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Medicaid Policymaker Approaches to Prior Authorization Policies for Direct-Acting Antivirals for the Treatment of Hepatitis C Virus

Bonnie C. Greenwood, PharmD, BCPS[1,2], Carter Pratt, MPH[1], Laura Sefton, MPP[1], Roberta Goldman, PhD[3], Deborah Gurewich, PhD[4], Karen M. Clements, ScD[1,2], and Melissa Clark, PhD[2]

[1]UMass Chan Medical School, Commonwealth Medicine, Shrewsbury, MA, [2]UMass Chan Medical School, Worcester, MA, [3]Alpert Medical School of Brown University, Providence, RI, [4]VA Boston Healthcare System, Boston, MA

Background

- In response to the high cost of direct-acting antivirals (DAAs) for the treatment of hepatitis C virus (HCV), many Medicaid agencies implemented prior authorization (PA) policies designed to restrict access based on advanced liver disease, prescriber specialty, and/or substance use disorder history
- Although PA policies have since been loosened, we have limited insight about the association between PA policies and DAA uptake, and factors impacting Medicaid agency policy decisions
- This qualitative analysis is part of a mixed-methods study that includes a quantitative analysis examining the uptake of DAAs in the Medicaid population of four New England states from December 2013 – December 2017[1]

Research Objective

To understand internal and external contextual factors that influenced the DAA PA policies adopted by Medicaid agencies.

Study Design

- Qualitative, recorded videoconference group interviews were conducted with the pharmacy director and other senior administrators responsible for setting medication PA policies from Medicaid agencies in four New England states from November 2020 – January 2021, using a semi-structured interview guide.
- Key domains of inquiry: 1) PA policies adopted and why; 2) systems and structures established to support these policies; and 3) factors that facilitated or impeded policy implementation.
- Rapid qualitative analysis techniques identified content and themes within and across the interviews.
- We compared results across states defined by relative uptake of DAAs (i.e., high vs. low)
  - DAA uptake was defined in a prior quantitative analysis[1] as >10% uptake annually for all four years of the study.

Principal Findings

Table 1. State and Participant Demographics (N=11)

	State A	State B	State C	State D
DAA Uptake	High	Low	Low	Low
Managed Care	No	Yes	Yes	Yes
Participant Title (years of employment)	Pharmacy Manager (15)	Pharmacy Director (19)	Pharmacist (16.5)	Pharmacy Director (16)
Participant Title (years of employment)	Staff Pharmacist (13)	Director of Clinical & Operational Pharmacy (9)		Pharmaceutical Services Specialist (28)
Participant Title (years of employment)	Chief Medical Officer (<1)	Chief Medical Officer (<1)	Medical Director (7.5)	Chief Medical Officer (3)

Table 2. Domains of Inquiry, By Topic Area and DAA Uptake (High vs Low)

	High DAA Uptake	Low DAA Uptake		
	State A	State B	State C	State D
Internal Stakeholder Involvement				
Agency Pharmacy Team	x	x		x
DUR Board		x	x	
Medical Director	x			x
Senior Staff			x	x
External Stakeholder Involvement				
Patient Advocates/Public	x	x	x	x
Academic Institutions/Clinicians	x	x	x	x
Departments of Health		x	x	x
Pharmacy Benefit Manager/Fiscal Agent			x	x
National Organizations/Professional Organizations		x		x
Managed Care Organizations			x	
CMS Guidance	x			
Factors Influencing Policy				
Member Affordability and Access	x	x		
Evidence Base		x	x	
Legal Action		x		
CMS Guidance			x	
Cost/Budget Impact				x
Strategies for High Cost				
Federal Rebates	x	x	x	x
Supplemental Rebates	x	x	x	x
Multi-State Rebate Pool	x		x	x
Preferred Drug List/Lower Cost Alternative		x	x	
HCV PA Process				
No Difference from other Medications	x		x	x
Few Denials	x		x	x
Quick Decision Time	x	x	x	
Adherence Outreach	x	x		
Customized PA Form		x		
Outcomes Tracking		x		
Specialist Prescriber Requirement			x	
Facilitators for Treatment Access				
Provider Education			x	x
Stakeholder Involvement		x		x
Provider Community Interest in Treatment		x		x
Straightforward PA Process				x
Customized PA Process		x		
Impediments for Treatment Access				
Unnecessary PA Denials	x		x	
Additional Prescriber Training			x	
Cost				x
Other	x		x	x
Future Changes				
Electronic PA		x		
Liver Criteria Restriction Change			x	
Removal of Prescriber Training			x	
Increase Uptake Through Primary Care	x			
State Goal for HCV Eradication			x	

Conclusions

- Overall, there were few patterns noted in the PA policy approach between the one high uptake and three low uptake states.
  - There was some, but not complete, consistency in the HCV PA process across all states.
  - Each state considered multiple factors when developing their DAA PA policy.
- All three low uptake states have managed care plans while the high uptake state did not.
- These results suggest that variation in DAA uptake may be less driven by PA policies than by factors not evaluated in this study such as provider-level, and possibly patient-level, factors.
  - Future analyses will explore the contribution of these contextual factors in DAA uptake

Relevance to Policy

- To understand the variation in DAA uptake in Medicaid it is necessary to explore contextual factors beyond PA policy.
- This research suggests there may be differences in how PA policies are mediated at the provider level.
- Understanding the broader context for medication uptake can allow Medicaid agencies to ensure they are achieving intended utilization patterns among their membership.

References

1. Clements KM, Kunte PS, Clark MA, Gurewich D, Greenwood BC, Sefton L, Pratt C, Person SD, Wessolossky MA. Uptake of Hepatitis C Virus Treatment in a Multi-State Medicaid Population, 2013 - 2017. Health Serv Res. 2022 Apr 25. doi: 10.1111/1475-6773.13994. Epub ahead of print. PMID: 35466398.

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For Questions

Please contact: bonnie.greenwood@umassmed.edu