



Drug Name: Epclusa
 Date: 9-2017

Drug Name:	Epclusa
Prescriber Restrictions:	<ul style="list-style-type: none"> • Patient is under the care of a provider registered as Preferred Provider Status (PPS) with the State of RI EOHHS and
Age Restrictions:	N/A
Exclusion Criteria:	N/A
Required Medical Information:	<ul style="list-style-type: none"> • Patient is being treated for chronic hepatitis C (CHC) genotype 1, 2, 3, 4, 5 or 6 AND • Patient has a positive quantitative viral load with test date provided (must be within 90 days of PA request) AND • Patient’s HIV co-infection treatment status is provided AND • Patient’s CHC treatment status is provided (e.g. treatment naïve or treatment experienced) along with previous CHC therapy, if relevant, AND • Patient’s hepatic function is provided (e.g. compensated/decompensated) AND • Patient with decompensated hepatic function is under the care of a specialist (e.g. liver transplant center) AND • Patient has been diagnosed with stage 3 or 4 hepatic fibrosis and/or stage 3 or 4 cirrhosis using at least one of the following methods (documentation must be provided): <ul style="list-style-type: none"> ○ AST to Platelet Ratio Index (APRI) greater than or equal to 1.0 or ○ Previous liver biopsy indicating METAVIR score 3 or 4 or ○ Fibroscan score greater than or equal to 9.5kPa or ○ Fibrotest score greater than or equal to 0.58 or ○ Imaging study consistent with cirrhosis OR • Patient is co-infected with HIV and has been diagnosed with stage 2 hepatic disease using at least one of the following methods (documentation must be provided): <ul style="list-style-type: none"> ○ AST to Platelet Ratio Index (APRI) greater than or equal to 0.5 to 1.0 or ○ Previous liver biopsy indicating METAVIR score of 2 or ○ Fibroscan score greater than or equal to 7.0kPa or ○ Fibrotest score greater than or equal to 0.32 or ○ Imaging study consistent with cirrhosis
Coverage duration:	Up to a total of 84 days of therapy