

Priority Health Medicare Prior Authorization Criteria (Part D)

Zepatier®

Products affected

- Zepatier®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	Criteria will be applied consistent with current AASLD/IDSA guidance.
Other criteria	For GT1 and 4, must first try Harvoni. Criteria will be applied consistent with current AASLD/IDSA guidance.