THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
HEPATITIS C TREATMENTS		
Category PA Criteria: Non-preferred agents will require a failed trial of all preferred treatment options indicated for the patient's genotype and be labeled for failure of previous treatment. 1. Patient must have a documented FDA-approved diagnosis. Chronic Hepatitis C must be documented by one of the following: a. Liver fibrosis F1 and below: 2 positive HCV RNA levels at least 6 months apart b. Liver fibrosis F2 and above: 1 positive HCV RNA test within the last 12 months 2. Patient must be an FDA-approved age. 3. Patient must be drug (illicit use of drugs by injection) and alcohol free as documented by 2 drug and alcohol tests dated at least 3 months apart and meet criteria as outlined below: a. If the patient has a history of alcohol use disorder, the patient must: i. have abstained from alcohol for at least 3 months AND ii. be receiving treatment from an enrolled provider and agree to abstain from alcohol during treatment AND iii. be under the care of an addiction medicine/chemical dependency treatment provider and the provider attests the patient has abstained from alcohol use for at least 3 months b. If the patient has a history of illicit use of drugs by injection, the patient must: i. have abstained from drug use for at least 3 months AND ii. be receiving treatment from an enrolled provider and agree to abstain from said drug use during treatment AND iii. be under the care of an addiction medicine/chemical dependency treatment (or buprenorphine waived provider) provider and the provider attests the patient has abstained from drug use for at least 3 months 4. Patient must attest that they will continue treatment without interruption for the duration of therapy. 5. Prescriber must be, or consult with, a hepatologist, gastroenterologist, or infectious disease specialist. 6. HCV RNA level must be taken on week 4 and sent with a renewal request for any duration of treatment 12 weeks or longer. 7. Females using ribavirin must have a negative pregnancy test in the last 30 days and receive monthly pregnancy tests during treatment. 8. Patient must have established compliant behavior including attending scheduled provider visits (defined as 1 or less no-shows) and filling maintenance medications on time as shown in the prescription medication history for the past 12 months. 9. Patient must be tested for hepatitis B, and if the test is positive, hepatitis B must either be treated or closely monitored if patient does not need treatment. 10. Patient must not have life expectancy of less than 12 months due to non-liver related comorbid conditions. 11. PA approval duration will be based on label recommendation.		
EPCLUSA (sofosbuvir/velpatasvir)PA***	DAKLINZA (Daclatasvir)	***Epclusa: • Must be used with ribavirin for patients with decompensated cirrhosis (Child-Pugh B or Child-Pugh C).
MAVYRET (glecaprevir/pibrentasvir)PA***	HARVONI (ledipasvir/sofosbuvir)	
	OLYSIO (simeprevir)	

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
	SOVALDI (sofosbuvir)	***Mavyret/Vosevi: • Patient must not have decompensated cirrhosis (Child-Pugh B or Child-Pugh C)
	TECHNIVIE (ombitasvir/paritaprevir/ritonavir)	
	VIEKIRA PAK (dasabuvir/ombitasvir/paritaprevir/ritonavir)	
	VIEKIRA PAK XR (dasabuvir/ombitasvir/paritaprevir/ritonavir)	
	VOSEVI (sofosbuvir/velpatasvir/voxilaprevir)	
	ZEPATIER (elbasvir/grazoprevir)	
LICE		
Category PA Criteria: A 28-day/2-application trial of each of the preferred agents will be required before a non-preferred agent will be authorized. This requirement will be waived in the presence of a documented community breakout of a resistant strain that is only susceptible to a non-preferred agent.		
EURAX (crotamiton) CREAM	ELIMITE (permethrin) CREAM	
LICE SOLUTION (piperonyl butoxide/pyrethrins)	EURAX (crotamiton) LOTION	
NATROBA (spinosad)	Malathion	
Permethrin cream	OVIDE (malathion)	
SKLICE (ivermectin)	Spinosad	
ULESFIA (benzyl alcohol)		
MIGRAINE PROPHYLAXIS - 5HT(1) AGONISTS		
Category PA Criteria: Patients 18 years old or older: A 30-day trial of all preferred agents in the past 24 months will be required before a non-preferred agent will be authorized. Patients 6 to 17 years of age: A 30-day trial of rizatriptan in the past 24 months will be required before a non-preferred agent will be authorized.		
RELPAX (eletriptan)	Almotriptan	***Treximet – For patients 18 years or older, the patient must be stable on the combination product and have had a 30-day trial of naproxen in addition to sumatriptan to be approved. This criteria is in addition to the class criteria. ***Frovatriptan – A 30-day trial of naratriptan 2.5 mg within the past
Rizatriptan	ALSUMA (sumatriptan) PEN INJCTR***	
Rizatriptan ODT	AMERGE (naratriptan)	
Sumatriptan tablet	Eletriptan	