

Hepatitis C Formulary (eff. 11.01.17)			
Drug Class	Generic	Brand	Restrictions
ANTIRETROVIRALS-HEPATITIS C	ribavirin	Virazole, Rebetol, Copegus	PA Required. Fax the completed supplemental form and supporting laboratory results to SGRX at (313) 264-0985. Please call SGRX at 1- 855- FOR-SGRX for supplemental form or access it via web at www.sgrxhealth.com/drugassistanceprograms/LAHAP
	peginterferon alfa-2a	Pegasys	
ANTIRETROVIRALS-NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIs)	daclatasvir dihydrochloride	Daklinza	PA Required. Fax the completed supplemental form and supporting laboratory results to SGRX at (313) 264-0985. Please call SGRX at 1- 855- FOR-SGRX for supplemental form or access it via web at www.sgrxhealth.com/drugassistanceprograms/LAHAP
	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	