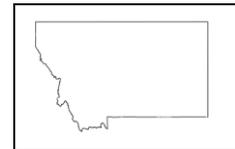


Hepatitis C: State of Medicaid Access Report Card

Montana



Grade	Recommendations to Improve Patient Access
C	<ul style="list-style-type: none"> Remove prior authorization for HCV treatment. Remove substance use restrictions. Remove retreatment restrictions. Remove additional restrictions as described below.

State Overview

As of August 2025, 211,487 individuals were enrolled in Medicaid and CHIP.¹ It is estimated that as of 2016, 7,400 people were living with HCV in Montana.² Montana does not contract with managed care organizations (MCOs), instead operating a primary care case management (PCCM) program in which beneficiaries either choose or are assigned to a primary care provider to manage their care.³ 86.9 percent of beneficiaries are enrolled in the PCCM, and the remaining 13.1 percent participate in the fee-for-service (FFS) program.⁴

The Montana Medicaid Preferred Drug List lists Mavyret as the preferred regimen.⁵

Deductions		Policy
Prior Authorization	-8	Prior authorization is required for HCV treatment (Mavyret). ⁶
Fibrosis Restrictions	0	Montana Medicaid does not impose fibrosis restrictions. ⁷
Substance Use Restrictions	-4	Montana Medicaid imposes substance use restrictions. Providers must attest to completing a psychosocial readiness evaluation that includes “alcohol and substance use.” ⁸
Prescriber Restrictions	0	Montana Medicaid does not impose prescriber restrictions. ⁹
Retreatment Restrictions	-8	Montana Medicaid imposes retreatment restrictions. Patients are not eligible for retreatment if they do not return to provider for SVR testing 12 weeks after completing treatment. ¹⁰
Access in Managed Care	0	Montana PCCM imposes the same requirements as FFS. ¹¹
Additional Restrictions	-2	Montana Medicaid imposes additional restrictions as follows ¹² : <ul style="list-style-type: none"> Documentation of adherence counseling that includes “medication adherence” and “psychiatric stability.”
Total Deductions	-22	Total Score [100-Deductions]
		78
		Grade
		C

Contact Your State Officials

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Key Sources

Preferred Drug List: [Montana Medicaid Preferred Drug List \(May 29, 2025\)](#)

Prior Authorization Form: [Montana Healthcare Programs Hepatitis C Treatment Prior Authorization Form \(Apr. 2024\)](#)

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- ¹ Centers for Medicare & Medicaid Services, Medicaid & CHIP in Montana, <https://www.medicaid.gov/state-overviews/stateprofile.html?state=montana>.
 - ² HepVu, Local Data: Montana State Profile, <https://perma.cc/5HV3-3UH9>.
 - ³ Montana Department of Public Health and Human Services, Montana Medicaid Health Plans, <https://perma.cc/9TWC-J72U>.
 - ⁴ Kaiser Family Foundation, Share of Medicaid Population Covered Under Different Delivery Systems (July 1, 2022), <https://perma.cc/EMN8-QR8B>.
 - ⁵ Preferred Drug List.
 - ⁶ Preferred Drug List.
 - ⁷ Prior Authorization Form.
 - ⁸ Prior Authorization Form.
 - ⁹ Prior Authorization Form.
 - ¹⁰ Prior Authorization Form.
 - ¹¹ Montana Healthcare Programs Notice, Changes to Hepatitis C Treatment Criteria (January 3, 2020), <https://perma.cc/8MLL-QBXQ>.
 - ¹² Prior Authorization Form.
 - ¹³ National Association of Medicaid Directors, Medicaid Directors, <https://medicaiddirectors.org/who-we-are/medicaid-directors/>
 - ¹⁴ Montana Department of Public Health and Human Services, Medicaid Drug Use Review Board, <https://dphhs.mt.gov/boardscouncils/medicaiddur>