



**GEORGIA MEDICAID FEE-FOR-SERVICE  
HEPATITIS C AGENTS PA SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
<p><b><i>Direct Inhibitors</i></b>            Harvoni (ledipasvir and sofosbuvir)            Sovaldi (sofosbuvir)            Technivie (ombitasvir/paritaprevir/ritonavir)            Viekira Pak (ombitasvir/paritaprevir/ritonavir; dasabuvir)            Zepatier (elbasvir and grazoprevir)</p>	<p>Daklinza (daclatasvir)            Olysio (simeprevir)</p>
<p><b><i>Ribavirin</i></b>            Ribavirin/Ribasphere generic 200 mg            Rebetol oral solution (ribavirin)</p>	<p>Moderiba (ribavirin)            RibaPak (ribavirin)            Ribasphere 400, 600 mg (ribavirin)</p>
<p><b><i>Pegylated Interferons</i></b>            Pegasys (peginterferon alfa-2a)            PegIntron (peginterferon alfa-2b)</p>	
<p><b><i>Interferons</i></b>            Intron-A (interferon alfa-2b)</p>	

**LENGTH OF AUTHORIZATION:** Varies

**PA CRITERIA:**

*Daklinza*

- ❖ Members must be 18 years of age or older with a diagnosis of chronic hepatitis C virus infection (CHC, HCV) and
  - genotype 1 and unable to take Harvoni, Viekira Pak and Zepatier
  - genotype 2 and unable to take ribavirin
  - genotype 3 and unable to take ribavirin.
- ❖ Members must take Daklinza with Sovaldi.
- ❖ Members who abuse alcohol or intravenous drugs must be enrolled in a substance abuse program.

*Harvoni*

- ❖ Members must be 18 years of age or older with a diagnosis of chronic hepatitis C virus infection (CHC, HCV) and genotype 1 (1a or 1b), 4, 5 or 6.
- ❖ Members who abuse alcohol or intravenous drugs must be enrolled in a substance abuse program.

*Moderiba, RibaPak, and Ribasphere 400mg, 600mg*

- ❖ Physician must submit a written letter of medical necessity stating the reasons the preferred product, generic ribavirin tablets or capsules, is not appropriate for the member.



### *Olysio*

- ❖ Members must be 18 years of age or older with a diagnosis of chronic hepatitis C virus infection (CHC, HCV) with compensated liver disease and
  - genotype 1 (1a or 1b)
    - For use with peginterferon and ribavirin, members must not be able to take Harvoni, Viekira PA and Zepatier.
    - In addition, members infected with genotype 1a must not contain the NS3Q80K polymorphism.
  - genotype 4
    - For use with peginterferon and ribavirin, members must not be able to take Harvoni and Technivie.
- ❖ Members who abuse alcohol or intravenous drugs must be enrolled in a substance abuse program.

### *Sovaldi*

- ❖ Members must be 18 years of age or older with a diagnosis of chronic hepatitis C infection (CHC) and genotype 2 or 3, or have hepatocellular carcinoma awaiting liver transplantation.
- ❖ Members with hepatocellular carcinoma awaiting liver transplantation must use in combination with ribavirin.
- ❖ Members with genotype 2 must use Sovaldi in combination with ribavirin.
- ❖ Members with genotype 3 must use Sovaldi in combination with ribavirin.
- ❖ Members who abuse alcohol or intravenous drugs must be enrolled in a substance abuse program.

### *Technivie*

- ❖ Members must be 18 years of age or older with a diagnosis of genotype 4 chronic hepatitis C virus infection (CHC, HCV) with without cirrhosis.
- ❖ Members must take Technivie with ribavirin unless the member is treatment-naïve and is unable to take or tolerate ribavirin.
- ❖ Members who abuse alcohol or intravenous drugs must be enrolled in a substance abuse program.

### *Viekira Pak*

- ❖ Members must be 18 years of age or older with a diagnosis of genotype 1 (1a or 1b) chronic hepatitis C virus infection (CHC, HCV) with compensated liver disease.
- ❖ Members with genotype 1b with or without compensated cirrhosis may use Viekira Pak without ribavirin; all other members must use Viekira Pak with ribavirin.
- ❖ Members who are liver transplant recipients must have normal liver function and can have up to mild fibrosis.
- ❖ Members who abuse alcohol or intravenous drugs must be enrolled in a substance abuse program.

### *Zepatier*

- ❖ Members must be 18 years of age or older with a diagnosis of genotype 1 (1a or 1b) or genotype 4 chronic hepatitis C virus infection (CHC, HCV).
- ❖ Members with genotype 1a must have NS5A resistance testing conducted.



- ❖ Members must use ribavirin in combination if
  - genotype 1a with baseline NS5A polymorphisms.
  - genotype 1a or 1b and previous treatment-failure with a HCV protease inhibitor.
  - genotype 4 and previous treatment failure with peginterferon and ribavirin regimen.
- ❖ Members who abuse alcohol or intravenous drugs must be enrolled in a substance abuse program.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.