



## HEPATITIS C TREATMENT Prior Authorization Request Form

In order for beneficiaries to receive coverage for Hepatitis C Treatment, it will be necessary for the prescriber to complete and fax this prior authorization request to Change Healthcare. Please complete this form in its entirety and sign and date below. Incomplete requests will be returned for additional information. For questions, please contact the Change Healthcare help desk at 1-844-679-5363.

**Submit request via: Fax: 1-844-679-5366**

**Prescribing physician:**

Name: \_\_\_\_\_  
Physician NPI: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Fax#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person at Office: \_\_\_\_\_

**Beneficiary:**

Name: \_\_\_\_\_  
Medicaid ID#: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Pharmacy Name \_\_\_\_\_  
Pharmacy NPI: \_\_\_\_\_  
Pharmacy Phone: \_\_\_\_\_ Pharmacy Fax: \_\_\_\_\_

**Hepatitis C treatment PA requests will be approved for members who meet the following guidelines. This PA form will cover up to twelve weeks of therapy. Only a 14-day supply will be allowed for the 1<sup>st</sup> fill. The first and second pages list the various regimens and the clinical situations for which they will be considered medically necessary according to criteria, as well as the required supporting documentation. The PA must be approved prior to the 1<sup>st</sup> dose. Documentation of adherence (viral load changes or progress notes with a documented compliance discussion with details on compliance to date) will be required for continuation of therapy beyond 12 weeks & must be submitted with the PA request prior to completing the third month of therapy. For all therapies, member must have documentation of liver fibrosis of at least Metavir stage 3 or 4.**

<input type="checkbox"/>	<b>Genotype 1a</b>
<input type="checkbox"/>	Treatment naïve, no cirrhosis, HCV viral load < 6 million copies/ml → Regimen 1 (HIV negative only) or 2
<input type="checkbox"/>	Treatment naïve, no cirrhosis, HCV viral load ≥ 6 million → Regimen 2
<input type="checkbox"/>	Treatment naïve, compensated cirrhosis → Regimen 2
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin ONLY), not cirrhotic → Regimen 2
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin ONLY), cirrhosis → Regimen 4
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin ONLY), cirrhosis, ribavirin ineligible** → Regimen 3
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin +/- protease inhibitor), no cirrhosis → Regimen 2
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin +/- protease inhibitor), compensated cirrhosis → Regimen 4, if ribavirin ineligible** → Regimen 3 or 6
<input type="checkbox"/>	Treatment experienced (sofosbuvir + ribavirin +/- PEG-IFN), no cirrhosis → Regimen 4
<input type="checkbox"/>	Treatment experienced (sofosbuvir + simeprevir), no cirrhosis → defer treatment
<input type="checkbox"/>	Treatment experienced (sofosbuvir + ribavirin +/- PEG-IFN), compensated cirrhosis → Regimen 5
<input type="checkbox"/>	Treatment experienced (simeprevir + sofosbuvir), compensated cirrhosis → Test for resistance associated variants and treat accordingly
<input type="checkbox"/>	Treatment experienced, any NS5A inhibitor (daclatasvir + sofosbuvir, ledipasvir + sofosbuvir or paritaprevir/ritonavir/ombitasvir + dasabuvir), non-cirrhotic → defer treatment
<input type="checkbox"/>	Treatment experienced, any NS5A inhibitor (daclatasvir + sofosbuvir, ledipasvir + sofosbuvir or paritaprevir/ritonavir/ombitasvir + dasabuvir), cirrhosis or urgent need for treatment → testing for resistance-associated variants and treat accordingly
<input type="checkbox"/>	Re-infection of allograft liver after transplant, no or compensated cirrhosis → Regimen 4 or, if ribavirin ineligible** → Regimen 3
<input type="checkbox"/>	Re-infection of allograft liver after transplant, decompensated cirrhosis → Regimen 9
<input type="checkbox"/>	Decompensated cirrhosis, no prior sofosbuvir → Regimen 9
<input type="checkbox"/>	Decompensated cirrhosis, no prior sofosbuvir, ribavirin ineligible** → Regimen 3
<input type="checkbox"/>	Decompensated cirrhosis, prior treatment with sofosbuvir → Regimen 10
<input type="checkbox"/>	<b>Genotype 1b</b>
<input type="checkbox"/>	Treatment naïve, no cirrhosis, HCV viral load <6 million copies/ml → Regimen 1(HIV negative only) or 2
<input type="checkbox"/>	Treatment naïve, no cirrhosis, HCV viral load ≥6 million → Regimen 2
<input type="checkbox"/>	Treatment naïve, compensated cirrhosis → Regimen 2

<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin ONLY), not cirrhotic → Regimen 2
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin ONLY), cirrhosis → Regimen 4
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin ONLY), cirrhosis, ribavirin ineligible** → Regimen 3 or 11
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin +/- protease inhibitor), no cirrhosis → Regimen 2
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin + protease inhibitor), compensated cirrhosis → Regimen 4, or if ribavirin ineligible** → Regimen 3
<input type="checkbox"/>	Treatment experienced (sofosbuvir + ribavirin +/- PEG-IFN), no cirrhosis → Regimen 4
<input type="checkbox"/>	Treatment experienced (simeprevir + sofosbuvir), no cirrhosis → defer treatment
<input type="checkbox"/>	Treatment experienced (sofosbuvir + ribavirin +/- PEG-IFN), advanced fibrosis or compensated cirrhosis → Regimen 5
<input type="checkbox"/>	Treatment experienced (simeprevir + sofosbuvir), compensated cirrhosis → Test for resistance associated variants and treat accordingly
<input type="checkbox"/>	Treatment experienced, any NS5A inhibitor (daclatasvir + sofosbuvir, ledipasvir + sofosbuvir or paritaprevir/ritonavir/ombitasvir + dasabuvir), non-cirrhotic → defer treatment
<input type="checkbox"/>	Treatment experienced, any NS5A inhibitor (daclatasvir + sofosbuvir, ledipasvir + sofosbuvir or paritaprevir/ritonavir/ombitasvir + dasabuvir), cirrhosis or urgent need for treatment → testing for resistance-associated variants
<input type="checkbox"/>	Re-infection of allograft liver after transplant, no or compensated cirrhosis → Regimen 4 or, if ribavirin ineligible** → Regimen 3
<input type="checkbox"/>	Re-infection of allograft liver after transplant, decompensated cirrhosis → Regimen 9
<input type="checkbox"/>	Decompensated cirrhosis, no prior sofosbuvir → Regimen 9
<input type="checkbox"/>	Decompensated cirrhosis, no prior sofosbuvir, ribavirin ineligible** → Regimen 3
<input type="checkbox"/>	Decompensated cirrhosis, prior treatment with sofosbuvir → Regimen 10
<input type="checkbox"/>	<b>Genotype 2</b>
<input type="checkbox"/>	Treatment naïve, no cirrhosis → Regimen 6
<input type="checkbox"/>	Treatment naïve, compensated cirrhosis → Regimen 6
<input type="checkbox"/>	Treatment naïve, ribavirin ineligible** → Regimen 6
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin) → Regimen 6
<input type="checkbox"/>	Treatment experienced (sofosbuvir + ribavirin) → Regimen 7, if ribavirin ineligible** → Regimens 12
<input type="checkbox"/>	Decompensated cirrhosis → Regimen 7
<input type="checkbox"/>	Re-infection of allograft liver after transplant, no or compensated cirrhosis → Regimen 13
<input type="checkbox"/>	Re-infection of allograft liver after transplant, no or compensated cirrhosis, ribavirin ineligible** → Regimen 12
<input type="checkbox"/>	Re-infection of allograft liver after transplant, decompensated cirrhosis → Regimen 14
<input type="checkbox"/>	<b>Genotype 3</b>
<input type="checkbox"/>	Treatment naïve, with/without cirrhosis → Regimen 6
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin), no cirrhosis → Regimen 6
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin), compensated cirrhosis → Regimen 7
<input type="checkbox"/>	Treatment experienced (sofosbuvir + ribavirin), no or compensated cirrhosis → Regimen 7
<input type="checkbox"/>	Decompensated cirrhosis → Regimen 7
<input type="checkbox"/>	Re-infection of allograft liver after transplant, no or compensated cirrhosis → Regimen 13
<input type="checkbox"/>	Re-infection of allograft liver after transplant, no or compensated cirrhosis, RBV ineligible** → Regimen 12
<input type="checkbox"/>	<b>Genotype 4</b>
<input type="checkbox"/>	Regardless of prior treatment, no cirrhosis → Regimen 2 or 8
<input type="checkbox"/>	Regardless of prior treatment, compensated cirrhosis → Regimen 4 or 8
<input type="checkbox"/>	Decompensated cirrhosis, no prior sofosbuvir → Regimen 9
<input type="checkbox"/>	Decompensated cirrhosis, no prior sofosbuvir, ribavirin ineligible** → Regimen 3
<input type="checkbox"/>	Decompensated cirrhosis, prior treatment with sofosbuvir → Regimen 10
<input type="checkbox"/>	Re-infection of allograft liver after transplant, no or compensated cirrhosis → Regimen 4
<input type="checkbox"/>	Re-infection of allograft liver after transplant, no or compensated cirrhosis, ribavirin ineligible** → Regimen 3
<input type="checkbox"/>	Re-infection of allograft liver after transplant, decompensated cirrhosis → Regimen 9
<input type="checkbox"/>	<b>Genotype 5</b>
<input type="checkbox"/>	Regardless of prior treatment → Regimen 2
<input type="checkbox"/>	<b>Genotype 6</b>
<input type="checkbox"/>	Regardless of prior treatment → Regimen 2

**REGIMENS:**

1. Harvoni (ledipasvir/sofosbuvir) 90/400 mg daily for 56 days (8 weeks)
2. Harvoni (ledipasvir/sofosbuvir) 90/400 mg daily for 84 days (12 weeks)
3. Harvoni (ledipasvir/sofosbuvir) 90/400 mg daily for 168 days (24 weeks)
4. Harvoni (ledipasvir/sofosbuvir) 90/400 mg daily + weight-based ribavirin for 84 days (12 weeks)
5. Harvoni (ledipasvir/sofosbuvir) 90/400 mg daily + weight based ribavirin for 168 days (24 weeks)
6. Epclusa (sofosbuvir/velpatasvir) 400/100 mg daily for 84 days (12 weeks)
7. Epclusa (sofosbuvir/velpatasvir) 400/100 mg daily + weight-based ribavirin for 84 days (12 weeks)
8. Technivie (ombitasvir, paritaprevir, ritonavir 25/150/100 mg) + weight-based ribavirin for 84 days (12 weeks)
9. Harvoni (ledipasvir/sofosbuvir) 90/400 mg daily + low dose ribavirin<sup>#</sup> for 84 days (12 weeks)
10. Harvoni (ledipasvir/sofosbuvir) 90/400 mg daily + low dose ribavirin<sup>#</sup> for 168 days (24 weeks)
11. Zepatier (elbasvir/grazoprevir) 50/100 mg daily for 84 days (12 weeks)
12. Daklinza (daclatasvir) 60mg<sup>^</sup> daily + Sovaldi (sofosbuvir) 400 mg daily X 168 days (24 weeks)
13. Daklinza (daclatasvir) 60 mg<sup>^</sup> + Sovaldi (sofosbuvir) 400 mg daily and low dose RBV<sup>#</sup> X 84 days (12 weeks)
14. Sovaldi (sofosbuvir) 400 mg daily + low dose ribavirin\* for 168 days (24 weeks)

<sup>^</sup> Dose of Daklinza (daclatasvir) MUST BE ADJUSTED with certain co-administered drugs (reduced to 30 mg daily with concurrent CYP3A4 inhibitors and increased to 90 mg daily with concurrent moderate CYP3A4 inducers)

<sup>#</sup> low dose ribavirin = 600 mg/day and increase as tolerated

**OTHER: Please provide clinical rationale for choosing a regimen that is beyond those found within the current guidelines, or for selecting regimens other than those outlined above.**

Other drug regimen: please specify all drugs and include the dose and duration for each:

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**The following documentation must be submitted with initial request for consideration of approval:**

<input type="checkbox"/> Active HCV infection verified by viral load within the last year	<input type="checkbox"/> HCV Genotype verified by lab Genotype: (circle) 1a 1b 2 3 4 5 6 <input type="checkbox"/> Metavir fibrosis score: _____ Date: _____ Method(s) used: _____
<input type="checkbox"/> Prescriber is, or has consulted with, a gastroenterologist, hepatologist, ID specialist or other Hepatitis specialist. Consult must be w/in the past year with documentation of recommended regimen.	<input type="checkbox"/> Documentation in provider notes ( <b>must be submitted</b> ) showing that member has had no abuse of alcohol and drugs for the previous 6 months. <b>MUST submit</b> urine drug screen for members with history of abuse of drugs other than alcohol. Counseling <b>MUST</b> be provided and documented regarding non-abuse of alcohol and drugs as well as education on how to prevent HCV transmission
<input type="checkbox"/> Patient is not receiving dialysis and has CrCl $\geq$ 30mL/min (sofosbuvir containing regimens only) <ul style="list-style-type: none"> <li><input type="checkbox"/> Verified by lab results including a creatinine level within the past 6 months</li> </ul>	<input type="checkbox"/> Sovaldi: Current medication list that does NOT include: carbamazepine, phenytoin, phenobarbital, oxcarbazepine, rifabutin, rifampin, rifapentine, St. John’s Wort, or tipranavir/ritonavir <input type="checkbox"/> Harvoni: Current medication list that does NOT include: carbamazepine, phenytoin, phenobarbital, oxcarbazepine, rifabutin, rifampin, rifapentine, St. John’s Wort, ritonavir, tipranavir, Stribild, Crestor, H2 receptor antagonists above the following daily doses: famotidine 80 mg, ranitidine/nizatidine 600 mg or cimetidine 1600 mg; or PPIs above the following daily doses: esomeprazole 20 mg, lansoprazole or 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg <input type="checkbox"/> Epclusa: Current medication list does not include: all meds listed under Sovaldi plus efavirenz, topotecan or rosuvastatin at doses > 10 mg <input type="checkbox"/> Zepatier: Current medication list does NOT include: carbamazepine, phenytoin, rifampin, ST. Joh’s Wort, efavirenz, atazanavir, darunavir, lopinavir, saquinavir, tipranavir, cyclosporine, nafcillin, ketoconazole, bosentan, tacrolimus, etravirine, elvitegravir/cobicistat/emtricitabine/tenofovir (disoproxil fumarate or alafenamide), modafinil, daily doses exceeding the following: atorvastatin 20 mg, rosuvastatin 10 mg <input type="checkbox"/> Daklinza: Dose has been adjusted as needed if being co-administered with certain drugs (reduced to 30 mg daily with concurrent CYP3A4 inhibitors and increased to 90 mg daily with concurrent moderate CYP3A4 inducers)
<p><b>For ANY regimen that includes ribavirin</b></p> <input type="checkbox"/> <b>For women of childbearing potential</b> (and male patients with female partners of childbearing potential): <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient is not pregnant (or a male with a pregnant female partner) and not planning to become pregnant during treatment or within 6 months of stopping</li> <li><input type="checkbox"/> Agreement that partners will use two forms of effective non-hormonal contraception during treatment and for at least 6 months after stopping</li> <li><input type="checkbox"/> Verification that monthly pregnancy tests will be performed throughout treatment</li> </ul>	
<input type="checkbox"/> <b>For Ribavirin-Intolerant**:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> History of severe or unstable cardiac disease</li> <li><input type="checkbox"/> Pregnant women and men with pregnant partners</li> <li><input type="checkbox"/> Diagnosis of hemoglobinopathy (e.g., thalassemia major, sickle cell anemia)</li> <li><input type="checkbox"/> Hypersensitivity to RBV</li> <li><input type="checkbox"/> Baseline platelet count &lt; 70,000 cells/mm<sup>3</sup></li> <li><input type="checkbox"/> ANC &lt; 1500 cells/mm<sup>3</sup></li> <li><input type="checkbox"/> Hb &lt; 12 gm/ml in women or &lt;13 g/dl in men</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p><b>Patients with CrCl &lt;50 ml/min (moderate or severe renal dysfunction, ESRD, HD) should have dosage reduced</b></p>	

By completing this form, I hereby certify that the above request is true, accurate and complete. That the request is medically necessary, does not exceed the medical needs of the member, and is clinically supported in your medical records. I also understand that any misrepresentations or concealment of any information requested in the prior authorization request may subject me to audit and recoupment.

**Provider Signature:** \_\_\_\_\_ **Date of Submission:** \_\_\_\_\_

**\*MUST MATCH PROVIDER LISTED ABOVE**