Epclusa®

Products affected

- Epclusa®

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	12 weeks
Other criteria	Criteria will be applied consistent with current AASLD-IDSA guidance. For GT1 and 4, must first try Harvoni.