

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director and Medicaid Director

Transmittal # 22-25

TO: All DC Medicaid Providers

FROM: Melisa Byrd
Senior Deputy Director and Medicaid Director

DATE: August 24, 2022

SUBJECT: Revision of Hepatitis C Treatment Coverage Policy

Purpose

The purpose of this transmittal is to outline policy changes that the District Medicaid program will implement effective **September 1, 2022**, to expand access to Hepatitis C treatment by eliminating existing barriers to orally administered Direct Acting Antivirals (DAAs) used in the current treatment of chronic Hepatitis C infections for Fee-for-Service (FFS) and Managed Care Plan (MCP) enrolled beneficiaries.

Background

Eliminating Hepatitis C infections in the District is a goal of the Department of Health Care Finance (DHCF). Enabling access to curative treatment is a critical step in achieving equitable outcomes for Medicaid beneficiaries.

When Direct Acting Antiviral (DAA) medications first entered the market, DHCF initially applied clinical criteria and prior authorization (PA) requirements related to patients with a fibrosis score of F2 or higher or beneficiaries with comorbid disease conditions including HIV/AIDS. Later, DHCF, in consultation with the District's Drug Utilization Review (DUR) Board, made a clinical decision to expand DAA access to patients with fibrosis scores of less than F2 and comorbid conditions (Transmittal #21-10), but the PA requirements remained in place.

New Policy

DHCF is making the following changes to its Hepatitis C Treatment Coverage Policy for orally administered Direct Acting Antivirals:

For Medicaid Beneficiaries diagnosed with chronic Hepatitis C:

- No minimum fibrosis score requirement for all DAAs will be imposed

- No abstinence or urine drug screen monitoring requirement for DAAs will be imposed
- No requirement that DAAs be prescribed by or in consultation with a specialist will be imposed
- DHCF will not impose any lifetime limits on treatment. However, retreatment shall be in accordance with current American Association for the Study of Liver Diseases (AASLD) and Infectious Diseases Society of America (IDSA) Hepatitis C treatment guidelines.

Prior Authorization:

- No prior authorization requirement will be imposed for DAAs preferred on the current Fee-for-Service (FFS) Medicaid Preferred Drug List and/or the respective MCPs drug formularies
- Prior authorization only applies to non-preferred DAAs for FFS or DAAs that are not on the MCP drug formularies.

For MCP Enrollees: MCPs are required to follow the policy changes published in this transmittal. Contact the appropriate MCP for more information:

- AmeriHealth Caritas DC Provider Services: (202) 408-2237 or 1-888-656-2383
- CareFirst Community Health Plan DC Provider Services: (202) 821-1100
- MedStar Family Choice-DC Provider Services: 1-855-798-4244
- Health Services for Children with Special Needs (HSCSN) Provider Services: (202) 467-2737 | Option #2

Contact

If you have any questions, please contact the Division of Clinician, Pharmacy, and Acute Provider Services: Charlene Fairfax, Senior Pharmacist at (202) 442-9076 or charlene.fairfax@dc.gov; Gidey Amare, Pharmacist at (202) 442-5952 or gidey.amare@dc.gov; Jonas Terry, Pharmacist at (202) 478-1415 or jonas.terry@dc.gov; or Magellan (Pharmacy Benefit Manager) at 1-800-273-4962 (Provider Phone Line).

Cc: DC Hospital Association
DC Primary Care Association
DC Health Care Association
DC Home Health Association
DC Behavioral Health Association
DC Coalition of Disability Service Providers
Medical Society of DC