

Hepatitis C

Goal(s):

- Approve cost effective treatments of chronic hepatitis C which are supported by the medical literature when there is available evidence. When evidence is lacking the approval criteria reflect a community standard developed in consultation with local specialists.
- Provide consistent patient evaluations across all hepatitis C treatments

Requires PA:

- All drug regimens in the Hepatitis C PDL Class

Approval Criteria		
1. What diagnosis is being treated?	Record ICD9 code.	
2. Is the request for treatment of Chronic Hepatitis C?	Yes: Go to #3	No: Pass to RPh; Deny for appropriateness.
3. Is the request for continuation of therapy?	Yes: Go to specific regimen PA Criteria	No: Go to #4
4. What regimen is requested?	Document and go to #5	
5. Does the regimen contain a drug not yet reviewed by P&T?	Yes: Pass to RPh; Deny for appropriateness. Forward to DMAP for further review to determine appropriateness and coverage in light of most recent community standards and comorbidity.	No: Go to #6
6. Is the regimen being prescribed by or in consultation with a hepatologist or gastroenterologist with experience in hepatitis C?	Yes: Go to #7.	No: Pass to RPh; Deny for appropriateness. Forward to DMAP for further review to determine appropriateness of prescriber.

Approval Criteria		
7. What genotype and stage does the patient have?	Document and go to #8	
8. Has the patient been abstinent from IV drugs, illicit drugs, marijuana use AND alcohol abuse for greater than or equal to 6 months?	Yes: Go to specific regimen PA Criteria.	No: Pass to RPh; Deny for medical appropriateness.

P&T / DUR Action:

Revision(s):

Initiated:

DRAFT