

Answering Common Questions About Hepatitis C Treatment and Medicaid

This guide provides answers to some common questions that clients may ask about hepatitis C treatment and Medicaid. Program staff can use this information when talking to clients who have been tested for hepatitis C or clients who are interested in hepatitis C treatment.

Is there treatment for hepatitis C?

Yes. Direct-acting antivirals, known as DAAs, are medications that have been available since 2013 and can cure hepatitis C in 8 to 12 weeks – the length depends on which type of DAA a person takes. There are very few side effects, and almost everyone who takes the full course of medications is cured.

Will DAAs cure my hepatitis C if I use drugs?

Yes. DAAs cure hepatitis C even if a person is still using drugs. All state Medicaid programs have removed sobriety restrictions for DAAs, which means they will still pay for treatment for people who are actively using drugs. However, a few states still require providers to ask about drug use or provide counseling.

I heard Medicaid restricts who can get DAAs. Will I be able to get them?

Although state Medicaid programs initially limited who could get DAAs, most have lifted or greatly reduced their restrictions in recent years. Anyone seeking initial treatment for hepatitis C should now be able to get DAAs through Medicaid, and most people can get retreated too. More information for each state can be found on the [State of Hep C webpage](#).

Will Medicaid pay for my hepatitis C treatment?

Yes. Medicaid covers DAAs as a prescription drug benefit, generally with little or no cost for the patient. Even if your state uses managed care organizations (MCOs) to manage and deliver care for some of its enrollees, DAAs will still be covered by the MCOs as a pharmacy benefit.

I got my hepatitis C results, and I want to get cured – what else will I need to do to get started on treatment?

There are a few assessments that need to get done before you start DAAs – these include checking your liver health and finding out your HIV and hepatitis B virus (HBV) status, which often requires blood tests (getting your blood drawn). If you've already done these tests or you can get them done on the same day as your hepatitis C test, you may be able to get your pills and start treatment on the same day that you get your hepatitis C test result. For others, it may take longer to get all of these assessments done. In some states, Medicaid may ask for extra information before approving your DAAs – this could include things like doing a genotype test to learn more about the strain of hepatitis C you have, or getting more recent lab results if you had some of your tests done a while ago.

What if I have HIV or hepatitis B – can I still take DAAs?

Yes, but it may require some extra provider visits and lab tests, so your provider can select the appropriate treatment, check for medication interactions, and monitor your health during treatment.

Medicaid enrollment & eligibility

In most states, Medicaid has been expanded to cover low-income adults, and many programs that address substance use disorder and prevent opioid overdose report that most of their clients are eligible for and enrolled in Medicaid. However, upcoming changes to enrollment and eligibility may change who can get Medicaid coverage. You can check out the [KFF Tracker](#) for up-to-date information about the changes in your state.

My provider says there may be a delay in starting my treatment because my DAAs need to be approved – what does that mean for me?

Some state Medicaid programs require prior authorization, or PA, for DAAs. Requiring PA means your provider needs to get approval before Medicaid will pay for your DAAs. The PA form will usually ask for personal information and lab results, although some Medicaid programs may require additional information or paperwork. About one-third of state Medicaid programs still have PA requirements for someone's first course of DAAs.

I have two clients in the same state enrolled in Medicaid and starting DAAs – why are their pharmacy rules and forms different?

Many states contract with managed care organizations (MCOs), which are health plans contracted to provide and cover care for a subset of the state's Medicaid enrollees. Some states have universal pharmacy benefits for all enrollees, while others let MCOs manage their own pharmacy benefits. This means that within one state, two people enrolled in Medicaid may be covered by different MCOs, resulting in different pharmacy policies and forms.

Can I pick up my hepatitis C medications at any pharmacy?

It depends. Sometimes, the place where you got tested may already have DAAs stocked in their own pharmacy, and they'll be able to fill your prescription. If not, some health insurance plans will let you choose the pharmacy where you pick up your DAAs. Other plans may require you to get DAAs from a specific pharmacy, often called a "specialty pharmacy," while others may only deliver DAAs via mail – if your plan requires this and you don't have a permanent address, ask if you can have your DAAs mailed to a place you trust, such as the program that's helping you with your hepatitis C services.

What happens if I lose my medications or they get stolen?

The process depends on your state and health plan. Some Medicaid programs will replace lost or stolen DAAs, while others may require additional documentation before approving a replacement.

What if I'm not covered by Medicaid?

Drug companies often have [patient assistance programs \(PAPs\)](#) that may help to cover medication costs for people who do not have Medicaid or other prescription drug coverage.

I've been treated for hepatitis C before – will Medicaid pay for my treatment if I need it again?

In almost all states, Medicaid will cover treatment again if you are reinfected, or if your first treatment doesn't result in cure. However, it will likely require more testing and paperwork than your first treatment, and you may need to see a specialist.

Want to learn more? For Medicaid information, check out KFF's [Medicaid 101](#) and [State Profiles](#). Learn about hepatitis C prevention at [CDC – Hepatitis C Prevention and Control](#), Medicaid treatment access on the [State of Hep C webpage](#), and PAPs on [NASTAD's site](#).

Medicaid policies and coverage requirements vary by state and health plan and may change over time. This resource reflects information available as of September 2026.

Acknowledgements: NASTAD and NVHR are grateful to Daniel Raymond and Isabel Evans for the development of this resource and to the following persons that facilitated the review whose contributions and support made this publication possible: Kat Kelley, Kimberly Taber, Phillip Rideout II, Zakiya Grubbs, and Rita Isabel Lechuga.