

Medicare Part D – 2016**Prior Authorization Group Description:**

VIEKIRA PAK

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria:**Required Medical Information:**

Diagnosis of chronic hepatitis C (CHC) confirmed by detectable serum HCV RNA by quantitative assay in patients with genotype 1a or 1b. Genotype is required to determine length of approval. Documentation that patient does or does not have cirrhosis. Documentation that patient did or did not have a liver transplant. Documentation of patients HIV status.

Age Restrictions:**Prescriber Restrictions:**

Gastroenterologist, Hepatologist or Infectious Disease physician

Coverage Duration:

GT1a/b no cirrhosis, GT1b w/cirrhosis: 12 wks. GT1a w/cirrhosis: 24 wks. Post-liver trans: 24 wks

Other Criteria:

Failure or clinically significant adverse effects to Harvoni.