

# 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)  
 Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

## Direct-acting antivirals for hepatitis C

### 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 ☐ Continuation request

Drug product: ☐ Mavyret ☐ Sovaldi **Dose:** \_\_\_\_\_ **Dose Frequency:** \_\_\_\_\_  
☐ Zepatier ☐ Technivie **Start date** (or date of next dose): \_\_\_\_\_  
☐ Daklinza ☐ Viekira Pak **Date of last dose (if applicable):** \_\_\_\_\_  
☐ sofosbuvir/velpatasvir ☐ Vosevi  
☐ ledipasvir/ sofosbuvir

Requested Duration: ☐ 8 weeks ☐ 12weeks ☐ 16 weeks ☐ Other duration: \_\_\_\_\_

### Drug cost information

The wholesale acquisition costs for each of the drugs are noted below.

Drug	Cost per tablet	Cost for average or most common course of treatment
Mavyret™ (glecaprevir/ pibrentasvir)	\$157.14	\$26,400
Zepatier™ (elbasvir/ grazoprevir)	\$260	\$21,840
Daklinza™ (daclatasvir)	\$750	\$63,000
velpatasvir/sofosbuvir (Epclusa® authorized generic)	\$285.71	\$24,000
Vosevi™ (sofosbuvir/ velpatasvir/ voxilaprevir)	\$890	\$74,760
Technivie™ (ombitasvir/paritaprevir/ ritonavir)	\$456.27	\$76,653
Viekira Pak™ (ombitasvir/ paritaprevir/ritonavir with dasabuvir)	\$247.97	\$83,319
Sovaldi® (sofosbuvir)	\$1,000	\$84,000
ledipasvir/sofosbuvir (Harvoni® authorized generic)	\$428.57	\$36,000

## Precertification Requirements

**For all direct-acting antivirals for hepatitis C, the patient must meet all of the following requirements:**

1. Prescriber must be a gastroenterologist, hepatologist, or infectious disease specialist
2. Must have chronic hepatitis C infection (documentation of a hepatitis C ICD10 code\* from within the last 12 months must be submitted to Priority Health)
3. Must be age 18 or older unless otherwise noted
4. The approved duration of treatment is based on the recommended duration of therapy in the most recent AASLD/IDSA guidelines.
5. Zepatier and Mavyret are preferred drugs; the patient must try Zepatier or Mavyret before any other direct-acting antiviral.

\* Approved ICD10 codes are provided in the Additional Information section

### Additional requirements by drug:

#### Mavyret

1. For Genotypes 1 or 4 must use Zepatier

#### Zepatier

1. Must have genotype 1 or 4 infection
2. Must be tested for NS5A resistance-associated polymorphisms if genotype 1a
3. Must be taken with ribavirin for genotype 1a patients with baseline polymorphisms, genotype 1a or 1b patients with prior NS3/4A protease inhibitor use, and genotype 4 patients that are treatment experienced

#### velpatasvir/sofosbuvir (generic Epclusa®)

1. Must first try Zepatier or Mavyret
2. Must be taken with ribavirin if decompensated cirrhosis is present

#### Sovaldi

1. Must first try Zepatier or Mavyret
2. Must have genotype 1,2,3, or 4 infection
3. Must be age 12 or older

#### Daklinza

1. Must first try Zepatier or Mavyret
2. Must have genotype 1,2, or 3 infection
3. Must be taken with Sovaldi

#### Viekira Pak

1. Must first try Zepatier or Mavyret
2. Must have genotype 1 infection

#### Technivie

1. Must first try Zepatier or Mavyret
2. Must have genotype 4 infection

#### ledipasvir/sofosbuvir (generic Harvoni®)

1. Must first try Zepatier or Mavyret
2. Must have genotype 1,4,5, or 6 infection
3. Must be age 12 or older

#### Vosevi

1. Must first try Zepatier or Mavyret

**Note:** Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

## New request Priority Health Precertification Documentation

### For All direct-acting antivirals

**A. What condition is this drug being requested for?**

- ☐ Chronic hepatitis C infection (documentation of a hepatitis C ICD10 code from within the last 12 months must be submitted to Priority Health)  
☐ Other – the patient's condition is: \_\_\_\_\_

**B. What is the patient's HCV genotype?**

- ☐ 1a ☐ 1b ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

**C. Does the patient have decompensated cirrhosis?**

- ☐ Yes ☐ No

**D. Does the patient have HIV co-infection?**

- ☐ Yes ☐ No

**E. Was the patient previously treated for chronic hepatitis C?**

- ☐ Yes, the drug(s) used were: \_\_\_\_\_  
☐ No

**F. What is the patient's current pre-treatment HCV RNA? \_\_\_\_\_ IU/mL**

### Drug-specific criteria

#### For Zepatier requests:

**A. If genotype 1a, does the patient have NS5A resistance-associated polymorphisms?**

- ☐ Yes ☐ No ☐ Not tested

**B. For genotype 1a patients with baseline NS5A polymorphisms, genotype 1a or 1b patients with prior NS3/4A protease inhibitor use, and genotype 4 patients that are treatment experienced, will he or she also use ribavirin?**

- ☐ Yes ☐ No

**If no, does the patient have intolerance to ribavirin?**

- ☐ No ☐ Yes, the intolerance is:  
☐ disabling flu-like symptoms (fever, rigors, severe myalgia, nausea/vomiting) lasting more than 24 hours  
☐ severe, unstable psychiatric disease under treatment  
☐ hemolytic anemia  
☐ local/systemic severe adverse reaction (e.g. cardiovascular, pancreatitis, new onset psychiatric disease, musculoskeletal, infection).

*If a different reason ribavirin cannot be used, explain why:* \_\_\_\_\_

#### For velpatasvir/sofosbuvir (generic Epclusa®) requests:

**A. Has the patient first tried Zepatier or Mavyret?**

- ☐ Yes ☐ No

**B. For those with decompensated cirrhosis, will the patient also use ribavirin?**

- ☐ Yes ☐ No

**1. If no, does the patient have intolerance to ribavirin?**

- ☐ No ☐ Yes, the intolerance is:
- ☐ disabling flu-like symptoms (fever, rigors, severe myalgia, nausea/vomiting) lasting more than 24 hours
  - ☐ severe, unstable psychiatric disease under treatment
  - ☐ hemolytic anemia
  - ☐ local/systemic severe adverse reaction (e.g. cardiovascular, pancreatitis, new onset psychiatric disease, musculoskeletal, infection).

*If a different reason ribavirin cannot be used, explain why:* \_\_\_\_\_

**For Sovaldi requests:**

- A. Has the member first tried Zepatier or Mavyret?  
☐ Yes ☐ No
- B. Will Sovaldi be taken with Daklinza?  
☐ Yes ☐ No

**For Daklinza requests:**

- A. Has the member first tried Zepatier or Mavyret?  
☐ Yes ☐ No
- B. Will Daklinza be taken with Sovaldi?  
☐ Yes ☐ No

**For Viekira Pak requests:**

Has the member first tried Zepatier or Mavyret?  
☐ Yes ☐ No

**For Technivie requests:**

Has the member first tried Zepatier or Mavyret?  
☐ Yes ☐ No

**For ledipasvir/sofosbuvir (generic Harvoni®) requests:**

Has the member first tried Zepatier or Mavyret?  
☐ Yes ☐ No

**For Vosevi requests:**

Has the member first tried Zepatier or Mavyret?  
☐ Yes ☐ No

**Additional Information**

Approved ICD10 Codes for Hepatitis C

ICD10	ICD10 Label
B17.11	Acute hepatitis C with hepatic coma
B18.2	Chronic viral hepatitis C
B18.8	Other chronic viral hepatitis
B18.9	Chronic viral hepatitis, unspecified
B19.0	Unspecified viral hepatitis with hepatic coma
B19.21	Unspecified viral hepatitis C with hepatic coma