



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

Oregon



Oregon

Hepatitis C Virus (HCV) in Oregon¹

Prevalence

- + As of September 2014, 47,435 persons in Oregon have been reported as having hepatitis C virus (HCV) infections. Because it is estimated that half of all HCV infections go unreported, the actual number of Oregonians living with HCV could be closer to 95,000.

HIV Co-Infection

- + Approximately 15% of individuals living with HIV in Oregon have ever been co-infected with HCV.²

Yearly Reported Cases

- + An average of 5,151 reports of chronic infection were reported every year from 2009 to 2013.

Age Breakdown

- + Nearly two-thirds of newly reported chronic HCV infections over the past 5 years have affected individuals born between 1945 and 1965.³ However, the largest increase in infection rates over that time period occurred in those under the age of 30, who saw infection rates increase while the population as a whole saw infection rates decrease.

Deaths

- + Approximately 400 people have died every year from HCV in the past 5 years in Oregon.⁴

State HCV Programs in Oregon⁵

The Oregon state public health authority provides viral hepatitis workshops to increase awareness, screening, prevention, and care. Funds from the Centers for Disease Control and Prevention (CDC) also support projects to improve screening and linkage to care.

Medicaid in Oregon

Eligibility

In addition to covering categorically needy populations, Oregon has also elected to expand Medicaid coverage.⁶ 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 infants and pregnant women.⁷ Approximately 5,600 Oregon Health Plan (OHP) patients have been diagnosed with HCV, and it is estimated that an additional 13,000 have the disease but have not been diagnosed.⁸

Care Delivery

Sixteen coordinated care organizations (CCOs) provide care for most OHP members.⁹ These CCOs are geographically based and many areas are only served by one CCO.¹⁰ OHP members in areas with multiple CCOs may choose which CCO to enroll in.¹¹ Dual-eligibles (members who are eligible both for Medicare and Medicaid) may choose not to enroll in a CCO and remain in fee-for-service OHP.¹²

Medicaid Coverage of Sofosbuvir (Sovaldi)

Fee for Service

Drug coverage for OHP is determined by the Pharmacy and Therapeutics Committee, which consists of 11 members and meets every other month.¹³ Although Sovaldi is listed as a preferred drug, Oregon requires that certain prior authorization requirements be met for patients seeking treatment.¹⁴ In order to receive approval for Sovaldi, the following criteria must be met (note that additional criteria in other categories may also be required).¹⁵

Fibrosis Criteria

Oregon's fee-for-service prior authorization criteria are organized based on a series of questions with respect to fibrosis and/or other serious conditions that indicate the following:

- + Individuals must:
 - › Have a biopsy or other non-invasive technology (FibroScan®), including serum tests (FibroSURE®, FibroTest®) to indicate severe fibrosis (stage 4); or
 - › Have radiologic, laboratory, or clinical evidence of cirrhosis without ongoing progressive decompensation (MELD score between 8 and 11), and an expected survival from non-HCV associated morbidity greater than 5 years.
- + If those criteria are not present, the form asks whether individuals have one of the following extra-hepatic manifestations of HCV and have formal documentation from a relevant specialist that their condition is HCV related, and an expected survival from non-HCV associated morbidity greater than 5 years:
 - › Vasculitis
 - › Glomerulonephritis
 - › Cryoglobulinemia
 - › Lymphoma
- + If those criteria are not present, the form asks whether the individual has HIV co-infection with cirrhosis (stage 4 disease), and an expected survival from non-HCV associated morbidity greater than 5 years; and if so, whether the individual is under the care of an HIV specialist.
- + The final question asks whether the individual has HCV in the transplant setting, including the following scenarios:
 - › Individual is listed for a transplant and it is essential to prevent recurrent HCV infection post-transplant
 - › Post-transplant patients with stage 4 fibrosis
 - › Post-transplant patients with fibrosing cholestatic hepatitis due to HCV infection
- + In each of these cases, expected survival from non-HCV associated morbidity should be greater than 5 years.

Substance Use Requirements

- + Individuals must have been abstinent from IV drugs, illicit drugs and marijuana use, and alcohol abuse for a period greater than 6 months.

HIV Co-Infection Criteria

- + There do not appear to be any specific criteria with respect to HIV, except that if criteria are not met with respect to fibrosis, the prior authorization form asks whether an individual is co-infected with cirrhosis (stage 4 disease); and if so, requires that they be in the care of an HIV specialist.
- + It is not clear whether co-infected individuals who meet other fibrosis requirements (i.e., evidence of the specific extra-hepatic manifestations of HCV as described) pursuant to the first few questions of the form must also meet this requirement related to cirrhosis and HIV specialty care.

Prescriber Limitations

- + Treatment must be prescribed by, or in consultation with, a hepatologist or gastroenterologist with experience in HCV.

Additional Adherence Requirements

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

Coordinated Care Organizations

All CCOs must provide at least the same quality of benefits as fee-for-service OHP, but are permitted to create their own formularies and prior authorization requirements pursuant to certain guidelines.¹⁶ Among the five plans we examined, Yamhill, Columbia Pacific, and Cascade Health Alliance generally followed the same criteria as the fee-for-service plan, except that all three allowed an exception to the abstinence requirement if the individual was enrolled in treatment, and all three require consultation specifically with a hepatologist. Trillium Community Health Plan also had similar guidelines as the fee-for-service program, except that it allows for treatment of individuals with fibrosis stage F3 and F4. Finally, the Family Care Program did not appear to have any specific prior authorization requirements. (See page 5 for more information).

Oregon Medicaid Fee for Service and Select Medicaid Managed Care Organizations: Prior Authorization Requirements for Sovaldi

	Oregon Health Plan Fee for Service ¹⁷	Trillium Community Health Plan ¹⁸	Family Care ¹⁹	CareOregon CCOs (Includes Yamhill Community Care Organization, Columbia Pacific CCO, Jackson Care Connect, and Health Share of Oregon) ²⁰
Fibrosis Requirements	Fibrosis stage F4 or certain extra-hepatic manifestations or transplant patient with danger of relapse post-transplant	Fibrosis stage F3 or F4	Chronic HCV infection confirmed by presence of HCV RNA	Individual must meet one of the following clinical scenarios and be expected to live at least 5 years from non-HCV associated morbidities: <ul style="list-style-type: none"> • Specific (identified in the form) extra-hepatic manifestations of hepatitis C infection • Cirrhotic (stage 4) patients without ongoing progressive decompensation • HCV in the transplant setting • HCV/HIV co-infection with cirrhosis (stage 4 infection)
Requirements Related to Substance Use	Abstinence for 6 months from alcohol abuse, marijuana use, and IV drug use	Abstinence for 6 months from IV drug use and alcohol abuse	None listed	Individual must be abstinent from drug and alcohol abuse (> 1 per day for women or >2 per day for men) for at least 6 months or enrolled in a substance abuse recovery program
HIV Co-infection Criteria	Form inquires whether individual is co-infected with cirrhosis and if so, under supervision of HIV specialist	None listed	None listed	Form asks about HCV/HIV co-infection with cirrhosis (stage 4 infection)
Prescriber Limitations	Must be prescribed by or in consultation with hepatologist or gastroenterologist with experience in HCV	Therapy initiated by gastroenterologist, infectious disease specialist, or physician who specializes in hepatitis	No requirements listed	Treatment must be performed by, under the supervision of, or with consultation of a board-certified, licensed hepatologist
Additional Adherence Requirements	None listed	No documented non-compliance with prior meds or medical treatment; must commit to scheduled follow-up and monitoring	None listed	Prior authorization form asks if there are any signs the member lacks the necessary behavioral/social support to be successful on treatment, such as evidence of significant non-compliance with office visits or medication adherence; if yes, plan must consult with prescriber on concerns if treatment should continue.

With special thanks to our Harvard Law School students,
James Fullmer, Kellen Wittkop, & Stephen Shaw,
for their help in researching and writing this state profile

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