A Medicaid Hepatitis-C Prior Authorization Program Outcomes Evaluation

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OBJECTIVES

To determine the factors leading to denial of Hepatitis C medications in a Medicaid Managed Care Organization (MCO) for members living with HIV/AIDS and to determine how their barriers to treatment may be addressed.

BACKGROUND

It is estimated that 3.2 million people are living with chronic HCV infection in the United States and 30% - 40% of those living with HIV/AIDS are co-infected with HCV. New HCV drugs have demonstrated excellent therapeutic results in clinical studies; however, the high cost of the medications have led to significant challenges for Medicaid plans and increased utilization management criteria.

It is Amida Care's mission to treat all its coinfected members (all genotypes) in a manner that is consistent with clinical guidelines, safe, and cost-effective. Amida Care conducts its own in- house Prior Authorizations for Hepatitis C. Each case is received by the Hepatitis C clinical specialist who ensures that all relevant labs are submitted to the plan, including HIV Viral Load, HCV Viral Load and genotype, treatment history, renal function and fibrosis test. Undetectable HIV Viral load (<50 copies/mL) is an added requirement to Prior Authorization Criteria to ensure members are able to follow medication adherence prior to initiating Hepatitis C therapy. In addition, providers are required to provide laboratory values specifically CD4+ cell count, HIV viral load, liver fibrosis tests, and basic metabolic panel. Each case reviewed by the clinical pharmacist to assess the members' current drug therapy regimen, drug interaction and side effect profile, as well as use of the preferred formulary Hepatitis C agent relative to the genotype. Clinical guidelines, individual package inserts, and drug literature are referred for unique cases where evidence may be insufficient. Members who have been identified as having an unsuppressed HIV Viral Load are referred to the Amida Care Treatment Adherence Team to help the member uncover barriers to medication adherence and to support an antiretroviral medication adherence plan. The intent of this analysis to understand the reasons leading to the prior authorization denial of Hepatitis C treatment in the Amida Care population and to follow members who did not receive treatment in order to optimize outcomes.

METHODS

A cross-sectional analysis was performed using administrative and clinical data for one year of Prior Authorization (PA) requests to a Medicaid MCO with more than 6,000 Medicaid HIV+ members in the New York City.

RESULTS

The total number of Prior Authorization requests in 2015 was 450, of which 410 were approved upon initial request (Table 1). The initial Hepatitis C drug PA approval rate was 91%. The denial reasons for the initial requests (n=40) included unsuppressed HIV Viral Load (37.5%), Incomplete data received from provider (7.5%), alternative drug/regimen recommended (42.5%), or insufficient evidence to support drug effectiveness (12.5%) (Table 2).

Table 1:

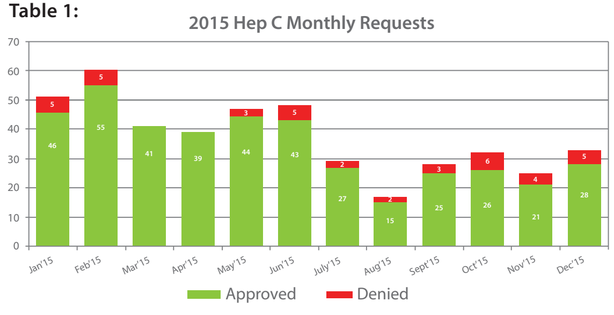

Table 2:

Initial Prior Authorization Denial Reasons

Denial Reason	Total (%)
HIV unsuppressed	15 (37.5%)
Incomplete data received from provider	3 (7.5%)
Alternative drug/regimen recommended by pharmacist	17 (42.5%)
Lack of efficacy	5 (12.5%)

Of the 40 denied cases, 22 were approved after an appeal. The approvals were due to the following reasons: member achieved undetectable HIV Viral Load (n=9), additional data received from provider (n=2), alternative drug/regimen recommendation accepted by provider (n=11) (Table 3).

Table 3:

Cases approved upon appeal (n=22)

Initial Denial Reason	Approval reason	Total
HIV unsuppressed	Undectable HIV Viral Load	9
Incomplete data received from provider	Additional data provided	2
Alternative drug recommended by pharmacist	Alternative drug recommendation accepted	11

Three members disenrolled from the plan and the prescriber withdrew the request for two of the cases which were initially denied. In 2015, 95% of HEP C requests were approved, including initial requests and appeals. The denial reasons for the 13 cases that were denied after a second level of review were as follows: Unsuppressed HIV Viral Load (n=5), insufficient evidence to support drug effectiveness (n=4), Missing data from provider (n=1), and request for an alternative treatment regimen when there was insufficient justification documented (n=3) (Table 4).

Table 4:

Cases denied upon appeal (n=13)

Denial Reason	Total
HIV unsuppressed	5
Lack of efficacy	4
Incomplete data received from provider	1
Preferred formulary alternative recommended	3

CONCLUSION

Despite increased competition in the Hepatitis C drug class, the price of medication remains high and continues to challenge the healthcare system. In order to drive health outcomes and support member adherence and engagement in a cost effective manner, Amida Care developed a Hep C prior authorization program to ensure members are treated appropriately. Denial reasons supported clinical appropriateness, member readiness as well as cost-effective therapeutic alternatives.

AMIDA CARE

Amida Care is a community sponsored, not-for-profit, Medicaid Special Needs health Plan that provides comprehensive care to individuals living with HIV/AIDS in all Boroughs of New York City. Upon the release of new DAA HCV drugs, Amida Care implemented a Prior Authorization Program to ensure that its members with Hepatitis C receive treatment that would optimize therapeutic outcomes. The Hepatitis C treatment landscape is dynamic and 2015 was a significant year for an evolution in therapeutic options. Treatment requests in early 2015 included combination therapy for Sovaldi and Olysio, Sovaldi and ribavirin, as well as Harvoni and Viekira Pak. Later approvals in 2015 lead to an increase in prior authorization requests for treatment of genotype 3 with Daklinza and Sovaldi.

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