

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

ZEPATIER

Covered Uses:

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

Exclusion Criteria:**Required Medical Information:**

Refer to the document, "Recommendations for Testing, Managing, and Treating Hepatitis C," by AASLD-IDSA available at <http://www.hcvguidelines.org> for drug regimen and duration of treatment based on genotype, treatment status, previous drug regimens used, past medical history and comorbidities.

Age Restrictions:**Prescriber Restrictions:**

Gastroenterologist, Hepatologist or Infectious Disease physician

Coverage Duration:

12 - 16 wks based on genotype, presence of NS5A resistance-associated polymorphisms, prior treatment

Other Criteria:

Failure or clinically significant adverse event to Harvoni.