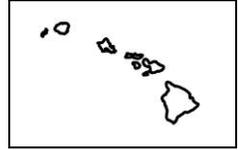


# Hepatitis C: State of Medicaid Access Report Card

## Hawaii



Grade	Recommendations to Improve Patient Access
A	<ul style="list-style-type: none"> <li>Ensure transparency and parity across FFS and MCOs regarding HCV coverage criteria.</li> </ul>

### State Overview

As of March 2025, 401,395 individuals were enrolled in Medicaid and CHIP.<sup>1</sup> As of 2016, an estimated 6,700 people were living with HCV in Hawaii.<sup>2</sup> Hawaii operates a Fee-For-Service (FFS) program and contracts with managed care organizations (MCOs) through what is known as the QUEST program.<sup>3</sup> Most beneficiaries, 98.8 percent,<sup>4</sup> are enrolled in QUEST which contracts with 5 MCOs: AlohaCare,<sup>5</sup> Hawaii Medical Service Association (HMSA),<sup>6</sup> Kaiser Permanente,<sup>7</sup> 'Ohana Health Plan,<sup>8</sup> and UnitedHealthcare Community Plan.<sup>9</sup>

Each MCO maintains its own preferred drug list, but all MCOs list Mavyret and sofosbuvir/velpatasvir.<sup>10</sup>

Deductions	Policy
Prior Authorization	Prior authorization is not required “for treatment regimens following the AASLD-IDS A HCV Guidance.” <sup>11</sup>
Fibrosis Restrictions	Hawaii Medicaid does not impose fibrosis restrictions. <sup>12</sup>
Substance Use Restrictions	Hawaii Medicaid does not impose substance use restrictions. The criteria states that “providers should continue to work closely with patients to address any issues affecting compliance. Good compliance and completion of a treatment course is essential for eradicating Hepatitis C. However, alcohol use and substance abuse are not contraindications to DAA therapy.” <sup>13</sup>
Prescriber Restrictions	Hawaii Medicaid allows approved primary care providers to prescribe HCV treatment for patients who are eligible for simplified treatment. “Qualified providers include but are not limited to those who complete the Hepatitis C Echo series and/or work in collaboration with a specialist. In addition, primary care providers who do not meet [the criteria] above can request to become approved providers.” For patients who have medical complexities, prescriptions must be written by or in consultation with a specialist. <sup>14</sup>
Retreatment Restrictions	Hawaii Medicaid does not appear to impose restrictions on retreatment. <sup>15</sup>
Access in Managed Care	<p>While the Medicaid FFS guidance states that “QI health plan policies for the coverage of chronic HCV DAA medications shall not be more restrictive than the Medicaid FFS guidelines,” some of the MCOs appear to still require prior authorization for all DAA regimens.</p> <p>Two MCOs, AlohaCare and Ohana, appear to have removed prior authorization for most preferred regimens. AlohaCare does not require prior authorization for Mavyret and sofosbuvir/velpatasvir, but it does require it for Vesovi.<sup>16</sup> Ohana does not appear to require prior authorization for Mavyret.<sup>17</sup></p> <p>HMSA requires prior authorization for all regimens and imposes numerous restrictions, including a specialist consultation requirement; substance use restrictions during treatment; a “100% medication compliance” requirement; and no refills for lost or stolen medication.<sup>18</sup></p> <p>UnitedHealthcare requires prior authorization for Epclusa, Harvoni, Vesovi and Zepatier,<sup>19</sup> and requires that treatment be prescribed by or in consultation with a specialist or a primary care physician with expertise in the treatment of HCV who are approved by the health plan.<sup>20</sup> The prior authorization form requires documentation of genotype, chronic HCV, assessment of adherence as well as substance use via urine toxicology, and baseline HCV RNA within 3 months of the request.</p> <p>One MCO, Kaiser Permanente, does not publish HCV treatment coverage criteria.<sup>21</sup></p>

Additional Restrictions		Hawaii Medicaid does not impose additional restrictions. <sup>22</sup>
<b>Total Deductions</b>		<b>Total Score [100-Deductions]</b>
-8		92
		<b>Grade</b>
		A

## Contact Your State Officials

**Medicaid Office:**<sup>23</sup> Judy Mohr Peterson, Med-QUEST Division Administrator, Department of Human Services, State of Hawaii  
601 Kamokila Blvd, Room 518, Kapolei, HI 96709-0190; Telephone: (808) 692-8050; Email Address: jmohrpeterson@dhs.hawaii.gov

**Pharmacy Benefit:**<sup>24</sup> Gary Peton, Pharmacy Services Manager, Conduent State Healthcare (Hawaii Medicaid Fiscal Agent)  
Telephone: (808) 952-5591; Email Address: gary.peton@conduent.com

## Key Sources

**Preferred Drug List:** [Hawaii Fee-For-Services Formulary Search](#)

**Clinical Criteria:** [Hawaii DHS, Memorandum: DAA Medications for Treatment of Chronic Hepatitis C Infection \(Dec. 30, 2022\)](#)

**Prior Authorization Form:** Hawaii Medicaid FFS does not publish prior authorization form for hepatitis C treatment.

<sup>1</sup> Centers for Medicare & Medicaid Services: Medicaid & CHIP in Hawaii, <https://perma.cc/3RR8-6YJQ>.

<sup>2</sup> HepVu, Local Data: Hawaii, <https://perma.cc/VYP8-LJXD>.

<sup>3</sup> State of Hawai'i DHS, Med-QUEST Division, Health Plans, <https://perma.cc/L6FH-LB23>.

<sup>4</sup> Data.Medicaid.gov, Managed Care Enrollment by Program and Population (Oct. 16, 2024), <https://perma.cc/TT6G-22WS>.

<sup>5</sup> AlohaCare Formulary, June 1, 2025, <https://perma.cc/4JUW-QNNC>.

<sup>6</sup> HMSA, Hepatitis C (DAA Medications for Treatment of Hepatitis C) QUEST Integration, <https://perma.cc/YP6L-525J>.

<sup>7</sup> Kaiser Permanente, Benefits, <https://perma.cc/GC3J-2SUS>.

<sup>8</sup> Ohana Health Plan, Forms, Pharmacy, Hepatitis C Prior Authorization Request Form (2023), <https://perma.cc/QJ5G-6JRK>.

<sup>9</sup> UnitedHealthcare, Preferred Drug List (July 1, 2025), <https://perma.cc/NQP3-3UHL>.

<sup>10</sup> State of Hawai'i DHS Med-Quest Division, MCO Formulary Search, <https://perma.cc/L6FH-LB23>.

<sup>11</sup> Clinical Criteria.

<sup>12</sup> Clinical Criteria.

<sup>13</sup> Clinical Criteria.

<sup>14</sup> Clinical Criteria.

<sup>15</sup> Clinical Criteria.

<sup>16</sup> AlohaCare Formulary, June 1, 2025, <https://perma.cc/4JUW-QNNC>.

<sup>17</sup> Ohana Health Plan, Preferred Drug List (2025), <https://perma.cc/6BMY-VL8K>.

<sup>18</sup> HMSA, Quest Managed Medicaid Formulary, (July 1, 2025), <https://perma.cc/6YMW-FYY6>. HMSA, Hepatitis C (DAA Medications for Treatment of Hepatitis C) QUEST Integration, <https://perma.cc/YP6L-525J>.

<sup>19</sup> UnitedHealthcare Hawaii QUEST Program, Preferred Drug List (July 1, 2025), <https://perma.cc/NQP3-3UHL>.

<sup>20</sup> UnitedHealthcare, Hepatitis C Medications Prior Authorization Request Form– Hawaii, <https://perma.cc/F2H7-WBBF>.

<sup>21</sup> Kaiser Permanente, Pharmacy, <https://perma.cc/9Q2X-GVWK>.

<sup>22</sup> Clinical Criteria.

<sup>23</sup> Medicaid Directors, National Association of Medicaid Directors, <https://perma.cc/NR7J-D67E>.

<sup>24</sup> Pharmacy, Med-QUEST Division, State of Hawaii Department of Human Services, <https://perma.cc/W7WG-4N6Y>.