Iowa Department of Human Services

Request for Prior Authorization
HEPATITIS C TREATMENTS

FAX Completed Form To
1 (800) 574-2515

Provider Help Desk
1 (877) 776-1567

(PLEASE PRINT – ACCURACY IS IMPORTANT)

IA Medicaid Member ID #	Patient name	DOB
Patient address		Patient phone
Provider NPI	Prescriber name	Phone
Prescriber address		Fax
Pharmacy name	Address	Phone
Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.		
Pharmacy NPI	Pharmacy fax	NDC

Prior authorization (PA) is required for hepatitis C treatments. Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agents would be medically contraindicated. Payment will be considered under the following conditions: 1) Patient has a diagnosis of chronic hepatitis C; and 2) Patient's age and/or weight is within the FDA labeled age and/or weight; and 3) Patient has had testing for hepatitis C virus (HCV) genotype; and 4) Patient has an active HCV infection verified by a detectable viral load within 12 months of starting treatment; and 5) Patient has been tested for hepatitis B (HBV) prior to initiating treatment of HCV and individuals with active HBV infection are treated (either at same time as HCV therapy or before HCV therapy is started); and 6) Patient's prior treatment history is provided (treatment naïve or treatment experienced); and 7) If patient has a history of non-compliance, documentation that steps have been taken to correct or address the causes of non-compliance are provided; and 8) Patient has abstained from the use of illicit drugs and alcohol for a minimum of three (3) months as evidenced by a negative urine confirmation test; and 9) HCV treatment is prescribed by or in consultation with a digestive disease, liver disease, or infectious disease provider practice; and 10) For patients on a regimen containing ribavirin, documentation of the following on the PA form: a) Patient is not a pregnant female or a male with a pregnant female partner; and b) Women of childbearing potential and their male partners must use two forms of effective contraception during treatment and for at least 6 months after treatment has concluded; and c) Monthly pregnancy tests will be performed during treatment; and 11) Prescriber has reviewed the patient's current medication list and acknowledged that there are no significant drug interactions with the HCV medication; and 12) Documentation is provided for patients who are ineligible to receive ribavirin. 13) Non-FDA approved or non-compendia indicated combination therapy regimens will not be approved. 14) Patient does not have limited life expectancy (less than 12 months) due to non-liver-related comorbid conditions. 15) If patient is recently eligible for Iowa Medicaid, and has been started and stabilized on therapy while covered under a different plan, documentation of how long the patient has been on medication will be required. Patient will be eligible for the remainder of therapy needed, based on established length of therapy for the particular treatment (defined below). 16) Lost or stolen medication replacement requests will not be authorized. 17) The 72-hour emergency supply rule does not apply to hepatitis C treatments. 18) Only one treatment attempt will be allowed per calendar year, regardless of compliance.

Preferred:
- ☐ Mavyret
- ☐ sofosbuvir/velpatasvir
- ☐ Harvoni 45mg-200mg (3-11 y/o & < 35kg)
- ☐ Sovaldi 200mg (3-11 y/o & < 35kg)

Non-Preferred:
- ☐ Epclusa
- ☐ Harvoni
- ☐ ledipasvir/sofosbuvir
- ☐ Sovaldi
- ☐ Vosevi
- ☐ Zepatier

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Instructions for completing the Hepatitis C Treatments PA form:

Section 1 of the PA form lists the various regimens and clinical situations for which hepatitis C treatments will be considered medically necessary according to Iowa Medicaid PA criteria. Section 2 includes additional supporting documentation that is required on the PA form.

- Check ONE box in Section 1 – Treatment Regimen.
- Review and complete each numbered item in Section 2 – Supporting Documentation.
- Attach lab results, chart notes, and other documentation, sign, and fax the completed form to (800) 574-2515.

SECTION 1 – TREATMENT REGIMEN

Check ONE box below to indicate the requested treatment regimen based on the patient's genotype, treatment history, and extent of liver disease.

Genotype 1 (Note: the subtype is listed if there are differences in the recommended treatments)
Treatment naïve, no cirrhosis ❑ Mavyret 100/40 mg, three (3) tablets daily for 8 weeks ❑ sofosbuvir/velpatasvir one tablet daily for 12 weeks
Treatment naïve, compensated cirrhosis (Child-Pugh A ONLY), HIV negative ❑ Mavyret 100/40 mg, three (3) tablets daily for 8 weeks ❑ sofosbuvir/velpatasvir one tablet daily for 12 weeks
Treatment naïve, compensated cirrhosis (Child-Pugh A ONLY), HIV positive ❑ Mavyret 100/40 mg, three (3) tablets daily for 12 weeks ❑ sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks
Treatment experienced (PEG-IFN/RBV ONLY), no cirrhosis ❑ Mavyret 100/40 mg, three (3) tablets daily for 8 weeks ❑ sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks
Treatment experienced (PEG-IFN/RBV ONLY), compensated cirrhosis (Child-Pugh A ONLY) ❑ Mavyret 100/40 mg, three (3) tablets daily for 12 weeks ❑ sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks
Treatment experienced (PEG-IFN/RBV + NS3/4A protease inhibitor (telaprevir, boceprevir, simeprevir), no prior NS5A, no prior sofosbuvir), no or compensated cirrhosis (Child-Pugh A ONLY) ❑ Mavyret 100/40 mg, three (3) tablets daily for 12 weeks ❑ sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks
Treatment experienced (Non-NS5A inhibitor, sofosbuvir containing regimen), no or compensated cirrhosis (Child-Pugh A ONLY) ❑ Mavyret 100/40 mg, three (3) tablets daily for 12 weeks ❑ Sub-type 1b ONLY: sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks
Treatment experienced, any NS5A inhibitor but NO NS3/4A protease inhibitor (prior therapy ONLY with ledipasvir+sofosbuvir or sofosbuvir +velpatasvir), no or compensated cirrhosis (Child-Pugh A ONLY) ❑ Mavyret 100/40 mg, three (3) tablets daily for 16 weeks ❑ Vosevi 400/100/100 mg, one tablet daily for 12 weeks
Treatment experienced (prior treatment with any NS5A inhibitor (ledipasvir (Harvoni), velpatasvir (Epclusa/Vosevi), elbasvir (Zepatier), dasabuvir (Viekira), , including those given with a NS3/4A protease inhibitor, but NOT including glecaprevir/pibrentasvir (Mavyret) or sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures), no cirrhosis or compensated cirrhosis (Child-Pugh A ONLY) ❑ Vosevi 400/100/100 mg, one tablet daily for 12 weeks
Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, no cirrhosis ❑ Vosevi 400/100/100 mg, one tablet daily for 12 weeks
Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A ONLY) ❑ Vosevi 400/100/100 mg, one tablet daily plus weight-based ribavirin for 12 weeks
Treatment experienced, sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures, with or without compensated cirrhosis (Child-Pugh A ONLY) ❑ Vosevi 400/100/100 mg, one tablet daily plus weight-based ribavirin for 24 weeks

Re-infection of allograft liver after transplant, treatment naïve or experienced but no direct acting antiviral (DAA) experience, no cirrhosis

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 12 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks

Re-infection of allograft liver after transplant, treatment naïve or experienced but no direct acting antiviral (DAA) experience, compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Mavyret 100/40 mg, three (3) tablet daily for 12 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks

IF multiple negative baseline characteristics, consider

- ❑ Mavyret 100/40 mg, three (3) tablets daily plus low dose ribavirin# for 12 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg one tablet daily plus low dose ribavirin# for 12 weeks

Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA) no cirrhosis

- ❑ Vosevi 400/100/100 mg, one tablet daily for 12 weeks

Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA) compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Vosevi 400/100/100 mg, one tablet daily for 12 weeks

IF multiple negative baseline characteristics, consider

- ❑ Vosevi 400/100/100 mg, one tablet daily + low dose ribavirin# for 12 weeks

Re-infection of allograft liver after transplant, treatment naïve, decompensated cirrhosis (Child-Pugh B or C ONLY)

- ❑ sofosbuvir/velpatasvir 400/100 mg, one tablet daily plus low dose ribavirin# for 12 weeks

Re-infection of allograft liver after transplant, treatment experienced, decompensated cirrhosis (Child-Pugh B or C ONLY)

- ❑ sofosbuvir/velpatasvir 400/100 mg, one tablet daily plus low dose ribavirin# for 24 weeks

Decompensated cirrhosis, no prior sofosbuvir or NS5A

- ❑ sofosbuvir/velpatasvir 400/100 mg, one tablet plus weight-based ribavirin daily for 12 weeks (low dose ribavirin# if Child-Pugh Class C)
- ❑ sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 24 weeks (will be approved only for patients with documented ineligibility for ribavirin¶)

Decompensated cirrhosis, prior treatment with sofosbuvir or NS5A

- ❑ sofosbuvir/velpatasvir 400/100 mg, one tablet daily plus weight-based ribavirin daily for 24 weeks (low dose ribavirin# if Child-Pugh Class C)

Genotype 2

Treatment naïve, no cirrhosis

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 8 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks

Treatment naïve, compensated cirrhosis (Child-Pugh A ONLY)- HIV negative

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 8 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks

Treatment naïve, compensated cirrhosis (Child-Pugh A ONLY)- HIV positive

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 12 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks

Treatment experienced (PEG-IFN + ribavirin), no cirrhosis

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 8 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks

Treatment experienced (PEG-IFN + ribavirin), with compensated cirrhosis (Child-Pugh A only)

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 12 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks

Treatment experienced (sofosbuvir + ribavirin) with or without compensated cirrhosis (Child-Pugh A only)

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 12 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks

Treatment experienced (direct acting antiviral, including NS5A inhibitors EXCEPT glecaprevir/pibrentasvir (Mavyret) or sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures), with or without compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Vosevi 400/100/100 mg, one tablet daily for 12 weeks

Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, no cirrhosis

- ❑ Vosevi - one tablet daily for 12 weeks

Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A only)

- ❑ Vosevi 400/100/100 mg, one tablet plus weight-based ribavirin daily for 12 weeks

Treatment experienced, sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures, with or without compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Vosevi 400/100/100 mg, one tablet plus weight-based ribavirin daily for 24 weeks

Decompensated cirrhosis, no prior sofosbuvir or NS5A failure

- ❑ sofosbuvir/velpatasvir 400/100 mg plus weight-based ribavirin daily for 12 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg daily for 24 weeks (will be approved only for patients with documented ineligibility for ribavirin¶)

Decompensated cirrhosis, prior sofosbuvir or NS5A failure

- ❑ sofosbuvir/velpatasvir 400/100 mg plus weight-based ribavirin daily for 24 weeks (low dose ribavirin# if Child-Pugh C)

Recurrent HCV infection post–liver transplantation, treatment naïve or experienced, but no direct acting antiviral (DAA), no cirrhosis

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 12 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks

Recurrent HCV infection post–liver transplantation, treatment naïve or experienced, but no direct acting antiviral (DAA) experience, compensated cirrhosis (Child-Pugh A ONLY)

- ❑ sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks
- ❑ Mavyret 100/40 mg, three (3) tablets daily for 12 weeks

IF multiple negative baseline characteristics, consider

- ❑ Mavyret 100/40, three (3) tablets plus low dose# ribavirin daily for 12 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg plus low dose ribavirin# daily for 12 weeks

Recurrent HCV infection of allograft liver after transplantation, prior treatment with direct acting antivirals (DAA), no cirrhosis

- ❑ Vosevi 400/100/100 mg, one tablet daily for 12 weeks

Recurrent HCV infection of allograft liver after transplantation, prior treatment with direct acting antivirals (DAA), compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Vosevi 400/100/100 mg, one tablet daily for 12 weeks

IF multiple negative baseline characteristics, consider

- ❑ Vosevi 400/100/100 mg, one tablet daily plus low dose# ribavirin for 12 weeks

Recurrent HCV infection post–liver transplantation, treatment naïve, decompensated cirrhosis (Child-Pugh B and C ONLY)

- ❑ sofosbuvir/velpatasvir 400/100 mg plus low dose# ribavirin daily for 12 weeks

Recurrent HCV infection post–liver transplantation, treatment experienced, decompensated cirrhosis (Child-Pugh B and C ONLY)

- ❑ sofosbuvir/velpatasvir 400/100 mg plus low dose# ribavirin daily for 24 weeks

Genotype 3

Treatment naive, no cirrhosis

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 8 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks

Treatment naïve, with compensated cirrhosis (Child-Pugh A ONLY), HIV negative only

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 8 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks (only if Y93H negative, add weight based ribavirin if Y93H positive)

Treatment naive, with compensated cirrhosis (Child-Pugh A only), HIV positive

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 12 weeks (Child-Pugh A only)
- ❑ sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks (ONLY if Y93H negative)

Treatment naive, with compensated cirrhosis (Child-Pugh A only), HIV positive only, Y93H positive

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 12 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg plus weight-based ribavirin daily for 12 weeks

Treatment experienced (PEG-IFN + ribavirin), no cirrhosis, Y93H positive

- ❑ sofosbuvir/velpatasvir 400/100 mg plus weight-based ribavirin daily for 12 weeks
- ❑ Mavyret 100/40 mg, three (3) tablets daily for 16 weeks
- ❑ Vosevi 400/100/100 mg, one tablet daily for 12 weeks

Treatment experienced (PEG-IFN + ribavirin), compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 16 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg plus weight-based ribavirin daily for 12 weeks

Treatment experienced (sofosbuvir plus ribavirin +/- PEG-IFN), no or compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 16 weeks

Treatment experienced (direct acting antiviral, including NS5A inhibitors EXCEPT glecaprevir/pibrentasvir (Mavyret) or sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures), with or without compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Vosevi - one tablet daily for 12 weeks (add weight-based ribavirin if both prior NS5A failure and cirrhosis)

Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, no cirrhosis

- ❑ Vosevi - one tablet daily for 12 weeks

Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A only)

- ❑ Vosevi - one tablet daily plus weight-based ribavirin for 12 weeks

Treatment experienced, sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures, with or without compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Vosevi - one tablet daily plus weight-based ribavirin for 24 weeks

Decompensated cirrhosis, no prior sofosbuvir or NS5A failure

- ❑ sofosbuvir/velpatasvir 400/100 mg one tablet plus weight-based ribavirin (low dose ribavirin[#] if Child-Pugh C) daily for 12 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg daily for 24 weeks (will only be approved for patients with documented ineligibility for ribavirin[¶])

Decompensated cirrhosis, prior sofosbuvir or NS5A failure

- ❑ sofosbuvir/velpatasvir 400/100 mg plus weight-based ribavirin daily for 24 weeks (low dose ribavirin[#] if Child-Pugh C)

Recurrent HCV infection post–liver transplantation, treatment naïve or experienced but no direct acting antiviral (DAA) experience, no cirrhosis

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 12 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks

Recurrent HCV infection post–liver transplantation, treatment naïve or experienced, but no direct acting antiviral (DAA) experience, compensated cirrhosis (Child-Pugh A ONLY)

- ❑ sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks
- ❑ Mavyret 100/40 mg, three (3) tablets daily for 12 weeks

IF multiple negative baseline characteristics, consider

- ❑ Mavyret – three (3) tablets daily plus low dose ribavirin[#] for 12 weeks
- ❑ sofosbuvir/velpatasvir one tablet daily plus low dose ribavirin[#] for 12 weeks

Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA) no cirrhosis

- ❑ Vosevi - one tablet daily for 12 weeks

Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA) compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Vosevi - one tablet daily for 12 weeks

IF multiple negative baseline characteristics, consider

- ❑ Vosevi - one tablet daily + low dose ribavirin[#] for 12 weeks

Recurrent HCV infection post–liver transplantation, treatment naïve, decompensated cirrhosis (Child-Pugh B and C ONLY)

- ❑ sofosbuvir/velpatasvir - one tablet daily plus low-dose ribavirin[#] for 12 weeks

Recurrent HCV infection post–liver transplantation, treatment experienced, decompensated cirrhosis (Child-Pugh B and C ONLY)

- ❑ sofosbuvir/velpatasvir - one tablet daily plus low-dose ribavirin[#] for 24 weeks

Genotype 4

Treatment naïve, no cirrhosis

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 8 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks

Treatment naïve, compensated cirrhosis (Child-Pugh A only), HIV negative

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 8 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks

Treatment naïve, compensated cirrhosis (Child-Pugh A only), HIV positive

- ❑ Mavyret - three (3) tablets daily for 12 weeks
- ❑ sofosbuvir/velpatasvir – one tablet daily for 12 weeks

Treatment experienced (PEG-IFN/RBV ONLY), no cirrhosis

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 8 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks

Treatment experienced (PEG-IFN/RBV ONLY), compensated cirrhosis (Child-Pugh A only)

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 12 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks

Treatment experienced (any direct acting antiviral including NS5A inhibitors), EXCEPT glecaprevir/pibrentasvir (Mavyret) or sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures) with or without compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Vosevi 400/100/100 mg daily for 12 weeks

Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, no cirrhosis

- ❑ Vosevi - one tablet daily for 12 weeks

Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A only)

- ❑ Vosevi - one tablet daily plus weight-based ribavirin for 12 weeks

Treatment experienced, sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures, with or without compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Vosevi - one tablet daily + weight-based ribavirin for 24 weeks

Decompensated cirrhosis, no prior sofosbuvir or NS5A

- ❑ sofosbuvir/velpatasvir 400/100 mg plus weight-based ribavirin daily for 12 weeks (low dose ribavirin[#] if Child-Pugh C)
- ❑ sofosbuvir/velpatasvir 400/100 mg daily for 24 weeks (will only be approved for patients with documented ineligibility for ribavirin[¶])

Decompensated cirrhosis, prior sofosbuvir or NS5A failure

- ❑ sofosbuvir/velpatasvir 400/100 mg plus weight-based ribavirin daily for 24 weeks (low dose ribavirin[#] if Child-Pugh C)

Recurrent HCV infection post–liver transplantation, treatment naïve or experienced but no direct acting antiviral (DAA) experience, no cirrhosis

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 12 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks

Re-infection of allograft liver after transplant, treatment naïve or experienced but no direct acting antiviral (DAA) experience, compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Mavyret – three (3) tablets daily for 12 weeks
- ❑ sofosbuvir/velpatasvir one tablet daily for 12 weeks

IF multiple negative baseline characteristics, consider

- ❑ Mavyret – three (3) tablets daily plus low dose ribavirin[#] for 12 weeks
- ❑ sofosbuvir/velpatasvir one tablet daily plus low dose ribavirin[#] for 12 weeks

Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA) no cirrhosis

- ❑ Vosevi - one tablet daily for 12 weeks

Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA) compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Vosevi - one tablet daily for 12 weeks

IF multiple negative baseline characteristics, consider

- ❑ Vosevi - one tablet daily + low dose ribavirin[#] for 12 weeks

Recurrent HCV infection post–liver transplantation, treatment naïve, decompensated cirrhosis (Child-Pugh B and C ONLY)

- ❑ sofosbuvir/velpatasvir - one tablet daily plus low-dose ribavirin[▽] for 12 weeks

Recurrent HCV infection post–liver transplantation, treatment experienced, decompensated cirrhosis (Child-Pugh B and C ONLY)

- ❑ sofosbuvir/velpatasvir - one tablet daily plus low-dose ribavirin[#] for 24 weeks

Genotype 5 or 6

Treatment naïve, with or without compensated cirrhosis (Child-Pugh A ONLY), HIV negative ONLY

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 8 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks

Treatment naïve, with or without compensated cirrhosis (Child-Pugh A ONLY), HIV positive ONLY

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 12 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks

Treatment experienced (PEG-IFN/RBV), no cirrhosis

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 8 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks

Treatment experienced (PEG-IFN/RBV), compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 12 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks

Treatment experienced (any Direct Acting HCV Antiviral (DAA) including NS5A inhibitors, EXCEPT glecaprevir/pibrentasvir (Mavyret) or sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures) with no or compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Vosevi 400/100/100 mg daily for 12 weeks

Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, no cirrhosis

- ❑ Vosevi - one tablet daily for 12 weeks

Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A only)

- ❑ Vosevi - one tablet daily plus weight-based ribavirin for 12 weeks

Treatment experienced, sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures, with or without compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Vosevi - one tablet daily + weight-based ribavirin for 24 weeks

Decompensated cirrhosis, no prior sofosbuvir or NS5A

- ❑ sofosbuvir/velpatasvir 400/100 mg plus weight-based ribavirin daily for 12 weeks (low dose ribavirin[#] if Child-Pugh C)
- ❑ sofosbuvir/velpatasvir 400/100 mg daily for 24 weeks (will only be approved for patients with documented ineligibility to ribavirin¶)

Decompensated cirrhosis, prior treatment with sofosbuvir or NS5A

- ❑ sofosbuvir/velpatasvir 400/100 mg plus weight-based ribavirin daily for 24 weeks (low dose ribavirin[#] if Child-Pugh C)

Recurrent HCV infection post–liver transplantation, treatment naïve or experienced but no direct acting antiviral (DAA) experience, no cirrhosis

- ❑ Mavyret 100/40 mg, three (3) tablets daily for 12 weeks
- ❑ sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks

Re-infection of allograft liver after transplant, treatment naïve or experienced but no direct acting antiviral (DAA) experience, compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Mavyret – three (3) tablets daily for 12 weeks
- ❑ sofosbuvir/velpatasvir one tablet daily for 12 weeks

IF multiple negative baseline characteristics, consider

- ❑ Mavyret – three (3) tablets daily plus low dose ribavirin[#] for 12 weeks
- ❑ sofosbuvir/velpatasvir one tablet daily plus low dose ribavirin[#] for 12 weeks

Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA) no cirrhosis

- ❑ Vosevi - one tablet daily for 12 weeks

Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA) compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Vosevi - one tablet daily for 12 weeks

IF multiple negative baseline characteristics, consider

- ❑ Vosevi - one tablet daily + low dose ribavirin[#] for 12 weeks

Recurrent HCV infection post–liver transplantation, treatment naïve, decompensated cirrhosis (Child-Pugh B and C ONLY)

- ❑ sofosbuvir/velpatasvir - one tablet daily plus low-dose ribavirin[#] for 12 weeks

Recurrent HCV infection post–liver transplantation, treatment experienced, decompensated cirrhosis (Child-Pugh B and C ONLY)

- ❑ sofosbuvir/velpatasvir - one tablet daily plus low-dose ribavirin# for 24 weeks

Other Treatment Regimen

Genotype, treatment history, and extent of liver disease: _____

Drug names, doses and durations:_____

Clinical rationale for selecting regimens other than those outlined above: _____

_____

_____

Abbreviations: PEG-IFN=peg-interferon; RBV=ribavirin; PI=protease inhibitor; DAA=direct acting antiviral

 # low dose ribavirin = 600 mg/day and increase as tolerated

SECTION 2 – SUPPORTING DOCUMENTATION

Review and complete each numbered item below to provide the supporting documentation for the PA request.

Diagnosis:

1. Pretreatment viral load (**attach results**): _____ Date Obtained:_____

Patient History:

2. Does the patient have a history of non-compliance? ☐Yes ☐No
   If yes, submit chart notes documenting the steps taken to correct or address the non-compliance (**attach chart notes**)
3. Documentation in provider notes (**must be submitted**) showing that member has had no abuse of alcohol and drugs for the previous 3 months. **MUST submit** urine drug screen for members with history of abuse of drugs other than alcohol. Counseling MUST be provided and documented regarding non-abuse of alcohol and drugs as well as education on how to prevent HCV transmission
4. Has patient been screened for Hepatitis B? □ No □ Yes Date:_____ Active Disease: □ No □ Yes If yes, has patient been treated or currently being treated? □ No □ Yes
5. Patient weight: _____ Date obtained: _____
6. Does patient have a limited life expectancy (less than 12 months) due to non-liver-related comorbid conditions? ☐Yes ☐No

Prescriber Information:

7. Provider Practice: ☐Digestive Disease ☐Liver Disease ☐Infectious Disease ☐Other: _____
   If other, note consultation with Specialist:
   Consultation Date:_____ Physician Name, Phone & Specialty: _____

Regimens Containing Ribavirin:

8. If the patient is female and of childbearing potential, or the patient is male with a female partner of childbearing potential, the prescriber must acknowledge the following:
   - ❑ The patient is not pregnant (or a male patient with a pregnant female partner) and is not planning to become pregnant during treatment or within 6 months of stopping treatment.
   - ❑ Both partners will use two forms of effective contraception during treatment and for at least 6 months after stopping treatment.
   - ❑ Monthly pregnancy tests will be performed throughout treatment.
9. Complete blood count with differential (**attach results**)
10. If the patient is ineligible for ribavirin¶, select the appropriate reason from the list below:
    - ❑ History of severe or unstable cardiac disease
    - ❑ Pregnant women and men with pregnant partners
    - ❑ Diagnosis of hemoglobinopathy (e.g., thalassemia major, sickle cell anemia)
    - ❑ Hypersensitivity to ribavirin
    - ❑ Baseline platelets <70,000 cells/μL
    - ❑ Baseline absolute neutrophil count <1,500 cells/μL

- ❑ Baseline hemoglobin <12 g/dL in women or <13 g/dL in men
- ❑ Other: _____

Note: Laboratory values will be reviewed and requests will not be considered if labs are outside of a specific range. Patients with CrCl <50 ml/min (moderate or severe renal dysfunction, ESRD, HD) should have dosage reduced.

Potentially Significant Drug Interactions:

11. By checking the following box, the prescriber attests that they have reviewed the patient's medications for potentially significant drug interactions with the Hepatitis C treatment on an electronic drug interaction website.

    ❑ **Website used: _____ Date completed: _____**

Attach lab results and other documentation

Prescriber signature (Must match prescriber listed above.)	Date of submission

IMPORTANT NOTE: *In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.*