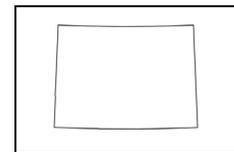


# Hepatitis C: State of Medicaid Access Report Card

## Colorado



Grade	Recommendations to Improve Patient Access
<b>A+</b>	<ul style="list-style-type: none"> <li>Continue to ensure broad access to HCV treatment.</li> </ul>

### State Overview

As of March 2025, 1,191,549 individuals were enrolled in Medicaid and CHIP.<sup>1</sup> It is estimated that as of 2016, 36,300 people were living with HCV in Colorado.<sup>2</sup> The state operates a Primary Care Case Management (PCCM) program known as the Accountable Care Collaborative.<sup>3</sup> As of July 2022, 11% of Medicaid beneficiaries are enrolled in a managed care organization, and 89% are enrolled in PCCM.<sup>4</sup> The PCCM program is divided into seven geographic Regional Care Collaborative Organizations (RCCO).<sup>5</sup> Additionally, Elevate Medicaid Choice (Denver Health Medical Plan) covers Medicaid-eligible individuals who live in a limited geographic area including Adams, Arapahoe, Denver, and Jefferson Counties.<sup>6</sup> All RCCOs appear to follow the HCV treatment criteria set forth by the Colorado Department of Health Care Policy & Financing (DHCPF).<sup>7</sup>

The Colorado Medicaid Preferred Drug List includes Epclusa, Harvoni, ledipasvir/sofosbuvir, Mavyret, sofosbuvir/velpatasvir, and Vosevi.<sup>8</sup> The Elevate Medicaid Choice formulary lists the following medications as preferred: Epclusa, Harvoni, ledipasvir/sofosbuvir, and sofosbuvir/velpatasvir, and Mavyret.<sup>9</sup>

Deductions		Policy
Prior Authorization		Prior authorization is not required for preferred HCV treatment regimens prescribed for initial treatment. Prescriptions may be written and filled for up to a 90-day supply. <sup>10</sup> Elevate Medicaid Choice does not require prior authorization for Epclusa, Harvoni, Mavyret, ledipasvir/sofosbuvir, and sofosbuvir/velpatasvir. <sup>11</sup>
Fibrosis Restrictions		Colorado Medicaid does not impose fibrosis restrictions. <sup>12</sup>
Substance Use Restrictions		Colorado Medicaid does not impose substance use restrictions. <sup>13</sup>
Prescriber Restrictions		Colorado Medicaid does not impose prescriber restrictions. <sup>14</sup>
Retreatment Restrictions		Colorado Medicaid does not impose undue retreatment restrictions. Prior authorization is required for retreatment using the standard prior authorization form. <sup>15</sup>
Access in Managed Care		All RCCOs appear to follow the criteria established by DHCPF. <sup>16</sup>
Additional Restrictions		Colorado Medicaid does not impose additional restrictions. <sup>17</sup>
<b>Total Deductions</b>	<b>0</b>	<b>Total Score [100-Deductions]</b>
		<b>100</b>
		<b>Grade</b> <b>A+</b>

### Contact Your State Officials

#### Medicaid Office<sup>18</sup>: Adela Flores-Brennan, Director

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#### Pharmacy & Therapeutics Committee<sup>19</sup>: Greg Miller, PharmD, Program Administrator

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## Key Sources

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**Preferred Drug List:** [Colorado Department of Health Care Policy and Financing, Preferred Drug List \(July 1, 2025\).](#)

**Prior Authorization Form:** [Colorado Department of Health Care Policy and Financing, Standard Prior Authorization \(PA\) Request Form \(Sept. 2024\).](#)

**Clinical Criteria:** Clinical criteria for HCV treatment are described in the Preferred Drug List, above.

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<sup>1</sup> Centers for Medicare & Medicaid Services, Medicaid & CHIP in Colorado, <https://perma.cc/66CB-MRMZ>.

<sup>2</sup> HepVu, Local Data: Colorado, <https://perma.cc/XXR7-BWLX>.

<sup>3</sup> Colorado Department of Health Care Policy and Financing, Accountable Care Home, <https://perma.cc/6JEU-KB82>.

<sup>4</sup> Kaiser Family Foundation, Share of Medicaid Population Covered under Different Delivery Systems, <https://perma.cc/JXS9-XBSZ>.

<sup>5</sup> Colorado Department of Health Care Policy & Financing, Accountable Care Collaborative Phase II, <https://perma.cc/VD5S-7E48>.

<sup>6</sup> Denver Health Medical Plan, Denver Health Medicaid Choice, <https://perma.cc/N45V-B2FY>.

<sup>7</sup> Colorado Department of Health Care Policy & Financing, Health First Colorado Managed Care Contracts, <https://perma.cc/2WET-DLU7>.

<sup>8</sup> Preferred Drug List.

<sup>9</sup> Elevate Medicaid Choice, Formulary & Pharmaceutical Management Procedures (2025), <https://perma.cc/Z3HX-62SM>.

<sup>10</sup> Preferred Drug List.

<sup>11</sup> Elevate Medicaid Choice, Formulary & Pharmaceutical Management Procedures (2025), <https://perma.cc/Z3HX-62SM>.

<sup>12</sup> Clinical Criteria.

<sup>13</sup> Clinical Criteria.

<sup>14</sup> Clinical Criteria.

<sup>15</sup> Clinical Criteria.

<sup>16</sup> Colorado Department of Health Care Policy & Financing, Health First Colorado Managed Care Contracts, <https://perma.cc/2WET-DLU7>.

<sup>17</sup> Clinical Criteria.

<sup>18</sup> Colorado Department of Health Care Policy & Financing, Executive Leadership Team, <https://perma.cc/2WGF-RNY8>.

<sup>19</sup> Colorado Department of Health Care Policy & Financing, Pharmacy and Therapeutics (P&T) Committee, <https://perma.cc/7TMZ-VBKK>.