

## Priority Health Medicare Prior Authorization Criteria (Part D)

# Mavyret™

## Products affected

- Mavyret™

## Details

<b>Covered uses</b>	All medically accepted indications not otherwise excluded from Part D.
<b>Exclusion criteria</b>	N/A
<b>Required medical information</b>	Must have chronic hepatitis C infection.
<b>Age restrictions</b>	Must be age 18 or older.
<b>Prescriber restrictions</b>	Prescriber must be a gastroenterologist, hepatologist, or infectious disease specialist.
<b>Coverage duration</b>	Criteria will be applied consistent with current AASLD/IDSA guidance.
<b>Other criteria</b>	For GT1, must first try Harvoni