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

Non-Preferred	
Epclusa Paks (sofosbuvir/velpatasvir 200/50 mg, 150/37.5 mg) Harvoni 45/200 mg and Paks (ledipasvir/sofosbuvir) Ledipasvir/sofosbuvir 90/400 mg generic Sovaldi (sofosbuvir) Zepatier (elbasvir/grazoprevir)	
Ribavirin	
n/a	
I	
Interferons	

*Preferred but requires PA

LENGTH OF AUTHORIZATION: Varies

NOTES:

- Mavyret, sofosbuvir/velpatasvir 400/100 mg generic and Vosevi are preferred but require prior authorization.
- 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 and must be **faxed to OptumRx at 1-888-491-9742.**

PA CRITERIA:

Epclusa Paks and Sofosbuvir/velpatasvir 400/100 mg Generic

- Members must be 3 years of age or older with a diagnosis of chronic hepatitis C virus infection (CHC, HCV).
- Members with decompensated cirrhosis must take in combination with ribavirin when clinically appropriate.



Harvoni 45/200 mg and Paks 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), 4, 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 or with compensated cirrhosis and must be unable to take sofosbuvir/velpatasvir and Mavyret.
- Members 3 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 must take Harvoni or ledipasvir/sofosbuvir in combination with ribavirin when clinically appropriate.

<u>Mavyret</u>

Members must be 3 years of age or older with a diagnosis of chronic hepatitis C virus infection (CHC, HCV) without cirrhosis or with compensated cirrhosis.

<u>Sovaldi</u>

- 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 3 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 must take Sovaldi in combination with ribavirin when clinically appropriate.

<u>Vosevi</u>

- 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
 - o genotype 1a non-NS5A, sofosbuvir-containing treatment-experienced.
 - o genotype 1 (1a or 1b) or 2 NS5A-containing treatment-experienced.
 - o genotype 3 treatment-naïve with compensated cirrhosis and Y93H mutation.



- genotype 3 peginterferon/ribavirin treatment-experienced and direct inhibitor treatment-experienced.
- o genotype 4, 5 or 6 direct inhibitor treatment-experienced.

<u>Zepatier</u>

Members must be 12 years of age or older who weigh 30 kg or more 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 12 years of age or older who weigh 30 kg or more 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
 - o genotype 1a with baseline NS5A polymorphisms.
 - o 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 <u>http://dch.georgia.gov/preferred-drug-lists</u>.

PA AND APPEAL PROCESS:

• For online access to the PA process, please go to <u>www.dch.georgia.gov/prior-authorization-process-and-criteria</u> 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 <u>www.mmis.georgia.gov/portal</u>, highlight Pharmacy and click on <u>Other Documents</u>, then select the most recent quarters QLL list.