



**ARKANSAS
DEPARTMENT OF
HUMAN
SERVICES**

**Division of Medical Services
Medicaid Pharmacy Program**

P.O. Box 1437, Slot S415, Little Rock, AR 72203-1437
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November 28, 2023

RE: Hepatitis C update

Prescribers and pharmacists,

Arkansas Medicaid has updated the prior authorization criteria for Hepatitis C reviews. The requirement for a certain fibrosis score, which dictates the amount of fibrosis in the liver, has been removed from the criteria. Fibrosis scores will no longer determine treatment eligibility. Each prior authorization request received will continue to be reviewed on a case-by-case basis.

The hepatitis C prior authorization form has been updated. See the link below.

<https://ar.magellanrx.com/documents/268611/269351/Hepatitis%20C%20Virus%20Medication%20Therapy%20Request%20Form/b0b28e2d-f05a-ea1d-16a4-6c0502aa4a8d>

If there are any questions, please contact the Arkansas Medicaid Pharmacy Program at 501-683-4120.

Sincerely,

Cynthia Neuhofel, Pharm.D.
DMS Assistant Director/Pharmacy Director