

# Hepatitis C: State of Medicaid Access Report Card

## Louisiana



Grade	Recommendations to Improve Patient Access
<b>A</b>	<ul style="list-style-type: none"> <li>Remove requirement for submission of chronic hepatitis C diagnosis code.</li> <li>Continue to ensure broad access to HCV treatment.</li> </ul>

### State Overview

As of July 2025, 1,453,151 individuals were enrolled in Medicaid and CHIP.<sup>1</sup> It is estimated that as of 2016, 50,000 people were living with HCV in Louisiana.<sup>2</sup> Louisiana Medicaid, known as Healthy Louisiana, operates a fee-for-service (FFS) program and contracts with managed care organizations (MCOs).<sup>3</sup> Most beneficiaries, 91 percent, are enrolled in a MCO; the remaining 9 percent participate in FFS.<sup>4</sup> Healthy Louisiana contracts with six MCOs to provide services to beneficiaries, including: Aetna Better Health (Aetna), AmeriHealth Caritas Louisiana (AmeriHealth), Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare Community Plan (UHC).<sup>5</sup> As a result of the modified pharmaceutical subscription model for HCV treatment, all MCOs follow the Louisiana single PDL and criteria.<sup>6</sup> Additionally, as of October 2023, Prime Therapeutics manages pharmacy benefits for all Medicaid health plans, including MCOs.<sup>7</sup>

The Louisiana Medicaid Preferred Drug List lists sofosbuvir/velpatasvir (generic Epclusa) as the preferred regimen.<sup>8</sup>

Deductions		Policy
Prior Authorization		Prior authorization is not required for the preferred regimen (sofosbuvir/velpatasvir). <sup>9</sup>
Fibrosis Restrictions		Louisiana Medicaid does not impose fibrosis restrictions. <sup>10</sup>
Substance Use Restrictions		Louisiana Medicaid does not impose substance use restrictions. <sup>11</sup>
Prescriber Restrictions		Louisiana Medicaid does not impose prescriber restrictions. <sup>12</sup>
Retreatment Restrictions		Louisiana Medicaid does not impose undue retreatment restrictions. <sup>13</sup>
Access in Managed Care		As a result of the modified pharmaceutical subscription model for HCV treatment, all MCOs follow the Louisiana single PDL and criteria. <sup>14</sup>
Additional Restrictions	-2	Louisiana Medicaid imposes additional restrictions for preferred treatment <sup>15</sup> : <ul style="list-style-type: none"> <li>Documentation of chronic HCV infection. Pharmacy claims for all agents (including sofosbuvir/velpatasvir) must be submitted with the diagnosis code for chronic hepatitis C.<sup>16</sup> Eligibility is verified via a point-of-sale edit. Point of sale edits are “safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy.”<sup>17</sup></li> </ul>
<b>Total Deductions</b> -2		<b>Total Score [100-Deductions]</b> 98
		<b>Grade</b> A

### Contact Your State Officials

**Medicaid Office<sup>18</sup>: Kimberly Sullivan, Interim Medicaid Executive Director**

Email Address: kimberly.sullivan@la.gov

**Pharmacy & Therapeutics Committee<sup>19</sup>: Medicaid Pharmaceutical & Therapeutics Committee, Louisiana Department of Health**

P. O. Box 91030, Baton Rouge, LA 70821; Telephone: (225) 342-7878; Email Address: healthy@la.gov

## Key Sources

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**Preferred Drug List:** [Louisiana Medicaid, Preferred Drug List \(October 2025\)](#)

**Clinical Criteria:** [Louisiana Medicaid, Hepatitis C Direct Acting Antiviral Criteria \(July 2025\)](#)

**Universal Prior Authorization Form (for Non-Preferred DAAs):** [Louisiana Medicaid, DAA Medication Therapy Worksheet \(October 2023\)](#)

**Patient Treatment Agreement (for Non-Preferred DAAs):** [Louisiana Treatment Agreement for Louisiana Medicaid Recipients \(October 2023\)](#)

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<sup>1</sup> Centers for Medicare & Medicaid Services, Medicaid & CHIP in Louisiana, <https://perma.cc/48KQ-VMC7>.

<sup>2</sup> HepVu, Local Data: Louisiana, <https://perma.cc/85GV-9WX8>.

<sup>3</sup> Louisiana Department of Health, Healthy Louisiana, <https://perma.cc/82WX-LG99>.

<sup>4</sup> Kaiser Family Foundation, Share of Medicaid Population Covered Under Different Delivery Systems (July 1, 2022), <https://perma.cc/EMN8-QR8B>.

<sup>5</sup> Healthy Louisiana, Compare Plans, <https://perma.cc/M3LU-ZQEG>.

<sup>6</sup> Preferred Drug List.

<sup>7</sup> Prime Therapeutics Medicaid Administration Pharmacy Portal, <https://perma.cc/19B8-NNMQ>.

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

<sup>9</sup> Clinical Criteria.

<sup>10</sup> Clinical Criteria.

<sup>11</sup> Clinical Criteria.

<sup>12</sup> Clinical Criteria.

<sup>13</sup> Clinical Criteria.

<sup>14</sup> Preferred Drug List.

<sup>15</sup> Clinical Criteria.

<sup>16</sup> Clinical Criteria; Louisiana Medicaid, Point of Sale Edits: Infectious Disorders – Hepatitis C Agents – Direct Acting Antiviral Agents (May 2020), <https://perma.cc/SL6Q-TY82>; see also Louisiana Medicaid, Medications Requiring ICD-10 Diagnosis Codes (Revised Jan. 2025), <https://perma.cc/LF6M-WVSK>.

<sup>17</sup> Louisiana Medicaid, Point of Sale Edits: Infectious Disorders – Hepatitis C Agents – Direct Acting Antiviral Agents, <https://perma.cc/SL6Q-TY82>.

<sup>18</sup> Louisiana Department of Health, Medicaid Leadership, <https://perma.cc/8B69-KNBL>.

<sup>19</sup> Louisiana Department of Health, Medicaid Pharmaceutical & Therapeutics Committee, <https://perma.cc/R6RX-HFME>.