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>
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<tr>
<td>Sofosbuvir/velpatasvir 400/100 mg generic*</td>
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<tr>
<td>Vosevi (sofosbuvir/velpatasvir/voxilaprevir)*</td>
<td>Epclusa Paks (sofosbuvir/velpatasvir 200/50 mg, 150/37.5 mg)</td>
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<td>Harvoni 45/200 mg and Paks (ledipasvir/sofosbuvir)</td>
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<td>Ledipasvir/sofosbuvir 90/400 mg generic</td>
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<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>n/a</td>
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<td><strong>Pegylated Interferons</strong></td>
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<td>Pegasys (peginterferon alfa-2a)</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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*Preferred but requires PA

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:

*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
  o 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.
  o genotype 1 (1a or 1b), 4, 5 or 6 without liver transplant with decompensated cirrhosis and must be unable to take sofosbuvir/velpatasvir.
  o 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.

Mavyret

❖ 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.

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
  o genotype 1 (1a or 1b) and must be unable to take sofosbuvir/velpatasvir and Mavyret. Members must take Sovaldi with peginterferon/ribavirin or ribavirin.
  o genotype 2 or 3 and must be unable to take sofosbuvir/velpatasvir and Mavyret. Members must take Sovaldi with ribavirin.
  o 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.
  o genotype 4 and must be unable to take sofosbuvir/velpatasvir and Mavyret. Members must take Sovaldi with peginterferon/ribavirin.
  o 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.

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
  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.
- genotype 4, 5 or 6 direct inhibitor treatment-experienced.

**Zepatier**

- 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
  - 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

**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.