

Pharmacy Prior Authorization

MERCY CARE RBHA (MEDICAID)

Hepatitis C Medications

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign, and date. Fax signed forms to Mercy Care RBHA at 1-855-247-3677. Please contact Mercy Care RBHA at 1-800-564-5465 with questions regarding the prior authorization process. Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Prior authorization for hepatitis C treatment requires submission of medical records with the prior authorization request. Incomplete and/or illegible request forms may result in a denial including those without medical records.

Requested Treatment Regimen (Check all medications requested):

- Checkboxes for Mavyret, sofosbuvir-velpatasvir, Sovaldi, Epclusa, Zepatier, Vosevi, Harvoni, and ledipasvir-sofosbuvir.

Other: Please specify \_\_\_\_\_

Treatment Duration:

- Checkboxes for 8 weeks, 12 weeks, 16 weeks, 24 weeks, and Other (please specify) \_\_\_\_\_

Member Information

Member Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Member Phone #: \_\_\_\_\_ Member DOB: \_\_\_\_\_

Prescriber Information

Prescriber's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Prescriber's E-mail: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Prescriber's NPI: \_\_\_\_\_ Office Address: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Criteria for Approval

Decisions are based on AHCCCS Policy which may be found at:

https://www.azahcccs.gov/PlansProviders/Pharmacy/

Please answer all required questions below and provide relevant supporting information including medical records

\*\*Preferred: sofosbuvir-velpatasvir (authorized generic of Epclusa), and Mavyret\*\*

A preferred agent will be approved without requiring prior authorization ONE time per lifetime.

Requests for retreatment or non-preferred drugs will require to go through a prior authorization.

Table with 1 main question: 'Does the member meet ALL the following treatment requirements?' and sub-questions a) and b) regarding FDA approval, diagnosis, and viral load. Includes 'Yes' and 'No' response columns.

	<p>c) Member has been screened for Hepatitis A and B and shall have received at least one Hepatitis A and at least one Hepatitis B vaccine prior to requesting treatment unless the member demonstrated laboratory evidence of immunity.</p> <p>d) <b>Retreatment Requests for Brand Harvoni or ledipasvir-sofosbuvir only:</b> Member has diagnosis of chronic hepatitis C infection and has decompensated cirrhosis. Member is ribavirin ineligible or has prior failure to Sovaldi or NS5A-based therapy and Harvoni will be used in combination with ribavirin. Brand Harvoni or ledipasvir-sofosbuvir will not be used in combination with another HCV direct acting antiviral agent.</p> <p>e) <b>Retreatment Requests for Vosevi only:</b> Member has diagnosis of chronic hepatitis C infection and has does not have decompensated liver disease. Vosevi will be used as part of a combination antiviral treatment regimen.</p>	
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<p><b>2.</b></p>	<p><b>Does the member have ANY of the following treatment exclusions?</b></p> <p>a) Life expectancy is less than 12 months and cannot be remediated by treating HCV infection, by transplantation, or by other directed therapy</p> <p>b) Member was non-adherent to initial DAA treatment regimen as evidenced by medical records and/or pharmacy prescription claims</p> <p>c) Is considered an experimental service as specified in A.A.C. R9-22-203</p> <p>d) Member declines to participate in a treatment adherence program</p> <p>e) Member declines to participate in a substance abuse disorder treatment program</p> <p>f) Substance abuse activity within 3 months from date of request for HCV treatment</p> <p>g) Current use of potent P-gp inducer (St. John’s wart, rifampin, carbamazepine, ritonavir, tipranavir, etc.)</p> <p>h) Retreatment request is for more than one retreatment with a DAA, and requested retreatment regimen includes more than one DAA</p> <p>i) Direct acting antiviral dosages greater than FDA-approved maximum dosage</p> <p>j) Coverage is for greater than duration of treatment outlined in tables within guideline.</p> <p>k) Lost or stolen medication, or fraudulent use.</p> <p>l) Request for Viekira Pak, Mavyret, and Zepatier in members with Child-Pugh B or C</p> <p>m) Requests for Zepatier, if NS5A polymorphism testing has not been completed and submitted with prior authorization request</p> <p>n) Sovaldi used as monotherapy</p> <p>o) Use in combination with other direct-acting antivirals (DAAs) unless indicated</p> <p>p) Member has contraindication to any of the agents</p>	<p>Yes      No</p>
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**The member’s treatment status (circle one):**

Treatment Naïve
Treatment Experienced
Status Post Transplant

**Prior Hepatitis C Treatments (check all applicable):**

Incivek     Victrelis     Olysio     peginterferon     ribavirin     Sovaldi     Harvoni   
 Daklinza     Technivie     Epclusa     Zepatier     Mavyret     Vosevi     ledipasvir-sofosbuvir

**Does prescriber agree to submit required documentation?** Yes      No

- HCV viral load laboratory results must be submitted to Contractor/PBM at 12- and 24-weeks post therapy completion to demonstrate Sustained Virologic Response (SVR)
- Prescribing provider assessed the member’s ability to adhere to the HCV DAA treatment plan and attests the assessment has been documented within the clinical record. For members that would benefit from adherence aids, the treating provider shall refer the patient to a treatment adherence program.

- Member agrees to adhere to the proposed course of treatment, including taking medications as prescribed, attending follow-up appointments, and, if applicable, participating in a treatment adherence program, has been completed and submitted with this request when: 1) Required regimens whereby the FDA requires such testing prior to treatment to ensure clinical appropriateness, and 2) Deemed medically necessary by the clinical reviewer prior to approval of the requested regimen
- Provider agrees to monitor hemoglobin levels periodically when a member is prescribed ribavirin
- Laboratory results for ALL of the following: A) HCV screen, B) Genotype and current baseline viral load, C) Total bilirubin, D) Albumin, E) International Normalized Ratio, F) Creatinine Clearance or Glomerular Filtration Rate, G) Liver Function Tests, H) Complete Blood Count (CBC).
- Current medication list

**Diagnosis / Dosing (all sections required)**

<b>Diagnosis (include ICD9 Code):</b>  _____	<b>Genotype:</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> (Submit lab results completed within 90 days of prior authorization request)  NS5A polymorphism: 28 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 93 <input type="checkbox"/>	<b>Viral Load (HCV-RNA):</b> (Submit lab results completed within 90 days of prior authorization request)  _____
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Please circle **Child Pugh Score(required)** and submit supporting documentation with request:

Child Pugh Score

**CPT A**

**CPT B**

**CPT C**

**Additional Information:**

By signing, the prescribing or authorizing clinician is attesting that information on this form is accurate as of this date, and that documentation supporting above information is recorded in member's medical chart. Requests for Hepatitis C medications must be submitted with supporting medical records.

\_\_\_\_\_  
**Prescriber (Or Authorized) Signature**

\_\_\_\_\_  
**Date**