

Priority Health Medicare Prior Authorization Criteria (Part D)

Harvoni®

Products affected

- Harvoni®

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 12 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	Criteria will be applied consistent with current AASLD/IDSA guidance.