

AGENTS FOR HEPATITIS C (INCIVEK, VICTRELIS) PA SUMMARY

STATUS: Non-Preferred

NOTE: Pegylated interferons (Pegasys and Peg-Intron) and ribavirin products have separate PA criteria.

LENGTH OF AUTHORIZATION: Varies

PA CRITERIA:

- ❖ Member must be 18 years of age or older with a diagnosis of genotype 1 chronic hepatitis C infection (CHC) with compensated liver disease (including cirrhosis)

AND

- ❖ Physician must submit faxed documentation of trial and failure of previous therapy with peginterferon alfa (Pegasys or Peg-Intron) and ribavirin

AND

- ❖ Medication must be used in combination with peginterferon alfa and ribavirin

AND

- ❖ In addition, for Incivek, physician must submit faxed documentation of allergy, contraindication, drug-drug interaction, history of intolerable side effects, or treatment failure with Victrelis.
- ❖ For both medications, faxed documentation of HCV-RNA levels are required at certain times throughout therapy to determine if treatment continuation is appropriate.

EXCEPTIONS:

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

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.