

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: **Commercial (Traditional)** **Commercial (Individual/Optimized)**
 Medicaid

This request is: **Urgent** (life threatening) **Non-Urgent** (standard review)

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

Harvoni[®] (ledipasvir /sofosbuvir)

Member

Last Name: _____ First Name: _____
 ID #: _____ DOB: _____ Gender: _____
 Primary Care Physician: _____
 Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____
 Provider Address: _____
 Provider NPI: _____ Contact Name: _____
 Provider Signature: _____ Date: _____

What is the provider's specialty?
 Gastroenterologist Hepatologist Infectious disease specialist Other: _____

Product Information

New request
 Request to extend treatment for a total of _____ weeks*

Drug product: Harvoni 90mg-400mg **Start date** (or date of next dose): _____
Date of last dose (if applicable): _____

Requested Duration:
 8 weeks 12 weeks 24 weeks

*Treatment extensions are not covered

Drug cost information

The wholesale acquisition cost for Harvoni is \$1,125 for each tablet. The 12-week cost of treatment with this drug is \$94,500.

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Must have chronic hepatitis C genotype 1, 4, 5, or 6
2. Must have fibrosis stage ≥ F2
3. Must be age 12 or older
4. Prescriber must be a gastroenterologist, hepatologist, or infectious disease specialist
5. Must first try Zepatier for genotype 1 and 4
6. Must first try Epclusa for genotype 5 and 6
7. The approved duration of treatment is based on the recommended durations of therapy in the most recent AASLD/IDSA guidelines

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- Chronic hepatitis C infection
- Other – the patient’s condition is: _____

B. What is the patient’s HCV genotype?

- 1a 1b 2 3 4 5 6

C. Has the patient previously received treatment for chronic hepatitis C?

- Yes, the drug(s) used were: _____
- No

D. If genotype 1 or 4, has the patient first tried Zepatier?

- Yes, for _____ weeks from _____ (list dates)
- No, because _____

E. If genotype 5 or 6, has the patient first tried Epclusa?

- Yes, for _____ weeks from _____ (list dates)
- No, because _____

F. Please indicate patient’s current fibrosis stage:

- F0 F1 F2 F3 F4

G. What methodology was used to determine fibrosis stage (results and/or labs must be sent in with request)?

- METAVIR APRI
- Ishak FIB-4
- Knodell Fibrotest/Fibrosure
- Fibroscan
- Other: _____

1. For serologic-based methods, what is the calculated score? _____

H. Does the patient have HIV co-infection?

- Yes
- No

I. Does the patient have liver cirrhosis?

- Yes (Fax supporting chart notes to Priority Health)
- No

J. If cirrhosis is present, is it compensated or decompensated?

- Compensated
- Decompensated
- NA

Additional Information

One Harvoni-based treatment regimen is covered in a lifetime, unless the patient has confirmed cirrhosis. When treatment is authorized, the quantity and length of treatment is limited to FDA-approved dosing (see approved duration of treatment in precertification requirements).

There is unreliable evidence to support treatment extensions at this time, even for patients with undetectable viral loads (less than 25 IU/mL) and detectable viral particles. Patients with a detectable HCV RNA viral load after 4 weeks of treatment should have their viral load tested after an additional 2-weeks of treatment. If the viral load has more than a 10-fold increase (more than 1 \log_{10} IU/mL) on repeat testing at 6 weeks, treatment should be discontinued. If the 6-week repeat viral load testing is less than a 10-fold increase, the patient should complete treatment and the prescriber should check the patient's RNA HCV viral load 12 weeks following completion of therapy (SVR12).

For purposes of determining a cirrhotic patient's eligibility for retreatment with Harvoni, Priority Health defines treatment failure as a detectable SVR12 RNA HCV viral load. Priority Health covers one retreatment for cirrhotic patients who previously failed a Harvoni-based treatment regimen.