

# Hepatitis C: State of Medicaid Access Report Card

## Rhode Island



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

### State Overview

As of June 2025, 313,519 individuals were enrolled in Medicaid and CHIP.<sup>1</sup> It is estimated that as of 2016, 10,000 people were living with HCV in Rhode Island.<sup>2</sup> Approximately 87.5% of Medicaid beneficiaries in Rhode Island are enrolled in an MCO, with the remaining 12.5% enrolled in FFS.<sup>3</sup>

Rhode Island Medicaid contracts with three managed care organizations (MCOs): Tufts Health RI Together, UnitedHealthcare Community Plan, and Neighborhood Health Plan of Rhode Island.<sup>4</sup>

The Rhode Island Medicaid Preferred Drug List designates Mavyret as a preferred drug.<sup>5</sup>

Deductions		Policy
Prior Authorization		Prior authorization is not required for Mavyret. Prior authorization is not required for Vosevi when used after prior treatment failure. <sup>6</sup>
Fibrosis Restrictions		Rhode Island Medicaid does not impose fibrosis restrictions. <sup>7</sup>
Substance Use Restrictions		Rhode Island Medicaid does not impose substance use restrictions. <sup>8</sup>
Prescriber Restrictions		Rhode Island Medicaid does not impose prescriber restrictions. <sup>9</sup>
Retreatment Restrictions		Rhode Island Medicaid does not impose retreatment restrictions. <sup>10</sup>
Access in Managed Care		Tufts Health Plan, <sup>11</sup> UnitedHealthcare Community Plan, <sup>12</sup> and Neighborhood Health Plan of Rhode Island <sup>13</sup> impose the same requirements as FFS.
Additional Restrictions		Rhode Island Medicaid does not appear to impose additional restrictions. <sup>14</sup>
<b>Total Deductions</b>	-0	<b>Total Score [100-Deductions]</b> 100
		<b>Grade</b> A+

### Contact Your State Officials

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3 West Road, Cranston, RI 02920, Telephone: (401)-462-6369

**Pharmacy & Therapeutics Committee<sup>16</sup>:** Karen Mariano, Pharmacy Team Leader, Gainwell Technologies  
3 West Road, Cranston, RI 02920, Email Address: karen.mariano@gainwelltechnologies.com

### Key Sources

**Preferred Drug List:** [RI HHS, Rhode Island Medicaid Fee for Service Preferred Drug List \(Jan. 2024\)](#)

**Prior Authorization Guidelines:** [RI HHS, Treatment of Hepatitis C Prior Authorization Guidelines \(Jan. 1, 2022\)](#)

<sup>1</sup> Centers for Medicare & Medicaid Services, Medicaid & CHIP in Rhode Island, <https://perma.cc/LH8P-T4DQ>.

<sup>2</sup> HepVu, Local Data: Rhode Island State Profile, <https://perma.cc/N6KD-EZVD>.

<sup>3</sup> Kaiser Family Foundation, Share of Medicaid Population Covered Under Different Delivery Systems (July 1, 2022), <https://perma.cc/EMN8-QR8B>.

<sup>4</sup> The Executive Office of Health and Human Services, Medicaid Managed Care Contracts & Policy/Guidance Documents, <https://perma.cc/2L77-N6C5>.

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

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

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

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

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

<sup>10</sup> Prior Authorization Guidelines.

<sup>11</sup> Tufts Health RI Together, Pharmacy Program and Preferred Drug List (Jan. 1, 2025), <https://perma.cc/7783-YNQK>.

<sup>12</sup> United Healthcare Community Plan, Preferred Drug List (July 1, 2025),

<https://www.uhcprovider.com/content/dam/provider/docs/public/commplan/ri/pharmacy/RI-Children-SHCN-RiteCare-RhodyHealth-Preferred-Drug-List.pdf>.

<sup>13</sup> Neighborhood Health Plan, 2024 Medicaid Drug Formulary (July 1, 2025), <https://perma.cc/27BX-KMHB>.

<sup>14</sup> Prior Authorization Guidelines.

<sup>15</sup> National Association of Medicaid Directors, Medicaid Directors, <https://perma.cc/2P6G-7PNY>.

<sup>16</sup> Rhode Island Executive Office of Health and Human Services, Pharmacy & Therapeutics Committee, <https://perma.cc/2B9R-NT68>.