



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

Preferred	Non-Preferred
<i>Direct Inhibitors</i>	
Mavyret (glecaprevir/pibrentasvir)* Sofosbuvir/velpatasvir 400/100 mg generic* Vosevi (sofosbuvir/velpatasvir/voxilaprevir)*	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)
<i>Ribavirin</i>	
Ribavirin generic	n/a
<i>Pegylated Interferons</i>	
Pegasys (peginterferon alfa-2a)	

*Preferred but requires PA

LENGTH OF AUTHORIZATION: Varies

NOTES:

- Mavyret, sofosbuvir/velpatasvir 400/100 mg generic and Vosevi are preferred but require prior authorization.

PA CRITERIA:

Epclusa Paks and Sofosbuvir/velpatasvir 400/100 mg Generic

- ❖ Approvable for members 3 years of age or older with a diagnosis of chronic hepatitis C virus infection (CHC, HCV) who are treatment naïve, have been previously treated with a regimen containing peginterferon and ribavirin or have been previously treated with sofosbuvir (Sovaldi)- or NS5A inhibitor-based regimen.
- ❖ 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

- ❖ Approvable for members who are treatment naïve, have been previously treated with a peginterferon-based regimen or have been previously treated with sofosbuvir (Sovaldi)- or NS5A inhibitor-based regimen.
- ❖ 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.

Mavyret

- ❖ Approvable for members who are treatment naïve or treatment experienced.
- ❖ 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

- ❖ Approvable for members who are treatment naïve, have been previously treated with an interferon-based regimen or have been previously treated with glecaprevir/pibrentasvir (Mavyret), sofosbuvir/velpatasvir/voxilaprevir (Vosevi) or sofosbuvir (Sovaldi) + glecaprevir/pibrentasvir (Mavyret).
- ❖ 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.

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

- ❖ Approvable for members who are treatment naïve, have been previously treated with peginterferon and ribavirin or have been previously treated with peginterferon, ribavirin and protease inhibitor.
- ❖ 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.
- ❖ 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.
- ❖ Members must take Zepatier in combination with ribavirin when clinically appropriate.

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 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, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.