Hepatitis C Treatments Prior Authorization of Benefits Form

CONTAINS CONFIDENTIAL PATIENT INFORMATION
Complete form in its entirety and fax to: Prior Authorization of Benefits Center at 1-844-512-9004.
Provider Help Desk: 1-800-454-3730

1. Patient information	**2. Physician information**
Patient name: _____	Prescribing physician: _____
Patient ID #: _____	Physician address: _____
Patient DOB: _____	Physician phone #: _____
Date of Rx: _____	Physician fax #: _____
Patient phone #: _____	Physician specialty: _____
Patient email address: _____	Physician DEA: _____
	Physician NPI #: _____
	Physician email address: _____

3. Medication	**4. Strength**	**5. Directions**	**6. Quantity per 30 days**
_____	_____	_____	Specify: _____

7. Diagnosis: _____

8. Approval criteria: (Check all boxes that apply. Note: Any areas not filled out are considered not applicable to your patient and may affect the outcome of this request.)

Prior authorization (PA) is required for hepatitis C treatments. Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agents would be medically contraindicated. Payment will be considered under the following conditions:

1. Patient has a diagnosis of chronic hepatitis C.
2. Patient's age and/or weight is within the FDA labeled age and/or weight.
3. Patient has had testing for hepatitis C virus (HCV) genotype.
4. Patient has an active HCV infection verified by a detectable viral load within 12 months of starting treatment.
5. Patient has been tested for hepatitis B (HBV) prior to initiating treatment of HCV and individuals with active HBV infection are treated (either at same time as HCV therapy or before HCV therapy is started).
6. Patient's prior treatment history is provided (treatment naïve or treatment experienced).
7. If patient has a history of non-compliance, documentation that steps have been taken to correct or address the causes of noncompliance are provided.
8. Patient has abstained from the use of illicit drugs and alcohol for a minimum of three months as evidenced by a negative urine confirmation test.
9. HCV treatment is prescribed by or in consultation with a digestive disease, liver disease, or infectious disease provider practice.
10. For patients on a regimen containing ribavirin, documentation of the following on the PA form:
    a. Patient is not a pregnant female or a male with a pregnant female partner.

b. Women of childbearing potential and their male partners must use two forms of effective contraception during treatment and for at least [6 months] after treatment has concluded.
c. Monthly pregnancy tests will be performed during treatment.

11. Prescriber has reviewed the patient's current medication list and acknowledged that there are no significant drug interactions with the HCV medication.
12. Documentation is provided for patients who are ineligible to receive ribavirin.
13. Non-FDA approved or non-compendia indicated combination therapy regimens will not be approved.
14. Patient does not have limited life expectancy (less than 12 months) due to non-liver-related comorbid conditions.
15. If patient is recently eligible for Iowa Medicaid, and has been started and stabilized on therapy while covered under a different plan, documentation of how long the patient has been on medication will be required. Patient will be eligible for the remainder of therapy needed, based on established length of therapy for the particular treatment (defined below).
16. Lost or stolen medication replacement requests will not be authorized.
    The 72-hour emergency supply rule does not apply to hepatitis C treatments.
    Only one treatment attempt will be allowed per calendar year, regardless of compliance.

Preferred

☐ Mavyret
☐ Sofosbuvir/Velpatasvir
☐ Harvoni 45 to 200mg (3 to 11 and <35kg)
☐ Sovaldi 200mg (3 to 11 and <35kg)

Nonpreferred

☐ Epclusa
☐ Harvoni
☐ Ledipasvir/Sofosbuvir
☐ Sovaldi
☐ Zepatier
☐ Vosevi

Instructions for completing the *Hepatitis C Treatments PAB Form*:
Section 1 of the PA form lists the various regimens and clinical situations for which hepatitis C treatments will be considered medically necessary according to Iowa Medicaid PA criteria. Section 2 includes additional supporting documentation that is required on the PA form.

- Select **ONE** box in Section 1 — Treatment Regimen.
- Review and complete each numbered item in Section 2 — Supporting Documentation.
- Attach lab results, chart notes and other documentation. Sign and fax the completed form to [**1-844-512-9004**].

Section 1 — Treatment Regimen
Select **ONE** box below to indicate the requested treatment regimen based on the patient's genotype, treatment history and extent of liver disease.

Genotype 1 (Note: The subtype is listed if there are differences in the recommended treatments.)
Treatment naïve, no cirrhosis
☐ Mavyret 100/40 mg, 3 tablets daily for 8 weeks
☐ Sofosbuvir/velpatasvir 1 tablet daily for 12 weeks

Treatment naïve, compensated cirrhosis (**Child-Pugh A only**), HIV negative
☐ Mavyret 100/40 mg, 3 tablets daily for 8 weeks
☐ Sofosbuvir/velpatasvir 1 tablet daily for 12 weeks

Treatment naïve, compensated cirrhosis (**Child-Pugh A only**), HIV positive
☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

☐ Sofosbuvir/velpatasvir 1 tablet daily for 12 weeks

Treatment experienced (PEG-IFN/RBV ONLY), no cirrhosis

☐ Mavyret 100/40 mg, 3 tablets daily for 8 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg, 1 tablet daily for 12 weeks

Treatment experienced (PEG-IFN/RBV ONLY), compensated cirrhosis (Child-Pugh A ONLY)

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg, 1 tablet daily for 12 weeks

Treatment experienced (PEG-IFN/RBV + NS3/4A protease inhibitor (telaprevir, boceprevir,simeprevir) no prior NS5A, no prior Sofosbuvir), no or compenstated cirrhosis (Child-Pugh A ONLY)

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg, 1 tablet daily for 12 weeks

Treatment experienced (non NS5A inhibitor, Sofosbuvir containing regimen), no or compensated cirrhosis (Child-Pugh A ONLY)

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

☐ Sub type 1b ONLY: Sofosbuvir/velpatasvir 400/100 mg, 1 tablet daily for 12 weeks

Treatment experienced, any NS5A inhibitor but NO NS3/4A protease inhibitor, (prior therapy ONLY with ledipasvir+sofosbuvir or sofosbuvir+velapatasvir) no or compensated cirrhosis (Child-Pugh A ONLY)

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

☐ Vosevi 400/100/100 mg, 1 tablet daily for 12 weeks

Treatment experienced (prior treatment with any NS5A inhibitor (ledipasvir (Harvoni), velpatasvir (Epclusa/Vosevi), elbasvir (Zepatier), dasabuvir (Viekira), including those given with a NS3/4A protease inhibitor) but not including glecaprevir/ pibrentasvir (Mavyret) or sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures, no cirrhosis or compensated cirrhosis (Child-Pugh A ONLY)

☐ Vosevi 400/100/100 mg, 1 tablet daily for 12 weeks

Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, no cirrhosis

☐ Vosevi 400/100/100 mg, 1 tablet daily for 12 weeks

Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A ONLY)

☐ Vosevi 400/100/100 mg, 1 tablet daily plus weight-based ribavirin for 12 weeks

Treatment experienced, sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures, with or without compensated cirrhosis (Child-Pugh A ONLY)

☐ Vosevi 400/100/100 mg, 1 tablet daily plus weight-based ribavirin for 24 weeks

Re-infection of allograft liver after transplant, treatment naïve or experienced but no direct acting antiviral (DAA) experience, no cirrhosis

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg, 1 tablet daily for 12 weeks

Re-infection of allograft liver after transplant, treatment naïve or experienced but no direct acting antiviral (DAA) experience, compensated cirrhosis (Child-Pugh A ONLY)

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg, 1 tablet daily for 12 weeks

IF multiple negative baseline characteristics, consider

☐ Mavyret 100/40 mg, 3 tablets daily plus low dose ribavirin for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg, 1 tablet daily plus low dose ribavirin for 12 weeks

Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA), no cirrhosis

☐ Vosevi 400/100/100 mg, 1 tablet daily for 12 weeks

Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA), compensated cirrhosis (Child-Pugh A ONLY)

☐ Vosevi 400/100/100, mg 1 tablet daily for 12 weeks

IF multiple negative baseline characteristics, consider

☐ Vosevi 400/100/100 mg, 1 tablet daily plus low dose ribavirin for 12 weeks

Re-infection of allograft liver after transplant, treatment naïve, decompensated cirrhosis (Child-Pugh B or C ONLY)

☐ Sofosbuvir/velpatasvir 400/100 mg, 1 tablet daily plus low dose ribavirin for 12 weeks

Re-infection of allograft liver after transplant, treatment experienced, decompensated cirrhosis (Child-Pugh B or C ONLY)

☐ Sofosbuvir/velpatasvir 400/100 mg, 1 tablet daily plus low dose ribavirin for 24 weeks

Decompensated cirrhosis, no prior Sofosbuvir or NS5A

☐ Sofosbuvir/velpatasvir 400/100 mg, plus weight-based ribavirin daily for 12 wees (low-dose ribavirin# if Child-Pugh Class C)

☐ Sofosbuvir/velpatasvir 400/100 mg daily for 24 weeks (will be approved only for patients with documented ineligibility for ribavirin

Decompensated cirrhosis, prior treatment with Sofosbuvir or NS5A

☐ Sofosbuvir/velpatasvir 400/100 mg, plus weight-based ribavirin daily for 24 weeks (low dose ribavirin if Child-Pugh Class C)

Genotype 2

Treatment naïve, no cirrhosis

☐ Mavyret 100/40 mg, 3 tablets daily for 8 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg, 1 tablet daily for 12 weeks

Treatment naïve, compensated cirrhosis (Child-Pugh A ONLY) – HIV negative

☐ Mavyret 100/40 mg, 3 tablets daily for 8 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg, 1 tablet daily for 12 weeks

Treatment naïve, compensated cirrhosis (Child-Pugh A ONLY) – HIV positive

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks

Treatment experienced (PEG-IFN + ribavirin), no cirrhosis

☐ Mavyret 100/40 mg, 3 tablets daily for 8 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg daily 1 tablet daily for 12 weeks

Treatment experienced (PEG-IFN + ribavirin), with compensated cirrhosis (Child-Pugh A only)

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks

Treatment experienced (Sofosbuvir + ribavirin) with or without compensated cirrhosis (Child-Pugh A only)

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks

Treatment experienced, (direct acting antiviral including any NS5A inhibitors EXCEPT glecaprevir/pibrentasvir (Mavyret) or sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures) with or without compensated cirrhosis (Child-Pugh A only)

☐ Vosevi 400/100/100 mg, 1 tablet daily for 12 weeks

Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, no cirrhosis

☐ Vosevi — 1 tablet daily for 12 weeks

Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A only)

☐ Vosevi 400/100/100 mg , 1 tablet daily plus weight based ribavirin daily for 12 weeks

Treatment experienced, sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures with or without compensated cirrhosis (Child-Pugh A only)

☐ Vosevi 400/100/100 mg, 1 tablet daily plus weight based ribavirin daily for 24 weeks

Decompensated cirrhosis, no prior Sofosbuvir or NS5A failure

☐ Sofosbuvir/velpatasvir 400/100 mg, plus weight-based ribavirin daily for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg daily for 24 weeks (will be approved only for patients with documented ineligibility for ribavirin)

Decompensated cirrhosis, prior Sofosbuvir or NS5A failure

☐ Sofosbuvir/velpatasvir 400/100 mg, plus weight based ribavirin daily for 24 weeks (low dose ribavirin if Child-Pugh C)

Recurrent HCV infection post-liver transplantation, treatment naïve or experienced, but no direct acting antiviral (DAA) no cirrhosis

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg, 1 tablet daily for 12 weeks

Recurrent HCV infection post-liver transplantation, treatment naïve or experienced, but no direct acting antiviral (DAA) compensated cirrhosis (Child-Pugh A ONLY)

☐ Sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

IF multiple negative baseline characteristics, consider

☐ Mavyret 100/40 mg, 3 tablets daily plus low dose ribavirin for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg, 1 tablet daily plus low dose ribavirin for 12 weeks

Recurrent HCV infection of allograft liver after transplantation, decompensated cirrhosis, prior treatment with no direct acting antivirals (DAA), no cirrhosis

☐ Vosevi 400/100/100 mg, 1 tablet daily for 12 weeks

Recurrent HCV infection of allograft liver after transplantation, decompensated cirrhosis, prior treatment with no direct acting antivirals (DAA), compensated cirrhosis (Child-Pugh A ONLY)

☐ Vosevi 400/100/100 mg, 1 tablet daily for 12 weeks

IF multiple negative baseline characteristics, consider

☐ Vosevi 400/100/100 mg, 1 tablet daily plus weight based ribavirin daily for 12 weeks

Recurrent HCV infection post-liver transplantation, treatment naïve decompensated cirrhosis (Child-Pugh B or C ONLY)

☐ Sofosbuvir/velpatasvir 400/100 mg, plus low does ribavirin daily for 12 weeks

Recurrent HCV infection post-liver transplantation, treatment experienced decompensated cirrhosis (Child-Pugh B or C ONLY)

☐ Sofosbuvir/velpatasvir 400/100 mg, plus low does ribavirin daily for 24 weeks

Genotype 3

Treatment naive, no cirrhosis

☐ Mavyret 100/40 mg, 3 tablets daily for 8 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg, 1 tablet daily for 12 weeks

Treatment naive, with compensated cirrhosis (Child-Pugh A only), HIV negative only

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks (Child-Pugh A only)

☐ Sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks (only is Y93H negative, add weight based ribavirin if Y93H positive)

Treatment naive, with compensated cirrhosis (Child-Pugh A only), HIV positive

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks (only if Y93H negative)

Treatment naive, with compensated cirrhosis (Child-Pugh A only), HIV positive only, Y93H positive

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg, plus weight-based ribavirin daily for 12 weeks

Treatment experienced (PEG-IFN + ribavirin), no cirrhosis, Y93H positive

☐ Sofosbuvir/velpatasvir 400/100 mg, plus weight-based ribavirin daily for 12 weeks

☐ Mavyret 100/40 mg, 3 tablets daily for 16 weeks

☐ Vosevi 400/100/100 mg daily for 12 weeks

Treatment experienced (PEG-IFN + ribavirin), compensated cirrhosis (Child-Pugh A ONLY)

☐ Mavyret 100/40 mg, 3 tablets daily for 16 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg, plus weight-based ribavirin daily for 12 weeks

Treatment experienced (any direct acting antiviral including NS5A), no or compensated cirrhosis (Child-Pugh A ONLY)

☐ Vosevi 400/100/100 mg daily for 12 weeks (add weight based ribavirin if both prior NS5A and cirrhosis)

Decompensated cirrhosis, no prior Sofosbuvir or NS5A failure

☐ Sofosbuvir/velpatasvir 400/100 mg, plus weight-based ribavirin (low dose ribavirin# if Child-Pugh C) daily for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg, daily for 24 weeks (will only be approved for patients with documented ineligibility for ribavirin)

Decompensated cirrhosis, prior Sofosbuvir or NS5A failure

☐ Sofosbuvir/velpatasvir 400/100 mg, plus weight-based ribavirin daily for 24 weeks (low dose ribavirin# if Child-Pugh C)

Recurrent HCV infection post-liver transplantation, treatment naïve or experienced, but no direct acting antiviral (DAA) experience, no cirrhosis

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg, plus weight-based ribavirin daily for 12 weeks

Recurrent HCV infection post-liver transplantation, treatment naïve or experienced, but no direct acting antiviral (DAA) experience, compensated cirrhosis (Child-Pugh A ONLY)

☐ Sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

IF multiple negative baseline characteristics, consider

☐ Mavyret, 3 tablets daily plus low dose ribavirin# for 12 weeks

☐ Sofosbuvir/velpatasvir, 1 tablet daily plus low dose ribavirin for 12 weeks

Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA), no cirrhosis

☐ Vosevi — 1 tablet daily for 12 weeks

Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA), compensated cirrhosis (Child-Pugh A ONLY)

☐ Vosevi — 1 tablet daily for 12 weeks

IF multiple negative baseline characteristics, consider

☐ Vosevi — 1 tablet daily plus low dose ribavirin# for 12 weeks

Recurrent HCV infection post-liver transplantation, treatment naïve, decompensated cirrhosis (Child-Pugh B and C ONLY)

☐ Sofosbuvir/velpatasvir — 1 tablet daily plus weight-based ribavirin# daily for 12 weeks

Recurrent HCV infection post-liver transplantation, treatment experienced, decompensated cirrhosis (Child-Pugh B and C ONLY)

☐ Sofosbuvir/velpatasvir — 1 tablet daily plus weight-based ribavirin# daily for 24 weeks

Genotype 4

Treatment naïve, no cirrhosis

☐ Mavyret 100/40 mg, 3 tablets daily for 8 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg, 1 tablet daily for 12 weeks

Treatment naïve, compensated cirrhosis (Child-Pugh A only), HIV negative

☐ Mavyret 100/40 mg, 3 tablets daily for 8 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg, 1 tablet daily for 12 weeks

Treatment naïve, compensated cirrhosis (Child-Pugh A only), HIV positive

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg, 1 tablet daily for 12 weeks

Treatment experienced (PEG-IFN/RBV ONLY), no cirrhosis

☐ Mavyret 100/40 mg, 3 tablets daily for 8 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg, 1 tablet daily for 12 weeks

Treatment experienced (PEG-IFN/RBV ONLY), compensated cirrhosis (Child-Pugh A only)

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks

Treatment experienced (any direct acting antiviral including NS5A), with or without compensated cirrhosis (Child-Pugh A ONLY)

☐ Vosevi 400/100/100 mg daily for 12 weeks

Decompensated cirrhosis, no prior Sofosbuvir or NS5A

☐ Sofosbuvir/velpatasvir 400/100 mg, plus weight-based ribavirin daily for 12 weeks (low dose ribavirin# if Child-Pugh C)

☐ Sofosbuvir/velpatasvir 400/100 mg daily for 24 weeks (will only be approved for patients with documented ineligibility for ribavirin)

Decompensated cirrhosis, prior treatment with Sofosbuvir or NS5A

☐ Sofosbuvir/velpatasvir 400/100 mg plus, weight-based ribavirin daily for 24 weeks (low dose ribavirin# if Child-Pugh C)

Recurrent HCV infection post–liver transplantation, treatment naïve or experienced, but no direct acting antiviral (DAA), no cirrhosis

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks

Re-infection of allograft liver after transplant, treatment naïve or experienced, but no direct acting antiviral (DAA compensated cirrhosis (Child-Pugh A ONLY)

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks

IF multiple negative baseline characteristics, consider

☐ Mavyret, 3 tablets daily plus low dose ribavirin# for 12 weeks

☐ Sofosbuvir/velpatasvir, 1 tablet daily plus low dose ribavirin for 12 weeks

Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA), no cirrhosis

☐ Vosevi — 1 tablet daily for 12 weeks

Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA), compensated cirrhosis (Child-Pugh A ONLY)

☐ Vosevi — 1 tablet daily for 12 weeks

IF multiple negative baseline characteristics, consider

☐ Vosevi — 1 tablet daily plus low dose ribavirin# for 12 weeks

Recurrent HCV infection post-liver transplantation, treatment naïve, decompensated cirrhosis (Child-Pugh B and C ONLY)

☐ Sofosbuvir/velpatasvir — 1 tablet daily plus weight-based ribavirin# daily for 12 weeks

Recurrent HCV infection post-liver transplantation, treatment experienced, decompensated cirrhosis (Child-Pugh B and C ONLY)

☐ Sofosbuvir/velpatasvir — 1 tablet daily plus weight-based ribavirin# daily for 24 weeks

Genotype 5 or 6

Treatment naïve, with or without compensated cirrhosis (Child-Pugh A only), HIV negative ONLY

☐ Mavyret 100/40 mg, 3 tablets daily for 8 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks

Treatment naïve, with or without compensated cirrhosis (Child-Pugh A only), HIV positive ONLY

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks

Treatment experienced (PEG-IFN/RBV), no cirrhosis

☐ Mavyret 100/40 mg, 3 tablets daily for 8 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg, 1 tablet daily for 12 weeks

Treatment experienced (PEG-IFN/RBV), compensated cirrhosis (Child-Pugh A ONLY)

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks

Treatment experienced (any Direct Acting HCV Antiviral (DAA) including NS5A inhibitors, EXCEPT glecaprevir/pibrentasvir(Mavyret) sofosbuvir/velpatasvir (vosevi) failures) or with no or compensated cirrhosis (Child-Pugh A ONLY)

☐ Vosevi 400/100/100 mg daily for 12 weeks

Treatment experienced glecaprevir/pibrentasvir(Mavyret) failures, no cirrhosis

☐ Vosevi — 1 tablet daily for 12 weeks

Treatment experienced glecaprevir/pibrentasvir(Mavyret) failures, compensated cirrhosis (Child-Pugh A only)

☐ Vosevi — 1 tablet daily for 12 weeks

Treatment experienced sofosbuvir/velpatasvir (vosevi) failures, with or without compensated cirrhosis (Child-Pugh A only)

☐ Vosevi — 1 tablet daily plus weight-based ribavarin for 24 weeks

Decompensated cirrhosis, no prior Sofosbuvir or NS5A

☐ Sofosbuvir/velpatasvir 400/100 mg, plus weight-based ribavirin daily for 12 weeks (low dose ribavirin# if Child-Pugh C)

☐ Sofosbuvir/velpatasvir 400/100 mg daily for 24 weeks (will only be approved for patients with documented ineligibility to ribavirin)

Decompensated cirrhosis, prior treatment with Sofosbuvir or NS5A

☐ Sofosbuvir/velpatasvir 400/100 mg, plus weight-based ribavirin daily for 24 weeks (low dose ribavirin# if Child-Pugh C)

Recurrent HCV infection post-liver transplantation, treatment naïve or experienced but no direct acting antiviral (DAA) expeience, no cirrhosis

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks

Re-infection of allograft liver after transplant, treatment naïve or experienced, but no direct acting antiviral (DAA compensated cirrhosis (Child-Pugh A ONLY)

☐ Mavyret 100/40 mg, 3 tablets daily for 12 weeks

☐ Sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks

IF multiple negative baseline characteristics, consider

☐ Mavyret, 3 tablets daily plus low dose ribavirin# for 12 weeks

☐ Sofosbuvir/velpatasvir, 1 tablet daily plus low dose ribavirin for 12 weeks

Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA), no cirrhosis

☐ Vosevi — 1 tablet daily for 12 weeks

Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA), compensated cirrhosis (Child-Pugh A ONLY)

☐ Vosevi — 1 tablet daily for 12 weeks

IF multiple negative baseline characteristics, consider
☐ Vosevi — 1 tablet daily plus low dose ribavirin# for 12 weeks

Recurrent HCV infection post-liver transplantation, treatment naïve, decompensated cirrhosis (Child-Pugh B and C ONLY)
☐ Sofosbuvir/velpatasvir 1 tablet plus weight-based ribavirin# for 12 weeks

Recurrent HCV infection post-liver transplantation, treatment experienced, decompensated cirrhosis (Child –Pugh B and C ONLY)
☐ Sofosbuvir/velpatasvir 1 tablet plus weight- based ribavirin# for 24 weeks

Other Treatment Regimen
Genotype, treatment history and extent of liver disease: _____
Drug name, dose and duration: _____

Clinical rationale for selecting regimens other than those outlined above: _____
_____
_____

Abbreviations: PEG-IFN=peg-interferon; RBV=ribavirin; PI=protease inhibitor; DAA=direct acting antiviral # low dose ribavirin = 600 mg/day and increase as tolerated

Section 2 — Supporting Documentation
Review and complete each numbered item below to provide the supporting documentation for the PA request.

Diagnosis:
1. Pretreatment viral load (attach results): _____ Date obtained: _____

Patient History:
2. Does the patient have a history of noncompliance? ☐ Yes ☐ No
   If yes, submit chart notes documenting the steps taken to correct or address the non-compliance. (Attach chart notes.)
3. Documentation in provider notes (must be submitted) showing that member has had no abuse of alcohol and drugs for the previous 3 months. MUST submit urine drug screen for members with history of abuse of drugs other than alcohol. Counseling MUST be provided and documented regarding non-abuse of alcohol and drugs as well as education on how to prevent HCV transmission.
4. Has patient been screened for Hepatitis B? ☐ Yes ☐ No; Date: _____ Active disease: ☐ Yes ☐ No
   If yes, has patient been treated or currently being treated? ☐ Yes ☐ No
5. Patient weight: _____ Date obtained: _____
6. Does patient have a limited life expectancy (less than 12 months) due to nonliver-related comorbid conditions? ☐ Yes ☐ No

Prescriber Information
7. Provider practice: ☐ Digestive disease ☐ Liver disease ☐ Infectious disease ☐ Other: _____
   If other, note consultation with specialist: consultation date: _____
   Physician name, phone and specialty: _____

Regimens Containing Ribavirin

8. If the patient is female and of childbearing potential, or the patient is male with a female partner of childbearing potential, the prescriber must acknowledge the following:
   - ☐ The patient is not pregnant (or a male patient with a pregnant female partner) and is not planning to become pregnant during treatment or within 6 months of stopping treatment.
   - ☐ Both partners will use two forms of effective contraception during treatment and for at least 6 months after stopping treatment.
   - ☐ Monthly pregnancy tests will be performed throughout treatment.
9. Complete blood count with differential (attach results)
10. If the patient is ineligible for ribavirin, select the appropriate reason from the list below:
    - ☐ History of severe or unstable cardiac disease
    - ☐ Pregnant women and men with pregnant partners
    - ☐ Diagnosis of hemoglobinopathy (e.g., thalassemia major, sickle cell anemia)
    - ☐ Hypersensitivity to ribavirin
    - ☐ Baseline platelets <70,000 cells/µL
    - ☐ Baseline absolute neutrophil count <1,500 cells/µL
    - ☐ Baseline hemoglobin <12 g/dL in women or <13 g/dL in men
    - ☐ Other: _____

Note: Laboratory values will be reviewed and requests will not be considered if labs are outside of a specific range. Patients with CrCl <50 ml/min (moderate or severe renal dysfunction, ESRD, HD) should have dosage reduced.

Potentially Significant Drug Interactions

11. Coadministration of Hepatitis C treatments with the following medications is not recommended. By checking the box, the prescriber attests that they have reviewed the patient's medications for potentially significant drug interactions with the Hepatitis C treatment on a drug interaction website.
    - ☐ Website used:_____ Date completed:_____

Attach lab results and other documentation

9. Physician signature

_____ _____

Prescriber or authorized signature Date

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.

Note: Payment is subject to member eligibility. Authorization does not guarantee payment.