



**COLORADO**

Department of Health Care  
Policy & Financing

# Hepatitis C – Frequently Asked Questions

*September 2016*

## **What is hepatitis C?**

Hepatitis C is a viral infection that primarily affects the liver. When first infected, a person may not display any symptoms. In some people, the disease resolves itself without medication, but others may develop a chronic infection that can cause serious complications.

## **How is hepatitis C spread between people?**

It is a blood-borne virus so it can only be spread through blood. Most people contract hepatitis C through needle sharing. Babies can also contract it while in utero if their mother is infected. It is uncommon to be transmitted sexually among monogamous partners.

## **What are the stages of disease?**

The level of disease is based on how much damage is done to the liver. The Metavir scale is often used to measure the level of disease and goes from F0 to F4. F0 means that there is no liver damage, and F4 is the most severe stage that is synonymous with cirrhosis.

## **How long does it take to progress to the stages of more severity?**

It is hard to define exactly, because it may be different for different people. Generally, it takes decades to progress to the more severe stages of disease such as cirrhosis. Many people do not progress to the more severe stages.

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## What kind of patient specific conditions or factors can increase a patient's fibrosis progression?

Factors associated with accelerated fibrosis progression include the following: fibrosis stage, inflammation grade, older age at time of infection, male sex, organ transplant, alcohol consumption, nonalcoholic fatty liver disease, obesity, insulin resistance, HCV (hepatitis C virus) genotype 3, and coinfection with hepatitis B virus or HIV (human immunodeficiency virus).

## Are there treatments for hepatitis C?

Yes, there are treatments that may cure hepatitis C now. The first of these medications was approved by the FDA at the end of 2013, and now there are several others available.

## How will the treatments change in the future?

There are many other drugs still being studied and are expected to be introduced in the coming years. We do not know how they will change treatment, but they may be better options for the treatment of Hepatitis C. Extensive research is being done in this field.

## Does Medicaid pay for these drugs?

Yes, and Medicaid members must meet certain prior authorization criteria to be qualified for treatment. This is to ensure safety and effectiveness of these medications for members. Since these medications are still very new, Medicaid continues to evaluate what will be the best option for treatment of Coloradans with hepatitis C over time.

## What does this prior authorization criteria look like?

For the past couple of years, the criteria has allowed approval for members who have more severe levels of disease first. Members with more severe levels of disease are more likely to have complications of hepatitis C and be sicker in general.

## How will the prior authorization criteria change on October 1<sup>st</sup>, 2016?

There are a number of changes, but these are the main areas:

- Coverage will now include members with a fibrosis score of F2 (previously only F3-F4).

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- There were restrictions associated with current and past use of alcohol and controlled substances, which will be removed.
- The requirement of six months of abstinence from drugs and alcohol has been removed.
- Now a patient with active misuse/abuse will have to be receiving counseling or be enrolled in a substance use treatment program for at least one month prior to starting treatment.
- Due to the risk of transfer of the virus to a fetus, coverage will now include female members who are planning on becoming pregnant in the next year.

The final criteria is posted on the Department's Preferred Drug List (PDL) at <https://www.colorado.gov/pacific/hcpf/provider-forms> under "Pharmacy."

## Why is the criteria changing in October 2016?

The Department has an annual process for reviewing this drug class, which occurs in July and August every year.

The Pharmacy and Therapeutics (P&T) Committee and the Drug Utilization Review (DUR) board both discuss these drug classes in public meetings, and then make recommendations to the Department. P&T makes recommendations on the safety and efficacy of the products and DUR makes recommendations on the prior authorization criteria.

The Department then takes those recommendations, all other stakeholder input, clinical information, and internal cost analysis to adjust the PDL as necessary.

## How many Medicaid members have hepatitis C?

In December 2013, the Department estimated 6,500 members with a hepatitis C diagnosis in their medical claims. In August 2016, that number has increased to 14,451 members with a diagnosis of hepatitis C.

This number could continue to rise as clients become more aware of the disease and are tested.

It is hard to know exactly how many people have it because a lot of people are not diagnosed. When people do not have complications associated with the disease, they often do not go to the doctor to get tested for this hepatitis C. Other people become aware of their disease when their blood is tested in a hospital setting for unrelated reasons.

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It is important for people with risk factors to get tested. Risk factors include people who:

- Have ever injected or inhaled illicit drugs
- Have HIV
- Received a piercing or tattoo in an unclean environment using unsterile equipment
- Received a blood transfusion or organ transplant before 1992
- Were born to a woman with a hepatitis C infection
- Were ever in prison

Were born between 1945 and 1965, the age group with the highest incidence of hepatitis C infection

