

## **Medicaid Pharmacy Program Prior Authorization (PA) Update**

Effective **October 16, 2014**, the fee-for-service (FFS) pharmacy program will implement the following parameters associated with the treatment of Hepatitis C Virus (HCV). The clinical criteria and/or point of service editing below is the result of recommendations made by the Drug Utilization Review Board (DURB) at the September 18, 2014 meeting. Other recommendations made by the DURB at the September meeting will be implemented at a future date.

### **Hepatitis C Virus - clinical criteria addressing:**

#### **1. FDA labeling and compendia supported use**

- Verification of diagnosis, genotype, dosing and duration, etc.

#### **2. Prescriber experience and training**

- Prescribed by hepatologist, gastroenterologist, infectious disease specialist, transplant physician or health care practitioner experienced and trained in the treatment of HCV or a healthcare practitioner under the direct supervision of a listed specialist.

AND

- Clinical experience is defined as the management at least 20 patients with HCV infection and treatment of 10 HCV patients in the last 12 months and at least 10 HCV-related CME credits in the last 12 months.

OR

- Management and treatment of HCV infection in partnership (defined as consultation, preceptorship, or via telemedicine) with an experienced HCV provider who meets the above criteria.

#### **3. Patient readiness and adherence**

- Evaluation by using scales or assessment tools readily available to healthcare practitioners at: <http://www.integration.samhsa.gov/clinical-practice/screening-tools> or <https://prepc.org/> to determine a patient's readiness to initiate HCV treatment, specifically drug and alcohol abuse potential.

#### 4. Disease Prognosis and Severity

- Evidence of Stage 3 or 4 hepatic fibrosis including one of the following: Liver biopsy confirming a METAVIR score F3 or F4 OR Transient elastography (Fibroscan®) score greater than or equal to 9.5 kPa; OR FibroSure® score of greater than or equal to 0.58; OR APRI score greater than 1.5; OR Radiological imaging consistent with cirrhosis (e.g. evidence of portal hypertension).

OR

- Evidence of extra-hepatic manifestation of HCV, such as type 2 or 3 essential mixed cryoglobulinemia with end-organ manifestations (e.g. vasculitis), or kidney disease (e.g. proteinuria, nephrotic syndrome or membranoproliferative glomerulonephritis). Documentation of the presence of extra-hepatic manifestations based on lab results or imaging results (e.g. CBC, erythrocyte sedimentation rate (ESR)/ C-reactive protein (CRP), urinalysis, BUN/ creatinine and angiography) must be submitted.

OR

Liver Transplant

OR

HIV-1 co-infection

OR

HVB co-infection

OR

Other coexistent liver disease (e.g. nonalcoholic steatohepatitis)

OR

Type 2 diabetes mellitus (insulin resistant)

OR

Porphyria cutanea tarda

OR

Debilitating fatigue impacting quality of life  
(e.g., secondary to extra-hepatic manifestations and/or liver disease)

Below is a link to our prior authorization fax form and Hepatitis C specific worksheets:

[https://newyork.fhsc.com/providers/PA\\_forms.asp](https://newyork.fhsc.com/providers/PA_forms.asp)

To obtain a PA, prescribers must contact the clinical call center at 1-877-309-9493. The clinical call center is available 24 hours per day, 7 days per week with pharmacy technicians and pharmacists who will work with you, or your agent, to quickly obtain a PA.

Below is a link to the most up-to-date information on the Medicaid FFS Pharmacy Prior Authorization (PA) Programs. This document contains a full listing of drugs subject to the Medicaid FFS Pharmacy Programs:

[https://newyork.fhsc.com/downloads/providers/NYRx\\_PDP\\_PDL.pdf](https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf)

For more detailed information on the DURB meeting, please visit:

[http://www.health.ny.gov/health\\_care/medicaid/program/dur/meetings/2014/index.htm](http://www.health.ny.gov/health_care/medicaid/program/dur/meetings/2014/index.htm)