

State Medicaid Coverage Policies for Harvoni[®] and Viekira Pak[™] – Summary Findings

Methods

To identify states with policies for Harvoni[®] and Viekira Pak[™], Center for Evidence-based Policy (Center) staff searched all 50 Medicaid agency websites, including provider manuals (pharmacy and medical), preferred drug lists, committee meeting minutes and agendas, and state statute or administrative rule websites. Center staff analyzed policies that were publically available and accessible online at the time of our search (April 30-May 5, 2015). Information from state policies is summarized below and described in detail in the partner report (Center for Evidence-based Policy, 2015b). The state policies have been assessed by two Center staff members for accuracy. New or revised Harvoni[®] and Viekira Pak[™] policies that became publically available after our search dates were excluded from our analysis.

Harvoni[®] and Viekira Pak[™] and State Preferred Drug Lists

Preferred Drug List		
States where Harvoni [®] is the preferred agent	States where Viekira Pak [™] is the preferred agent	No stated preference between Harvoni [®] and Viekira Pak [™]
12	13	18
AZ, CA, GA, IL, IA, NH, SD, UT, VT, VA, WA, WV	AK, AR, FL, KY, MN, MO, MT, NY, NC, SC, TN, TX, WI	AL, CO, CT, DE, ID IN, KS, ME, MD, MA, MS, NE, ND, OK, OR, PA, RI, WY

Summary of State Medicaid Medical Coverage Policies for Harvoni[®] and/or Viekira Pak[™] Treatment of Hepatitis C

This analysis includes the 33 publically available policies that contain detailed clinical coverage criteria for Harvoni[®] or Viekira Pak[™] treatment for chronic hepatitis C virus (HCV) infection.

Policy Criteria	Number of States	States
Disease severity requirement		
≥ F4	2	DE, IL
≥ F3	17	AZ, AR, CO, FL, ID, IA, MO, NY, PA, OR, SD, TN, VT, VA, WA, WV, WI
≥ F2	6	AK, IN, MD, NC, ND, OK

Disease severity is most often described through Metavir fibrosis scores. The scale runs from F0 to F4: F0 = no fibrosis ; F1 = portal fibrosis without septa; F2 = portal fibrosis with few septa; F3 = numerous septa without cirrhosis; F4 = cirrhosis. Even policies which generally restrict coverage based on Metavir fibrosis scores often include other disease severity criteria which would make patients eligible for treatment even with a low fibrosis score. For example, patients with extrahepatic manifestations or patients on a transplant list may be treated even if they do not meet fibrosis score criteria. See companion report (Center 2015b) for details on state policies.

SUD criteria		
≥ 3 months abstinence	4	AK, DE, IA, MO
≥ 6 months abstinence	12	AZ*, CO, ID*, ME, OK, OR, PA, SD, TN, VT, WV, WI
≥ 12 months abstinence	2	IL, ND
States that require abstinence OR current enrollment in a treatment program	6	FL, GA, MN**, NC, WA**, WI

Some policies appear to require abstinence for all patients, some only for patients with a history of a SUD diagnosis, and some for patients who are currently assessed as misusing alcohol or drugs. Policies that request information on substance use but do not make clear coverage criteria are excluded from this table.

*Criteria applies only to patients with a history of SUD

**Patients in SUD treatment must be abstinent for at least 3 months before receiving HCV treatment

Specialist physician requirement			
	Prescribe	8	IN, IA, MD, MS, PA, SD, TN, UT
	Prescribe or consult	16	AZ, CO, FL, ID, IL, ME, MN, NY, ND, OK, OR, VT, VA, WA, WV, WI
Once in a lifetime benefit/pt allowed only 1 treatment with DAA therapy *Once in a lifetime benefit applies to Viekira Pak only.		17	AL*, AZ, CO, FL, IL, IA, NY, NC, OK*, OR*, PA, TN, VT, VA, WV, WI, WY
Response-driven therapy (e.g., continuation dependent upon achieving early viral response)		15	AK, AZ, CO, FL, ID, MD, MA, MO, NY, NC, ND, TN, VA, WV, WI
Informed consent			
	Requires physician to certify patient has been educated on HCV treatment/other related issues	9	AL, FL, ID, ME, MN, NY, PA, VT, WA,
	Requires patient to sign formal informed consent form	7	DE, IL, NC, ND, OK, WV, WY
Require providers to collect efficacy data (SVR12, SVR24, and/or SVR52)		6	ID, IL, MN, OK, WA, WV
Requires that patient is vaccinated against Hepatitis A and B		4	AZ, CO, OK, WV

Reference

Center for Evidence-based Policy. (2015b). *State Medicaid Coverage Policies for Harvoni[®] and Viekira Pak[™] Treatment of Hepatitis C*. Portland, OR: Center for Evidence-based Policy, Oregon Health & Science University.

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