



**LOUISIANA HEALTH ACCESS PROGRAM (LA HAP)
 MEDICAID MANAGED CARE LA HAP ELIGIBLE MEMBERS
 HEPATITIS C FORMULARY
 Effective 11/1/2017**



P: 888-311-7632 www.ramsellcorp.com F: 800-848-4241 Version 11.2017

Generic Name	Brand Name	Restrictions
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The use of generic products is required when available, unless otherwise specified by clinician.

ANTIVIRALS-HEPATITIS C

^	ribavirin	Virazole, Rebetol, Copegus	PA Required. Fax the completed supplemental form and supporting laboratory results to LA HAP at 504-568-3157. Please call LA HAP for supplemental form or access it at www.ramsellcorp.com.
^	peginterferon alfa-2a	Pegasys	

ANTIVIRALS (Direct Acting Antivirals- DAA)-HEPATITIS

^	daclatasvir dihydrochloride	Daklinza	PA Required. Fax the completed supplemental form and supporting laboratory results to LA HAP at 504-568-3157. Please call Ramsell for supplemental form or access it at www.ramsellcorp.com.
^	dasabuvir-ombitasvir-paritaprevir-ritonavir	Viekira Pak	
^	dasabuvir-ombitasvir-paritaprevir-ritonavir	Viekira XR	
^	elbasvir-grazoprevir	Zepatier	
^	glecaprevir/pibrentasvir	Mavyret	
^	ledipasvir-sofosbuvir	Harvoni	
^	ombitasvir-paritaprevir-ritonavir	Technivie	
^	simeprevir	Olysio	
^	sofosbuvir	Sovaldi	
^	sofosbuvir-velpatasvir	Epclusa	
^	sofosbuvir-velpatasvir-voxilaprevir	Vosevi	

Program Dispensing Policies

1. Drugs marked with "*" are to be dispensed with a minimum 28 day supply.
2. Drugs marked with "^" require a prior authorization, Ramsell will request additional information (client and drug specific) before considering the authorization.
3. Refills may be obtained after 75% of the previously dispensed days-supply has been used (Louisiana ADAP allows up to 7 days prior); however, there is an annual maximum of 13 fills per prescription.
4. All ADAP prescriptions must be reauthorized by the prescriber every 6 months. The claims adjudication system will accept 5 as the maximum number of refills.
5. Non-formulary drugs are not covered if not listed on the Louisiana ADAP Formulary.
6. Use of generic products is required when available, unless otherwise specified by clinician.

PLEASE NOTE: You can verify drug coverage by dialing the toll free Ramsell number listed below and select the Electronic Verification option. You will need your pharmacy NCPDP# and the drug's 11 digit national drug code (NDC).

(Ramsell Corporation 1-888-311-7632)