

## **PROTEASE INHIBITORS FOR HEPATITIS C (INCIVEK, VICTRELIS) PA SUMMARY**

**STATUS:** Preferred

**LENGTH OF AUTHORIZATION:** Varies

### **PA CRITERIA:**

- ❖ Member must be 18 years of age or older with a diagnosis of genotype 1 chronic hepatitis C infection (CHC) with compensated liver disease (including cirrhosis)

*AND*

- ❖ Medication must be used in combination with peginterferon alfa and ribavirin
- ❖ For both medications, faxed documentation of HCV-RNA levels are required at certain times throughout therapy to determine if treatment continuation is appropriate.

### **EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827.**

### **PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

### **QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.