- + In 2012, there were a total of 3,223 reported hepatitis C cases (acute, past, or present) in Colorado.

Age Breakdown

- + There were 874 cases reported among individuals ages 20-40; and 1,801 cases among individuals ages 40-60.

Deaths

- + Data unavailable

State HCV Programs in Colorado

The Colorado Viral Hepatitis Program oversees HCV testing of high-risk adults as well as education and outreach integrated with HIV and sexually transmitted infections (STIs), as well as viral hepatitis surveillance.³

Medicaid in Colorado

Eligibility

In addition to covering categorically needy populations, Colorado 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, with slightly higher income limits for children and pregnant women.⁴

Care Delivery

Colorado Medicaid offers individuals the choice between enrolling in an Accountable Care Collaborative (a managed provider network), a managed care organization, or regular fee for service.⁵ All managed care programs have to follow the Colorado fee-for-service policy.⁶

Medicaid Coverage of Sofosbuvir (Sovaldi)

Fee for Service

The Drug Utilization Review (DUR) Board serves as an advisory body to the Colorado Medicaid program, and makes recommendations regarding issues of drug utilization, prior authorization for drugs with special prescribing guidelines, and/or non-preferred drugs, provider education interventions, and application of standards.⁷ The DUR Board meets once quarterly. In order to receive approval for Sovaldi, the following criteria must be met (note that additional criteria in other categories may also be required).⁸

Fibrosis Criteria

- + Individuals must meet one of the following categories based on liver biopsy, symptoms, or other accepted test:
 - › Serious extra-hepatic manifestations of HCV such as leukocytoclastic vasculitis, membranoproliferative glomerulonephritis, or symptomatic cryoglobulinemia despite mild liver disease;
 - › Cirrhosis with evidence of hepatic dysfunction as defined by one of the following: Child-Turcotte Pugh (CTP) class A or B (score 5-9) ascites, hepatic encephalopathy, or variceal bleeding, and on the liver transplant list with a projected time to transplant of <1 year;
 - › Listed on the liver transplant list with a projected time to transplant of <1 year (genotype: 1 naïve, 1 experienced, 2, 3, and 4);
 - › Has hepatocellular carcinoma meeting MILAN criteria; or
 - › Has a fibrosis score equivalent to Metavir 3-4.

Requirements Related to Substance Use

- + Individuals must be 6 months free of: alcohol and Schedule I controlled substances (including marijuana); and cocaine, opiate, benzodiazepine, and barbiturate misuse/abuse as documented by appropriate alcohol/drug screens.
- + Individuals must also be counseled about the importance of refraining from alcohol use and drug misuse/abuse.
- + Routine alcohol/drug screens must be conducted monthly for clients that have a history (within the past 2 years) of alcohol/drug abuse.

HIV Co-Infection Criteria

- + Colorado does not appear to have any specific criteria with respect to HIV co-infection, although the prior authorization form asks if the individual is co-infected with HIV/AIDS.⁹

Prescriber Limitations

- + Treatment must be prescribed by or in conjunction with an infectious disease specialist, gastroenterologist, or hepatologist.

Additional Adherence Requirements

- + Colorado specifically requires that individuals be in compliance with approved regimens and adherent to the treatment regimen, and will prospectively evaluate medication adherence based on prescription fills. If an individual is non-adherent in filling their Sofosbuvir prescription (e.g., not filled within 7 days of the end of the previous fill), all treatment will be discontinued.

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