

## Hepatitis C Prior Authorization Request Form (Page 1 of 2)

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Member Information <small>(required)</small>			Provider Information <small>(required)</small>		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:
Medication Information <small>(required)</small>					
Medication Name:			Strength:		Dosage Form:
<input type="checkbox"/> Check if requesting <b>brand</b>			Directions for Use:		
<input type="checkbox"/> Check if request is for <b>continuation of therapy</b>					
Clinical Information <small>(required)</small>					
<b>Select the diagnosis below:</b> <input type="checkbox"/> Hepatitis C virus infection <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
<b>Clinical information:</b> Document the patient's genotype: _____ Document the patient's weight: _____ Kg Does the patient have one of the following (providers may be asked to provide documentation): Does the patient have cirrhosis? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient have compensated liver disease (Child-Pugh A)? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient have decompensated liver disease (Child-Pugh B or C)? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the patient treatment naïve? <input type="checkbox"/> Yes <input type="checkbox"/> No Select one of the following: <input type="checkbox"/> Patient is ribavirin intolerant/ineligible <input type="checkbox"/> Patient is female and prescribed ribavirin, patient has a negative pregnancy test within 30 days prior to initiation of therapy and will receive a monthly pregnancy test during treatment <input type="checkbox"/> Patient is not prescribed ribavirin <input type="checkbox"/> Patient is prescribed ribavirin or ribavirin eligible					
<b>For Epclusa or generic sofosbuvir/velpatasvir, also answer the following:</b> Has the patient had prior treatment failure with sofosbuvir or NS5A-based treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the patient taking P-glycoprotein (P-gp) inducers (e.g., rifampin, St. John's wort)? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the patient taking anticancers (e.g., topotecan)? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the patient taking moderate to potent CYP inducers (e.g., rifampin, St. John's wort, carbamazepine, phenytoin, phenobarbital, oxcarbazepine)? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the patient receiving Epclusa (sofosbuvir/velpatasvir) in combination with another HCV direct acting antiviral agent [e.g., Sovaldi (sofosbuvir), Harvoni (ledipasvir/sofosbuvir), Zepatier (elbasvir/grazoprevir)]? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>For Harvoni or generic ledipasvir/sofosbuvir, also answer the following:</b> Select if the patient is taking any of the following medications: <input type="checkbox"/> Anticonvulsants (e.g., carbamazepine, oxcarbazepine, phenobarbital, phenytoin) <input type="checkbox"/> P-glycoprotein (P-gp) inducers (e.g., rifampin, St. John's wort) <input type="checkbox"/> HIV antiretrovirals (e.g., tipranavir/ritonavir) <input type="checkbox"/> Tenofovir-containing HIV regimens <input type="checkbox"/> Anticancers (e.g., topotecan) Is the patient receiving Harvoni (ledipasvir/sofosbuvir) in combination with another HCV direct acting antiviral agent [e.g., Sovaldi (sofosbuvir), Zepatier (elbasvir/grazoprevir)]? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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**For Mavyret (glecaprevir-pibrentasvir), also answer the following:**

Select if the patient has been previously treated with a regimen containing the following (select all that applies):

- An HCV NS5A inhibitor
- An NS3/4A protease inhibitor (PI)
- Interferon (including pegylated formulations), ribavirin, and/or Sovaldi (sofosbuvir)

Is the patient receiving Mavyret in combination with another HCV direct acting antiviral agent [e.g., Sovaldi (sofosbuvir), Harvoni (ledipasvir/sofosbuvir), Zepatier (elbasvir/grazoprevir)]?  Yes  No

**For Sovaldi (sofosbuvir), also answer the following:**

Select if the patient will use Sovaldi in combination with the following:

- Pegylated interferon and ribavirin
- Ribavirin

Does the patient have severe renal impairment (eGFR < mL/min/1.73 m<sup>2</sup>)?  Yes  No

Does the patient have end-stage renal disease?  Yes  No

Does the patient have hepatocellular carcinoma that meets criteria for liver transplant?  Yes  No

**For Vosevi (sofosbuvir-velpatasvir-voxilaprevir), also answer the following:**

Has the patient been previously treated with a regimen containing an NS5A inhibitor?  Yes  No

Has the patient been previously treated with a regimen containing Sovaldi (sofosbuvir) without an NS5A inhibitor?  Yes  No

Is the patient receiving Vosevi in combination with another HCV direct acting antiviral agent [e.g., Sovaldi (sofosbuvir), Harvoni (ledipasvir/sofosbuvir), Zepatier (elbasvir/grazoprevir)]?  Yes  No

**For Zepatier (elbasvir-grazoprevir), also answer the following:**

Has the patient been tested for the presence of NS5A resistance-associated polymorphisms?  Yes  No

Does the patient have moderate to severe hepatic impairment?  Yes  No

Is the patient receiving Zepatier in combination with another HCV direct acting antiviral agent [e.g., Sovaldi (sofosbuvir), Harvoni (ledipasvir/sofosbuvir)]?  Yes  No

**Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?**

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Please note: This request may be denied unless all required information is received.  
 For urgent or expedited requests please call 1-855-401-4262.  
 This form may be used for non-urgent requests and faxed to 1-844-403-1029.