



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Hepatitis C Agents

Phone: 800-728-7947 Fax back to: 866-880-4532

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. Please note any information left blank or illegible may delay the review process.

Form with fields for Patient Name, Member/Subscriber Number, Date of Birth, Group Number, Address, City, State ZIP, Primary Phone, Prescriber Name, Supervising Physician, Fax, Office Contact, NPI, Address, City, State ZIP, Specialty/facility name, Phone, and State Lic ID.

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Five question boxes (Q1-Q5) regarding therapy duration, prescriber specialty, genotype, viral load, and biopsy/test results.



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	<b>Supervising Physician:</b>

- Fibroscan
- Fibrosure
- Radiological imaging
- Other (please specify)

Q6. Please select all clinical condition(s) that apply to this patient (include documentation):

- Cryoglobulinemia AND either vasculitis, peripheral neuropathy, OR Reynaud's phenomenon
- Membranoproliferative glomerulonephritis
- Membranous nephropathy
- Post liver transplant
- Currently on liver transplant list
- Prior organ transplant, currently taking immunosuppressive agents
- Clinically compensated cirrhosis
- Clinically decompensated cirrhosis
- Moderate hepatic impairment (Child-Pugh class B)
- ESRD on hemodialysis or severe renal impairment (eGFR <30 mL/min/1.73m3)
- Any other non-liver related comorbidity resulting in less than a 10-year predicted survival
- None of the above

Q7. Has the patient been evaluated for current or prior Hepatitis B infection?

- No, patient has not been evaluated
- Yes, evidence of past infection - will monitor closely for signs of reoccurrence during treatment
- Yes, evidence of current infection - will be treated for Hepatitis B prior to treatment for or concomitantly with Hepatitis C
- Yes, and patient does not have evidence of current or past Hepatitis B infection

Q8. Please select all that apply regarding drug interactions and treatment resistance (include documentation):

- Concurrent use of P-glycoprotein inducers or moderate to potent inducers of CYP2B6, 2C8 or 3A4 (e.g. topotecan, carbamazepine, phenytoin, phenobarbital, oxcarbazepine, rifabutin, rifampin, rifapentine, efavirenz, tipranavir/ritonavir, St. John's wort)
- Concurrent use of drugs that are strong inducers of CYP3A (e.g. phenytoin, carbamazepine, rifampin, St. John's wort)
- Concurrent use of efavirenz OR OATP1B1/3 inhibitors (e.g. atazanavir, cyclosporine, darunavir, lopinavir, saquinavir, tipranavir)
- Presence of NS5A polymorphisms at amino acid positions M28, Q30, L31, and Y93



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<input type="checkbox"/> Baseline NS5A treatment resistance-associated polymorphisms, with prior protease inhibitor treatment experience (e.g. boceprevir, telaprevir) <input type="checkbox"/> None of the above	
Q9. Please select all social conditions that apply to the patient (include documentation): <input type="checkbox"/> Alcohol OR IV drug use in the previous 6 months <input type="checkbox"/> Ongoing non-adherence to prior medications or medical treatment <input type="checkbox"/> Failure to complete HCV disease evaluation, appointments and procedures (e.g. laboratories) <input type="checkbox"/> None of the above	
Q10. Select the agents that the patient has been treated with previously: <input type="checkbox"/> Treatment naive <input type="checkbox"/> Peginterferon (PEG) and Ribavirin (RBV) - Dual Therapy <input type="checkbox"/> Incivek or Victrelis-based regimen <input type="checkbox"/> Daklinza, Epclusa, Harvoni, Olysio, Sovaldi, Technivie, Viekira, or Zepatier-based regimen <input type="checkbox"/> For Mavyret: Sovaldi and Olysio <input type="checkbox"/> For Mavyret: PEG and RBV PLUS (Daklinza, Incivek, Olysio, OR Victrelis) <input type="checkbox"/> For Mavyret: Harvoni <input type="checkbox"/> For Vosevi: Daklinza, Epclusa, Harvoni, Technivie, Viekira Pak or XR, OR Zepatier <input type="checkbox"/> For Vosevi: Sovaldi based regimen (plus interferon +/- RBV, RBV, or NS3/4A protease inhibitor) <input type="checkbox"/> Other - please specify	
Q11. Does patient have a documented contraindication or clinically significant intolerance to ribavirin therapy? Select all that apply and include documentation: <input type="checkbox"/> Women who are pregnant or may become pregnant <input type="checkbox"/> Male whose female partner is or may become pregnant <input type="checkbox"/> Hemoglobinopathy (e.g. thalassemia major or sickle cell anemia) <input type="checkbox"/> Co-administration with didanosine <input type="checkbox"/> Documented history of clinically significant or unstable cardiac or renal disease <input type="checkbox"/> Documented clinically significant anemia, including clinically significant anemia with prior ribavirin use <input type="checkbox"/> Other (please specify) <input type="checkbox"/> None of the above	
Q12. If requesting a dose adjustment for Daklinza 30 mg or 90 mg daily due to a drug-drug interaction: Is the interacting drug medically necessary and cannot be avoided during the three months of hepatitis C treatment?	



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Q13. If request is for Epclusa, Mavyret, Olysio, Technivie, Viekira, or Zepatier, provide clinical justification as to why preferred agents Harvoni and Sovaldi are not appropriate for this patient. Q14. Additional Comments

Prescriber Signature Date

Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to the SWHP medical director at 1-888-316-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.

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