Hepatitis C Prior Authorization Initial Approval Checklist



Please use the following checklist to determine if an Ambetter from Superior HealthPlan member meets the clinical prior authorization guidelines for Hepatitis C Virus (HCV) treatment.

✓	Initial Approval Checklist (Must Meet All)
	Diagnosis of chronic HCV infection as evidenced by detectable serum HCV RNA levels by quantitative assay in the last 6 months
	Confirmed HCV genotype is one of the following:
	 For treatment-naïve patients: genotypes 1, 2, 3, 4, 5 or 6. For patients treatment-experienced with interferon (IFN)/pegylated-interferon (pegIFN), ribavirin (RBV), and/or sofosbuvir only: genotypes 1, 2, 3, 4, 5 or 6. For patients treatment-experienced with either an NS5A inhibitor or an NS3/4A protease inhibitor: genotype 1.
	Please note: Chart note documentation and copies of lab results are required.
	Prescribed by or in consultation with a gastroenterologist, hepatologist or infectious disease specialist.
	Patient age is ≥ 18 years.
	Confirmation of Child-Pugh A status, if cirrhosis is present.
	If contraindicated to Mavyret, member must use Epclusa® for applicable genotypes and treatment status, unless contraindicated or clinically significant adverse effects are experienced.
	Life expectancy is ≥ 12 months with HCV treatment.
	Documented sobriety from alcohol and illicit IV drugs for ≥ 6 months prior to starting therapy, if applicable.
	Member is not treatment-experienced with both NS3/4A protease inhibitor AND NS5A inhibitors, such as combination therapies including, Technivie [™] , Viekira [™] and Zepatier®.
	Member agrees to participate in a medication adherence program.
	Prescribed regimen is consistent with an FDA or AASLD-IDSA recommended regimen.