



Medicare Part D – 2015

Prior Authorization Group Description

HARVONI

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D. For the treatment of hepatitis C virus genotype 4. For the retreatment of persons in whom prior therapy has failed.

Exclusion Criteria:

Required Medical Information:

Diagnosis of chronic hepatitis C (CHC) genotype 1 or 4 confirmed by detectable serum HCV RNA by quantitative assay. Baseline viral load by quantitative assay including genotype and treatment status of patient (naive, relapse, nonresponder). Documentation that patient does or does not have cirrhosis (compensated or decompensated). Documentation that the patient did or did not have a liver transplant. The patient has either genotype 1 or 4 with decompensated cirrhosis.

Age Restrictions:

Prescriber Restrictions:

Gastroenterologist, Hepatologist or Infectious Disease physician

Coverage Duration:

12 to 24 weeks based on genotype and treatment, cirrhosis, or liver transplant status.

Other Criteria: