PriorityHealth

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
☐ Zepatier
☐ Daklinza
☐ sofosbuvir/velpatasvir
☐ ledipasvir/ sofosbuvir
☐ Sovaldi
☐ Technivie
☐ Viekira Pak
☐ Vosevi

Dose:_____ **Dose Frequency**:_____
Start date (or date of next dose): _____
Date of last dose (if applicable): _____

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

All fields must be complete and legible for review. Your office will receive a response via fax.

Last reviewed 07/2018
Updated 05/2019

Precertification Requirements

For <u>all</u> 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 fibrosis stage ≥ F2 (results and/or labs must be submitted with the request)
3. Must have chronic hepatitis C infection
4. Must be age 18 or older unless otherwise noted
5. The approved duration of treatment is based on the recommended duration of therapy in the most recent AASLD/IDSA guidelines.
6. Zepatier and Mavyret are preferred drugs; the patient must try Zepatier or Mavyret before any other direct-acting antiviral.

Additional requirements by drug:

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.

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PriorityHealth

New request - Priority Health Precertification Documentation

For All direct-acting antivirals

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. Please indicate patient's current fibrosis stage:

☐ F0 ☐ F1 ☐ F2 ☐ F3 ☐ F4

D. 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? _____

E. Does the patient have decompensated cirrhosis?

☐ Yes ☐ No

F. Does the patient have HIV co-infection?

☐ Yes ☐ No

G. Was the patient previously treated for chronic hepatitis C?

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

H. 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: _____

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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:

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

For Technivie requests:

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

For ledipasvir/sofosbuvir (generic Harvoni®) requests:

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

For Vosevi requests:

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

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