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.**

Patient Name:	**Prescriber Name:** **Supervising Physician:**	
Member/Subscriber Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Group Number:	NPI:	State Lic ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Primary Phone:	Specialty/facility name (if applicable):	

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.

Q1. What is the requested duration of therapy?

Q2. Specify the prescriber's specialty.

- ☐ Hepatologist
- ☐ Board Certified Infectious Disease specialist
- ☐ Board Certified Gastroenterologist
- ☐ Other (please specify)

Q3. Please provide genotype for diagnosis (include genotype testing documentation)

Q4. What is the patient's baseline viral load? Include documentation.

Q5. Please provide scores or results and include documentation of all that apply (minimum of liver biopsy or 2 non-invasive tests)

- ☐ Liver biopsy
- ☐ FIB-4
- ☐ APRI

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- ☐ 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/ritanovir, 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
- ☐ Baseline NS5A treatment resistance-associated polymorphisms, with prior protease inhibitor treatment experience (e.g. boceprevir, telaprevir)
- ☐ None of the above

Q9. Please select all social conditions that apply to the patient (include documentation):

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- ☐ Alcohol OR IV drug use in the previous 6 months
- ☐ Ongoing non-adherence to prior medications or medical treatment
- ☐ Failure to complete HCV disease evaluation, appointments and procedures (e.g. laboratories)
- ☐ None of the above

Q10. Select the agents that the patient has been treated with previously:

- ☐ Treatment naive
- ☐ Peginterferon (PEG) and Ribavirin (RBV) - Dual Therapy
- ☐ Incivek or Victrelis-based regimen
- ☐ Daklinza, Epclusa, Harvoni, Mavyret, Olysio, Sovaldi, Technivie, Viekira, Vosevi, or Zepatier-based regimen
- ☐ For Mavyret: Sovaldi and Olysio
- ☐ For Mavyret: PEG and RBV PLUS Daklinza, Incivek, Olysio, Sovaldi, OR Victrelis
- ☐ For Mavyret: Harvoni OR Epclusa
- ☐ For Mavyret: Sovaldi and Daklinza (+/- RBV)
- ☐ For Vosevi: Daklinza, Epclusa, Harvoni, Technivie, Viekira Pak or XR, OR Zepatier
- ☐ For Vosevi: Sovaldi based regimen (plus interferon +/- RBV, RBV, or NS3/4A protease inhibitor)
- ☐ Other - please specify

Q11. Does patient have a documented contraindication or clinically significant intolerance to ribavirin therapy? Select all that apply and include documentation:

- ☐ Women who are pregnant or may become pregnant
- ☐ Male whose female partner is or may become pregnant
- ☐ Hemoglobinopathy (e.g. thalassemia major or sickle cell anemia)
- ☐ Co-administration with didanosine
- ☐ Documented history of clinically significant or unstable cardiac or renal disease
- ☐ Documented clinically significant anemia, including clinically significant anemia with prior ribavirin use
- ☐ Other (please specify)
- ☐ 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?

☐ Yes ☐ No

Q13. If request is for Epclusa, Harvoni, Olysio, Sovaldi, Technivie, Viekira, Vosevi, or Zepatier, provide clinical justification as to why preferred agent Mavyret is not appropriate for this patient.

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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 a SWHP pharmacist or medical director at 1-800-728-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.