

# Hepatitis C: State of Medicaid Access Report Card

## Georgia



Grade	Recommendations to Improve Patient Access
<b>C</b>	<ul style="list-style-type: none"> <li>Remove prior authorization for HCV treatment.</li> <li>Remove retreatment restrictions.</li> <li>Ensure transparency and parity across FFS and MCOs regarding HCV coverage criteria.</li> <li>Remove additional restrictions as described below.</li> </ul>

### State Overview

As of July 2025, 1,893,400 individuals in Georgia were enrolled in Medicaid and CHIP. Georgia has not expanded coverage to low-income adults.<sup>1</sup> As of 2016, an estimated 56,800 people were living with HCV in Georgia.<sup>2</sup> As of July 1, 2022, approximately 75% of Georgia Medicaid beneficiaries were enrolled in a managed care organization (MCO) called care management organizations (CMOs) in Georgia, with 25% enrolled in fee-for-service (FFS).<sup>3</sup> Georgia’s Medicaid program, known as Georgia Families, contracts with 3 MCOs: Amerigroup Community Care, CareSource, and the Peach State Health Plan.<sup>4</sup>

The Georgia Medicaid Preferred Drug List designates Mavyret, sofosbuvir/velpatasvir, and Vosevi as preferred regimens.<sup>5</sup>

Deductions		Policy
Prior Authorization	-8	Prior authorization is required for all HCV treatment regimens. <sup>6</sup>
Fibrosis Restrictions	0	Georgia Medicaid does not impose fibrosis restrictions. <sup>7</sup>
Substance Use Restrictions	0	Georgia Medicaid does not impose substance use restrictions. <sup>8</sup>
Prescriber Restrictions	0	Georgia Medicaid does not impose prescriber restrictions. <sup>9</sup>
Retreatment Restrictions	-8	Georgia Medicaid appears to impose retreatment restrictions based on substance use and adherence. The Hepatitis C Retreatment Form published online inquires whether “the patient fail[ed] previous therapy or relapse[d] due to intravenous substance abuse” and whether “the patient fail[ed] previous therapy due to noncompliance with the prescribed regimen.” <sup>10</sup>
Access in Managed Care	-8	Amerigroup Community Care publishes clinical criteria for individual drugs, and its criteria for Mavyret appear to be more restrictive than FFS: “Documentation” must be provided “for a diagnosis of chronic hepatitis C (CHC) infection, which includes genotype and a positive HCV RNA result.” <sup>11</sup>  CareSource <sup>12</sup> requires documentation of genotype and a “documented viral load taken within 6 months of beginning therapy.” <sup>13</sup> CareSource also appears to prohibit retreatment: prior authorization forms for both Mavyret, Vosevi and Eplclusa note that “medication will not be reauthorized.” <sup>14</sup>  Peach State Health Plan does not publish HCV treatment coverage criteria. <sup>15</sup>
Additional Restrictions	-2	Georgia Medicaid imposes additional restrictions as follows <sup>16</sup> : <ul style="list-style-type: none"> <li>Documentation of chronic HCV infection.</li> </ul>
<b>Total Deductions</b>	<b>-26</b>	<b>Total Score [100-Deductions]</b> <b>74</b>
		<b>Grade</b> <b>C</b>

## Contact Your State Officials

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## Key Sources

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**Preferred Drug List:** [Georgia Medicaid/PeachCare, Preferred Drug List \(July 1, 2025\)](#)

**Clinical Criteria:** [Georgia Medicaid, Hepatitis C Agents Prior Authorization Summary \(Sep. 17, 2024\)](#)

**Prior Authorization Form:** Georgia Medicaid does not publish a specific prior authorization form for initial treatment.

**Retreatment Form:** [Georgia Medicaid, HCV Retreatment Prior Authorization Request Form \(Jun. 2019\)](#)

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<sup>1</sup> Centers for Medicare and Medicaid Services, Medicaid & CHIP in Georgia, <https://perma.cc/X7HF-9HSB>.

<sup>2</sup> HepVu, Local Data: Georgia, <https://perma.cc/GMK8-P6PQ>.

<sup>3</sup> Kaiser Family Foundation, Share of Medicaid Population Covered Under Different Delivery Systems, <https://perma.cc/EMN8-QR8B>.

<sup>4</sup> Georgia Medicaid, Georgia Families, Care Management Organizations (CMO), <https://perma.cc/WDZ8-JFKB>.

<sup>5</sup> Preferred Drug List.

<sup>6</sup> Prior Authorization Summary.

<sup>7</sup> Prior Authorization Summary.

<sup>8</sup> Prior Authorization Summary.

<sup>9</sup> Prior Authorization Summary.

<sup>10</sup> Retreatment Form.

<sup>11</sup> Amerigroup, Community Care of Georgia, Pharmacy Information: <https://perma.cc/PGL2-Z7PR>; see also Mavyret (April 1, 2021), <https://perma.cc/B6CL-XL23>; see also Epclusa (April 1, 2021): <https://perma.cc/ZHB5-4FSG>.

<sup>12</sup> CareSource, Pharmacy Policies, <https://perma.cc/NZ86-WPEQ>.

<sup>13</sup> CareSource Form for Mavyret, <https://perma.cc/7CWK-BWYV>.

<sup>14</sup> CareSource Form for Epclusa <https://perma.cc/22NC-74QL>, and for Vosevi, <https://perma.cc/GM4T-2KZG>.

<sup>15</sup> Peach State Health Plan, Pharmacy, <https://perma.cc/MB4P-MNEH>.

<sup>16</sup> Prior Authorization Summary.

<sup>17</sup> Medicaid Directors, National Association of Medicaid Directors, <https://perma.cc/A6E9-XS6X>.

<sup>18</sup> Georgia Department of Community Health, Drug Utilization Review Board Meeting, July 16, 2025, <https://perma.cc/GJ7E-H4SL>.