PHARMACY POLICY STATEMENT

BILLING CODE BENEFIT TYPE	Must use valid NDC

For _____ authorization: 1. Member is 5 years of age or older; AND 2. Medication must be prescribed by, or in consultation with, a board certified hepatologist, gastroenterologist, infectious disease specialist; AND 3. Member has a diagnosis of Chronic Hepatitis C (CHC) with compensated liver disease; AND 4. Member will use in combination with other hepatitis C virus drugs; Note: Monotherapy is permitted for adults only if the patient has a contraindication to other hepatitis C drugs; AND 5. Member does have any of the following; a) Acute autoimmune hepatitis; b) HIV; c) Liver transplant; d) Hepatic decompensation; AND 6. Adults: 180 mcg (1.0 mL) subcutaneously once weekly. Pediatrics: BSA x 180 mcg/1.732 m^2 subcutaneously once weekly. Quantity Limit: 4 per 28 days ***If all the above requirements are met, the medication will be approved for 48 weeks.***
For _____: 1. Chart notes must show improvement or stabilized signs and symptoms of disease, as demonstrated by an undetectable viral load. ***If all the above requirements are met, the medication will be approved for an additional 12 months.***

	New policy for Pegasys created. Coverage for adults for Hepatitis C was removed since no longer recommended by AASLD guidelines and since other more effective treatments are currently available. NCCN recommendations of off-label use added. CHB criteria revised.
	Transferred to new template. Updated References. Hepatitis B: Removed physician assistant or nurse practitioner and replaced with “in consultation with”; Clarified reauthorization criteria. Initial approval duration shortened to 48 weeks. Updated the ALT upper limit of normal per AASLD guidelines. Removed HIV exclusion from Hepatitis B indication. Hepatitis C: Added adult indication to hepatitis C per package insert. Added Pegasys is supposed to be used in combination with other Hepatitis C drugs. Clarified reauthorization criteria. Added exclusion criteria. Removed off-label Myeloproliferative Neoplasms indication

References:

1. Pegasys [package insert]. South San Francisco, CA: Genentech USA, Inc.; March 2021.
2. Update on Prevention, Diagnosis, and Treatment of Chronic Hepatitis B: AASLD 2018 Hepatitis B Guidance. PRACTICE GUIDANCE | HEPATOLOGY, VOL. 67, NO. 4, 2018.
3. AASLD/IDSA HCV guidance panel. Recommendations for testing, managing, and treating hepatitis C. Published: August 2020.

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