



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

## Pennsylvania



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## Hepatitis C Virus (HCV) in Pennsylvania

### *Prevalence*

- + Although state-wide data were unavailable, there are approximately 47,207 individuals living with hepatitis C virus (HCV) in Philadelphia alone.<sup>1</sup>

### *HIV Co-Infection*

- + Data unavailable

### *Yearly Reported Cases*

- + In 2012, 9,747 cases of HCV were reported to The Centers for Disease Control and Prevention (CDC) from Pennsylvania.<sup>2</sup>

### *Age Breakdown*

- + The number of newly reported HCV infections among individuals ages 15 to 34 nearly doubled from 2003 to 2010, from 1,384 to 2,393.<sup>3</sup>

### *Deaths*

- + Data unavailable

## State HCV Programs in Pennsylvania<sup>4</sup>

The CDC provides financial support to a local health department to integrate viral hepatitis prevention activities into existing public health programs. In addition, the CDC provides support to a project to improve viral hepatitis screening and linkage to care, and an education and training provider in Pennsylvania.

## Medicaid in Pennsylvania

### *Eligibility*

In Pennsylvania, only low-income individuals who also meet traditional categorical requirements (such as being the parent of a child or being disabled) are eligible. In general, in order to qualify, parents of children must have an income of less than 33% of the federal poverty level (FPL) (\$5,191/year for a family of two), with higher income thresholds for pregnant women and children.<sup>5</sup> Aged, blind, or disabled individuals must have incomes less than about 74% of FPL (\$8,917/year for an individual).<sup>6</sup>

However, Pennsylvania has recently decided to expand its Medicaid coverage beginning January 1, 2015, through implementation of a Private Coverage Option (PCO). The expansion program, known as *Healthy Pennsylvania*, will be available to all adults who were not eligible for Pennsylvania's existing Medicaid plan and who make less than 138% FPL (about \$16,105 per year for an individual).<sup>7</sup> Those eligible for the PCO will be offered the choice of at least two commercial health plans offered in their area.<sup>8</sup>

## Care Delivery

Currently, most enrollees in Pennsylvania are in mandatory managed care organizations through the Health Choices program. However, there are some counties where Health Choices is not available, and individuals only have access to fee-for-service coverage.<sup>9</sup>

## Medicaid Coverage of Sofosbuvir (Sovaldi)

### Fee for Service

Pennsylvania's Pharmacy and Therapeutics Committee sets the standards for Medicaid's prescription drug formulary, including prior authorization criteria, and meets a few times per year. Sovaldi is listed as a preferred drug, but requires prior authorization.<sup>10</sup> In general, in order to receive approval for Sovaldi, the following criteria must be met (note that additional criteria in other categories may also be required).<sup>11</sup>

### Fibrosis Criteria

- + Individuals must have a Metavir fibrosis score of F3 or F4 documented by either a non-invasive test like a blood test depicting liver fibrosis or an invasive test like a liver biopsy.

### Requirements Related to Substance Use

- + Individuals must have a documented history of a pattern of abstinence from alcohol and drugs for at least 6 months prior to treatment.
- + It is not clear what is needed to demonstrate a "documented history of a pattern of abstinence," but individuals with a history of substance dependence must also have a lab test (such as blood alcohol level (BAL) and urine drug screen (UDS) that support abstinence, and be compliant with treatment if currently being treated for substance dependence.

### HIV Co-Infection Criteria

- + Pennsylvania does not appear to have specific criteria with respect to treatment of individuals who are co-infected with HIV.

### Prescriber Limitations

- + The medication must be prescribed by an infectious disease, gastroenterology, hepatology, or transplant specialist.

### Additional Adherence Criteria

- + Pennsylvania does not appear to have additional adherence criteria.

Note that Pennsylvania's criteria also specifies that if a prior authorization request is made for an individual who does not meet the clinical review guidelines, treatment may still be approved if, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

## Managed Care

In Pennsylvania, Medicaid managed care plans generally set their own formularies and prior authorization criteria. Of the four plans examined, all had criteria very similar to that of the fee-for-service program. The only exception was the Gateway Health Plan, which requires a period of 12 months of abstinence as compared to 6 months in the other plans (all other criteria were similar). Three plans, Geisinger Family Health Plan, Keystone Health, and Amerihealth Northeast, did not appear to cover Sovaldi at all.<sup>12</sup> (See page 4 for more information).

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

UPMC Health Plan <sup>13</sup>		United Healthcare Community & State <sup>14</sup>	Aetna Better Health <sup>15</sup>	Gateway Health <sup>16</sup> (non-formulary)
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## Medicaid Fee for Service

## (PA form only; no specific criteria available)

Fibrosis Criteria	Has Metavir score of F3 or F4, documented by a recent noninvasive test such as a blood test showing liver fibrosis or an invasive test like a liver biopsy	Form asks if patient has advanced fibrosis or decompensated cirrhosis, but criteria for evaluation are not clear	Evidence of stage 3 or 4 fibrosis, including one of: liver biopsy confirming Metavir F3 or F4, FibroScan ≥9.5, FibroTest ≥ 0.58, APRI >1.5, radiology consistent with cirrhosis, prescribing physician attestation of clinical findings consistent with cirrhosis	Documentation of Metavir F3 or F4 or Metavir ≥2 with serious extra-hepatic manifestations of HCV	Documented liver biopsy or liver fibrosis panel results showing Metavir F3 or F4 or otherwise demonstrating advanced liver fibrosis
Requirements Related to Substance Use	Individual must have a documented history of a pattern of abstinence from alcohol and drugs for at least 6 months prior to treatment  If there is a history of substance abuse, must provide lab testing to support abstinence and be compliant with substance dependence treatment, if any	If the individual has a history of substance use, must provide documentation that: (1) the member has not abused drugs in the past three months; (2) of a recent (within three months) urine drug screen, including testing for licit and illicit substances with the potential for abuse; and (3) that the member has been screened for alcohol abuse	If there is a known history of illicit drug or alcohol abuse, must have abstained from abuse for past 6 months AND submit negative urine drug screen collected within 30 days of onset of treatment	Requires documentation to support abstinence from alcohol or illicit drugs for at least 6 months as well as compliance with dependency treatment	No diagnosis of alcohol or substance abuse, or documented history of abstinence for at least 12 months prior to treatment, including adherence to any prescribed substance abuse treatment and pertinent lab testing
HIV Co-infection Criteria	No severe renal impairment or end stage renal disease	N/A	It appears that individuals who are co-infected with HIV do not otherwise have to meet fibrosis criteria	N/A	Plan states that individuals with HIV who meet applicable criteria are eligible
Prescriber Limitations	Must be prescribed by a GI, ID, hepatologist, or transplant specialist	Prior Authorization form does not specify	Must be prescribed by a GI, ID, or hepatologist	Must be prescribed by, or in consultation with, a GI, ID, hepatologist, transplant specialist, or HIV specialist	Must be prescribed by a GI, ID, hepatologist, or transplant specialist
Additional Adherence Requirements	Fee for service: N/A	N/A	N/A	Documentation of treatment compliance and adherence counseling	Individual must commit in writing to a treatment agreement

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