

SUPPLEMENTARY MATERIALS

Effect of relaxing hepatitis C treatment restrictions on direct-acting antiviral use in a Medicaid program: an interrupted time series analysis

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Supplementary Table 1: Prior Authorization Criteria Prior to the CMS Notification

Supplementary Table 2: Prior Authorization Requirements After the CMS Notification

Supplementary Table 1: Prior Authorization Criteria Prior to the CMS Notification

	Requiring biopsy	Minimum fibrosis stage	Specialist required for prescribing	Abstinence from Illicit drugs and EtOH for 6 months	Abstinence from Illicit drugs and EtOH for 12 months	Excluded decompensated cirrhosis	Number of additional restrictive criteria
Policy 1	Yes	4	Yes		X	Yes	4
Policy 2	No	4	Yes	X		Yes	1
Policy 3	No	3	Yes	X		Yes	1
Policy 4	No	4	No		X	Yes	
Policy 5	No	3	Yes	X*		Yes	
Policy 6	Yes	3	No*		X	Yes	
Policy 7	No	4	No		X	No	
Policy 8	No	4	No		X	No	
Policy 9	No	4	Yes	X		No	
Policy 10	No	3	No		X	No	
Policy 11	No	4	N	X		No	
Policy 12	No	4	No	X		No	
Policy 13	No	3	Yes	X		Yes	2
Policy 14	No	3	No			Yes	
Policy 15	No	3	No			Yes	
Policy 16	No	3	No	X		No	
Policy 17	No	3	No	X		Yes	
<p>Other criteria include diagnosis requiring a biopsy, requiring decompensated liver disease; requiring extrahepatic manifestations, organ transplant or HIV coinfection; excluding those with decompensated liver disease; excluding those co-infected with hepatitis B or HIV</p> <p>*Only if documented active illicit drug use or active alcohol use</p>							

Supplementary Table 2: Prior Authorization Requirements After the CMS Notification

	Requiring biopsy	Minimum fibrosis stage	Specialist required for prescribing	Abstinence from Illicit drugs and EtOH for 6 months	Abstinence from Illicit drugs and EtOH for 12 months	Excluded decompensated cirrhosis	Other Restrictive Criteria
Policy 1	No	3	No			No	
Policy 2	No	3	No			No	
Policy 3	No	3	No			No	
Policy 4	No	3	No			No	
Policy 5	No	3	No			No	
Policy 6	No	3	No	X		No	
Policy 7	No	3	No	X*		No	
Policy 8	No	3	No	X*		No	
Policy 9	No	3	Yes	X		No	
Policy 10	No	3	No		X*	No	
Policy 11	No	3	No	X*		No	
Policy 12	No	3	No	X*		No	
Policy 13	No	3	Yes	X		No	
Policy 14	No	3	No			No	
Policy 15	No	3	No			No	
Policy 16	No	3	No	X*		No	
Policy 17	No	3	No			No	

*Only if documented active illicit drug use or active alcohol use