

Priority Health Medicare prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: Medicare Part B Medicare Part D
 This request is: Expedited request Standard request

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.

Zepatier™ (elbasvir/grazoprevir)

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: _____

Drug information

New Request Continuation Request
 Drug product: Zepatier 50 mg - 100 mg **Start date** (or date of next dose): _____
Date of last dose (if applicable): _____
 Requested Duration: 12 weeks 16 weeks Other _____

Prior authorization criteria

The following requirements need to be met before this drug is covered by Priority Health Medicare. These requirements have been approved by the Centers for Medicare and Medicaid Services (CMS), but you may ask us for an exception if you believe one or more of these requirements should be waived.

1. Prescriber must be a gastroenterologist, hepatologist, or infectious disease specialist
2. Must be age 18 or older
3. Must be used for a medically-accepted indication*
4. For chronic hepatitis C infection that is genotype 1 or 4, must first try Harvoni

Additional information

Criteria (including criteria for duration of approval) will be applied consistent with current AASLD/IDSA (American Association for the Study of Liver Disease/Infectious Disease Society of America) guidelines.

Medically accepted indication

This drug is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
- — or — supported by certain reference books. (These reference books are the American Hospital Formulary Service Drug Information and the DRUGDEX Information System)

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 4

C. Has the patient first tried Harvoni?

- Yes No. **Rationale:** _____

D. Will Zepatier be taken with ribavirin (if appropriate - based on current AASLD/IDSA guidelines)?

- Yes No

If NO, does the patient have intolerance to ribavirin?

- No; other rationale: _____
 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 or systemic severe adverse reaction (e.g. cardiovascular, pancreatitis, new onset psychiatric disease, musculoskeletal, infection).

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

- Yes No Not tested; **Rationale:** _____

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

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

G. Does the patient have liver cirrhosis?

- Yes Compensated Decompensated
 No

Priority Health Medicare exception request

Do you believe one or more of the prior authorization requirements should be waived? Yes No

If yes, you must provide a statement explaining the medical reason why the exception should be approved.

Would Zepatier likely be the most effective option for this patient?

- No
 Yes, because: _____

If the patient is currently using Zepatier, would changing the patient’s current regimen likely result in adverse effects for the patient?

- No
 Yes, because: _____