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

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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<tbody>
<tr>
<td><strong>Direct Inhibitors</strong></td>
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<tr>
<td>Mavyret (glecaprevir/pibrentasvir)*</td>
<td>Harvoni 45/200 mg and Pak (ledipasvir/sofosbuvir)</td>
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<tr>
<td>Sofosbuvir/velpatasvir 400/100 mg generic*</td>
<td>Ledipasvir/sofosbuvir 90/400 mg generic</td>
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<tr>
<td>Vosevi (sofosbuvir/velpatasvir/voxilaprevir)*</td>
<td>Sovaldi (sofosbuvir)</td>
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<td>Zepatier (elbasvir/grazoprevir)</td>
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<td><strong>Ribavirin</strong></td>
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<tr>
<td>Ribavirin generic</td>
<td>RibaPak (ribavirin)</td>
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<td><strong>Pegylated Interferons</strong></td>
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<tr>
<td>Pegasys (peginterferon alfa-2a)</td>
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<td>PegIntron (peginterferon alfa-2b)</td>
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<td><strong>Interferons</strong></td>
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<td>Intron-A (interferon alfa-2b)</td>
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<td>*Preferred but requires PA</td>
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**LENGTH OF AUTHORIZATION:** Varies

**NOTES:**
- Mavyret, sofosbuvir/velpatasvir 400/100 mg generic and Vosevi are preferred but require prior authorization.
- Members who abuse alcohol or intravenous drugs must be enrolled in a substance abuse program.
- For all repeat authorizations/retreatment requests except for Vosevi, faxed documentation of the Hepatitis C Retreatment Form is required. The Form must be completed and signed by the physician to be accepted. The Hepatitis C Retreatment Form is located at [https://dch.georgia.gov/prior-authorization-process-and-criteria#H](https://dch.georgia.gov/prior-authorization-process-and-criteria#H) and must be faxed to OptumRx at 1-888-491-9742.

**PA CRITERIA:**

**Sofosbuvir/velpatasvir 400/100 mg Generic**
- Members must be 6 years of age or older who weigh 30 kg or more with a diagnosis of chronic hepatitis C virus infection (CHC, HCV).
- Members with decompensated cirrhosis must take sofosbuvir/velpatasvir in combination with ribavirin when clinically appropriate.

Revised 7/1/2021
Harvoni 45/200 mg and Pak and Ledipasvir/Sofosbuvir 90/400 mg Generic

- Members 18 years of age or older must have a diagnosis of chronic hepatitis C virus infection (CHC, HCV) and
  - genotype 1 (1a or 1b) or 4 without liver transplant and without cirrhosis or with compensated cirrhosis and must be unable to take sofosbuvir/velpatasvir and Mavyret.
  - genotype 5 or 6 without liver transplant and without cirrhosis or with compensated cirrhosis and must be unable to take sofosbuvir/velpatasvir and Mavyret.
  - genotype 1 (1a or 1b), 4, 5 or 6 without liver transplant with decompensated cirrhosis and must be unable to take sofosbuvir/velpatasvir.
  - genotype 1 (1a or 1b), 4, 5 or 6 with liver transplant without cirrhosis and must be unable to take sofosbuvir/velpatasvir and Mavyret.
  - genotype 1 (1a or 1b), 4, 5 or 6 with liver transplant and with cirrhosis.

- Members 12 to 17 years of age must have a diagnosis of genotype 1 (1a or 1b), 4, 5 or 6 chronic HCV infection without cirrhosis or with compensated cirrhosis and must be unable to take sofosbuvir/velpatasvir and Mavyret.

- Members 6 to 11 years of age must have a diagnosis of genotype 1 (1a or 1b), 4, 5 or 6 chronic HCV infection without cirrhosis or with compensated cirrhosis must be unable to take sofosbuvir/velpatasvir.

- Members 3 to 5 years of age must have a diagnosis of genotype 1 (1a or 1b), 4, 5 or 6 chronic HCV infection without cirrhosis or with compensated cirrhosis.

- Members must take Harvoni or ledipasvir/sofosbuvir in combination with ribavirin when clinically appropriate.

Mavyret

- Members must be 12 years of age or older weighing 45 kg or more with a diagnosis of chronic hepatitis C virus infection (CHC, HCV) without cirrhosis or with compensated cirrhosis.

Ribapak

- Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic ribavirin, is not appropriate for the member.

Sovaldi

- Members 18 years of age or older must have a diagnosis of chronic hepatitis C virus infection (CHC, HCV) without cirrhosis or with compensated cirrhosis and
  - genotype 1 (1a or 1b) and must be unable to take sofosbuvir/velpatasvir and Mavyret. Members must take Sovaldi with peginterferon/ribavirin or ribavirin.
  - genotype 2 or 3 and must be unable to take sofosbuvir/velpatasvir and Mavyret. Members must take Sovaldi with ribavirin.
  - genotype 3 with compensated cirrhosis and have previously failed treatment with peginterferon/ribavirin and must be unable to take Vosevi. Members must take Sovaldi with Zepatier.
  - genotype 4 and must be unable to take sofosbuvir/velpatasvir and Mavyret. Members must take Sovaldi with peginterferon/ribavirin.
  - have hepatocellular carcinoma awaiting liver transplantation. Members must take Sovaldi with ribavirin.
Members 12 to 17 years of age must have a diagnosis of genotype 2 or 3 chronic HCV infection without cirrhosis or with compensated cirrhosis and must be unable to take sofosbuvir/velpatasvir and Mavyret.

Members 6 to 11 years of age must have a diagnosis of genotype 2 or 3 chronic HCV infection without cirrhosis or with compensated cirrhosis and must be unable to take sofosbuvir/velpatasvir.

Members 3 to 5 years of age must have a diagnosis of genotype 2 or 3 chronic HCV infection without cirrhosis or with compensated cirrhosis.

**Vosevi**

Members must be 18 years of age or older with a diagnosis of chronic hepatitis C virus infection (CHC, HCV) without cirrhosis or with compensated cirrhosis and
- genotype 1a non-NS5A, sofosbuvir-containing treatment-experienced.
- genotype 1 (1a or 1b) or 2 NS5A-containing treatment-experienced.
- genotype 3 treatment-naïve with compensated cirrhosis and Y93H mutation.
- genotype 3 peginterferon/ribavirin treatment-experienced and direct inhibitor treatment-experienced.
- genotype 4, 5 or 6 direct inhibitor treatment-experienced.

**Zepatier**

Members must be 18 years of age or older with a diagnosis of genotype 3 chronic hepatitis C virus infection (CHC, HCV) with compensated cirrhosis and have previously failed treatment with peginterferon/ribavirin and must be unable to take Vosevi. Members must take Zepatier with Sovaldi.

**OR**

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) and members with genotype 1a must have NS5A resistance testing conducted and must be unable to take sofosbuvir/velpatasvir and Mavyret. Members must take Zepatier in combination with ribavirin if
- genotype 1a with baseline NS5A polymorphisms.
- genotype 4 and previous treatment failure with peginterferon/ribavirin regimen.

**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](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 Pharmacy and click on Other Documents, then select the most recent quarters QLL list.