

Priority Health Medicare Prior Authorization Criteria (Part D)

Daklinza™

Products affected

- Daklinza™

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	Must be age 18 or older.
Prescriber restrictions	Prescriber must be a gastroenterologist, hepatologist, or infectious disease specialist.
Coverage duration	Criteria will be applied consistent with current AASLD/IDSA guidance.
Other criteria	For GT 2 and 3, must first try Epclusa. For GT 1, 5 and 6, must first try Harvoni. Criteria will be applied consistent with current AASLD/IDSA guidance.