

Priority Health Medicare Prior Authorization Criteria (Part D)

Sovaldi®

Products affected

- Sovaldi®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	Patient must be age 12 or over
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, 4, 5, and 6, must first try Harvoni. Not covered as monotherapy. Criteria will be applied consistent with current AASLD/IDSA guidance.