



STANDARDIZED ONE PAGE PHARMACY PRIOR AUTHORIZATION FORM

Mississippi Division of Medicaid, Pharmacy Prior Authorization Unit, 550 High St., Suite 1000, Jackson, MS 39201

Magnolia Health/Envolv Pharmacy Solutions
Fax to: 1-877-386-4695 Ph: 1-866-399-0928
<https://www.magnoliahealthplan.com/providers/pharmacy.html>

UnitedHealthcare/OptumRx
Fax to: 1-866-940-7328 Ph: 1-800-310-6826
<http://www.uhcommunityplan.com/health-professionals/ms/pharmacy-program.html>

Molina Healthcare/CVS Caremark
Fax to: 1-844-312-6371 Ph: 1-844-826-4335
<http://www.molinahealthcare.com/providers/ms/medicaid/pages/home.aspx>

Medicaid Fee for Service/Change Healthcare
Fax to: 1-877-537-0720 Ph: 1-877-537-0722
<https://medicaid.ms.gov/providers/pharmacy/pharmacy-prior-authorization/>

BENEFICIARY INFORMATION

Beneficiary ID: _____ - _____ - _____ DOB: ____/____/____

Beneficiary Full Name: _____

PRESCRIBER INFORMATION

Prescriber's NPI: _____

Prescriber's Full Name: _____ Phone: _____

Prescriber's Address: _____ FAX: _____

PHARMACY INFORMATION

Pharmacy NPI: _____

Pharmacy Name: _____

Pharmacy Phone: _____ Pharmacy FAX: _____

CLINICAL INFORMATION

Requested PA Start Date: _____ Requested PA End Date: _____

Drug/Product Requested: _____ Strength: _____ Quantity: _____

Days Supply: _____ RX Refills: _____ Diagnosis or ICD-10 Code(s): _____

Hospital Discharge Additional Medical Justification Attached

Medications received through coupons and/or samples are not acceptable as justification

PLEASE COMPLETE AND FAX DRUG SPECIFIC CRITERIA/ADDITIONAL DOCUMENTATION FORM FOUND BELOW

Prescribing provider's signature (signature and date stamps, or the signature of anyone other than the provider, are not acceptable)

I certify that all information provided is accurate and appropriately documented in the patient's medical chart.

Signature required: _____ Date: _____

Printed name of prescribing provider: _____

FAX THIS PAGE

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PRIOR AUTHORIZATION DESCRIPTION

- *Note annotations and respective definitions as described on “Hepatitis C Therapy PA Request Guidelines for Regimen Selection and Definitions” page*



Hepatitis C Therapy PA Request Guidelines for Regimen Selection and Definitions

The Mississippi Division of Medicaid (DOM) will approve Hepatitis C treatment PA requests for members who meet the following criteria:

- Requested regimen is compliant with latest American Association for The Study of Liver Diseases (AASLD)/Infectious Diseases Society of America (IDSA) Recommendations for Testing, Managing, and Treating Hepatitis C <http://www.hcvguidelines.org/full-report-view>
AND
- The regimens listed under each genotype and clinical scenario below are the preferred regimens for MS Medicaid beneficiaries, based on clinical and cost considerations and are consistent with AASLD/IDSA guidelines.
OR
- **Pediatric formulations of direct acting antivirals (DAA) with FDA approval will be approved for those patients under the age of eighteen when used in accordance with current AASLD guidelines including for indication and age - Prior authorization is still required prior to the first dose.**
OR
- *Clinical rationale is provided for using a regimen that is beyond those within the current guidelines, or for selecting regimens using non-preferred drugs on the Mississippi Division of Medicaid Universal Preferred Drug List*

On the PA Request Form, which must be approved prior to the 1st dose, document the clinical condition supporting the requested regimen. Unless otherwise specified, you do not need to attach documentation to the form. You are attesting to the fact that documentation is available in the patient chart for all information you provide.

DEFINITIONS/ANNOTATIONS USED ON PA FORM:

▽ **Low Dose Ribavirin = 600 mg/day and increase as tolerated**

◇ **Ribavirin-Ineligible** (documentation exists in the patient’s chart for at least one of the following):

- Hypersensitivity to RBV
- History of severe or unstable cardiac disease
- Pregnant women and men with pregnant partners
- Diagnosis of hemoglobinopathy (e.g., thalassemia major, sickle cell anemia)
- Baseline platelet count < 70,000 cells/mm³
- ANC < 1500 cells/mm³
- Hb < 12 gm/ml in women or <13 g/dl in men

¥ **Genotype 1a polymorphisms at amino acid positions 28, 30, 31, or 93 (testing must be within two years of the request date)**

RENAL DYSFUNCTION

Patients with CrCl <50 ml/min should not be treated with ribavirin.

Patients with CrCl <30 ml/min should not be treated with sofosbuvir containing regimens (including Harvoni/Epclusa/Vosevi).

Preferred Direct Acting Antivirals

Mavyret (glecaprevir/pibrentasvir) 300/120 mg
sofosbuvir/velpatasvir 400/100 mg

Non-Preferred Direct Acting Antivirals

Daklinza (daclatasvir) 60 mg
Harvoni (ledipasvir/sofosbuvir) 90/400 mg
Sovaldi (sofosbuvir) 400 mg

Pediatric Indicated Direct Acting Antiretrovirals (FDA approved age ranges and indications ONLY)

Harvoni (ledipasvir/sofosbuvir) 45/200 mg
Sovaldi (sofosbuvir) 200 mg

ledipasvir/sofosbuvir 90/400 mg
Vosevi (sofosbuvir, velpatasvir, and voxilaprevir)
Epclusa (sofosbuvir/velpatasvir) 400/100 mg

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Preferred Regimens Listed Below (not all regimens available are listed; most cost-effective regimens listed below)

PLEASE CHECK REQUESTED REGIMEN

Genotype 1 (Note the subtype is only indicated when treatment is different for subtypes)
Treatment naïve, no cirrhosis <input type="checkbox"/> Mavyret - three (3) tablets daily for 8 weeks
Treatment naïve, compensated cirrhosis (Child-Pugh A ONLY), HIV negative <input type="checkbox"/> Mavyret - three (3) tablets daily for 8 weeks
Treatment naïve, compensated cirrhosis (Child-Pugh A ONLY), HIV positive <input type="checkbox"/> Mavyret - three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir one tablet daily for 12 weeks
Treatment experienced (PEG-IFN/RBV ONLY), no cirrhosis <input type="checkbox"/> Mavyret - three (3) tablets daily for 8 weeks
Treatment experienced (PEG-IFN/RBV ONLY), compensated cirrhosis (Child-Pugh A ONLY) <input type="checkbox"/> Mavyret - three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 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) <input type="checkbox"/> Mavyret - three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir one tablet daily for 12 weeks
Treatment experienced (Non-NS5A inhibitor, sofosbuvir-containing regimen), no or compensated cirrhosis (Child-Pugh A ONLY) <input type="checkbox"/> Mavyret - three (3) tablets daily for 12 weeks <input type="checkbox"/> Sub-type 1b ONLY: sofosbuvir/velpatasvir one tablet daily for 12 weeks
Treatment experienced, any NS5A inhibitor but NO NS3/4A protease inhibitor (prior therapy ONLY with daclatasvir+sofosbuvir, ledipasvir+sofosbuvir or sofosbuvir +velpatasvir), no or compensated cirrhosis (Child-Pugh A ONLY) <input type="checkbox"/> Mavyret - three (3) tablets daily for 16 weeks <input type="checkbox"/> Vosevi – one tablet daily for 12 weeks
Treatment experienced, any NS5A inhibitor (ledipasvir (Harvoni), velpatasvir (Epclusa/Vosevi), elbasvir (Zepatier), dasabuvir (Viekira), daclatasvir (Daklinza) including those given with a NS3/4A protease inhibitor, but NOT including glecaprevir/pibrentasvir (Mavyret) or sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures), no or compensated cirrhosis (Child-Pugh A ONLY) <input type="checkbox"/> Vosevi – one tablet daily for 12 weeks
Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, no cirrhosis <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks
Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A ONLY) <input type="checkbox"/> 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) <input type="checkbox"/> Vosevi - one tablet daily + 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 <input type="checkbox"/> Mavyret - three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir one tablet daily for 12 weeks

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Genotype 1 (continued)
Re-infection of allograft liver after transplant, treatment naïve or experienced but no direct acting antiviral (DAA) experience, compensated cirrhosis (Child-Pugh A ONLY) <ul style="list-style-type: none"> <input type="checkbox"/> Mavyret – three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir one tablet daily for 12 weeks IF multiple negative baseline characteristics, consider <ul style="list-style-type: none"> <input type="checkbox"/> Mavyret – three (3) tablets daily plus low dose ribavirin▽ for 12 weeks <input type="checkbox"/> 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 <ul style="list-style-type: none"> <input type="checkbox"/> 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) <ul style="list-style-type: none"> <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks IF multiple negative baseline characteristics, consider <ul style="list-style-type: none"> <input type="checkbox"/> Vosevi - 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) <ul style="list-style-type: none"> <input type="checkbox"/> sofosbuvir/velpatasvir – 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) <ul style="list-style-type: none"> <input type="checkbox"/> sofosbuvir/velpatasvir – one tablet daily plus low dose ribavirin▽ for 24 weeks
Decompensated cirrhosis, no prior sofosbuvir or NS5A <ul style="list-style-type: none"> <input type="checkbox"/> sofosbuvir/velpatasvir – one tablet daily plus weight-based ribavirin for 12 weeks (low dose ribavirin▽ if Child-Pugh Class C) <input type="checkbox"/> sofosbuvir/velpatasvir – 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 <ul style="list-style-type: none"> <input type="checkbox"/> sofosbuvir/velpatasvir – one tablet daily plus weight-based ribavirin for 24 weeks (low dose ribavirin▽ if Child-Pugh Class C)
Genotype 2
Treatment naïve, no cirrhosis <ul style="list-style-type: none"> <input type="checkbox"/> Mavyret - three (3) tablets daily for 8 weeks
Treatment naïve, compensated cirrhosis (Child-Pugh A ONLY)- HIV negative <ul style="list-style-type: none"> <input type="checkbox"/> Mavyret - three (3) tablets daily for 8 weeks
Treatment naïve, compensated cirrhosis (Child-Pugh A ONLY)-HIV positive <ul style="list-style-type: none"> <input type="checkbox"/> Mavyret - three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir one tablet daily for 12 weeks
Treatment experienced (PEG-IFN + ribavirin), no cirrhosis <ul style="list-style-type: none"> <input type="checkbox"/> Mavyret - three (3) tablets daily for 8 weeks
Treatment experienced (PEG-IFN + ribavirin), with compensated cirrhosis (Child-Pugh A only) <ul style="list-style-type: none"> <input type="checkbox"/> Mavyret - three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir one tablet daily for 12 weeks
Treatment experienced (sofosbuvir + ribavirin) with or without compensated cirrhosis (Child-Pugh A only) <ul style="list-style-type: none"> <input type="checkbox"/> Mavyret - three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir – one tablet 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) <ul style="list-style-type: none"> <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks
Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, no cirrhosis <ul style="list-style-type: none"> <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks

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Genotype 2 (continued)
Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A only) <input type="checkbox"/> 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) <input type="checkbox"/> Vosevi - one tablet daily + weight-based ribavirin for 24 weeks
Decompensated cirrhosis, no prior sofosbuvir or NS5A failure <input type="checkbox"/> sofosbuvir/velpatasvir – one tablet daily plus weight-based ribavirin for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir – one tablet daily for 24 weeks (will be approved only for patients with documented ineligibility for ribavirin◊)
Decompensated cirrhosis, prior sofosbuvir or NS5A failure <input type="checkbox"/> sofosbuvir/velpatasvir – one tablet daily + weight-based ribavirin 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 <input type="checkbox"/> Mavyret - three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir – 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) <input type="checkbox"/> Mavyret – three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir one tablet daily for 12 weeks IF multiple negative baseline characteristics, consider <input type="checkbox"/> Mavyret – three (3) tablets daily plus low dose ribavirin▽ for 12 weeks <input type="checkbox"/> 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 <input type="checkbox"/> 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) <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks IF multiple negative baseline characteristics, consider <input type="checkbox"/> 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) <input type="checkbox"/> 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) <input type="checkbox"/> sofosbuvir/velpatasvir - one tablet daily plus low-dose ribavirin▽ for 24 weeks
Genotype 3
Treatment naïve, no cirrhosis <input type="checkbox"/> Mavyret - three (3) tablets daily for 8 weeks
Treatment naïve, with compensated cirrhosis (Child-Pugh A only), HIV negative only <input type="checkbox"/> Mavyret - three (3) tablets daily for 8 weeks
Treatment naïve, with compensated cirrhosis (Child-Pugh A only), HIV positive only <input type="checkbox"/> Mavyret - three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir - one tablet daily for 12 weeks (only if Y93H negative)
Treatment naïve, with compensated cirrhosis (Child-Pugh A only), HIV positive only, Y93H positive <input type="checkbox"/> Mavyret - three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir - one tablet daily plus weight-based ribavirin for 12 weeks
Treatment experienced (PEG-IFN + ribavirin), no cirrhosis, Y93H negative <input type="checkbox"/> sofosbuvir/velpatasvir - one tablet daily for 12 weeks <input type="checkbox"/> Mavyret - three (3) tablets daily for 16 weeks

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Genotype 3 (continued)
Treatment experienced (PEG-IFN + ribavirin), no cirrhosis, Y93H positive <input type="checkbox"/> sofosbuvir/velpatasvir - one tablet daily plus weight-based ribavirin for 12 weeks <input type="checkbox"/> Mavyret - three (3) tablets daily for 16 weeks
Treatment experienced (PEG-IFN + ribavirin), compensated cirrhosis (Child-Pugh A ONLY) <input type="checkbox"/> Mavyret - three (3) tablets daily for 16 weeks <input type="checkbox"/> sofosbuvir/velpatasvir - one tablet daily plus weight-based ribavirin daily for 12 weeks
Treatment experienced (sofosbuvir + ribavirin +/- PEG-IFN) with or without compensated cirrhosis (Child-Pugh A only) <input type="checkbox"/> Mavyret - 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) <input type="checkbox"/> Vosevi – one tablet daily for 12 weeks (add weight based ribavirin if both prior NS5A and cirrhosis)
Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, no cirrhosis <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks
Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A only) <input type="checkbox"/> 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) <input type="checkbox"/> Vosevi - one tablet daily + weight-based ribavirin for 24 weeks
Decompensated cirrhosis, no prior sofosbuvir or NS5A failure <input type="checkbox"/> sofosbuvir/velpatasvir – one tablet daily plus weight-based ribavirin (low dose ▽ if Child-Pugh C) daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir – one tablet daily for 24 weeks (will only be approved for patients with documented ineligibility for ribavirin ⚡)
Decompensated cirrhosis, prior sofosbuvir or NS5A failure <input type="checkbox"/> sofosbuvir/velpatasvir – one tablet daily plus weight-based ribavirin 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 <input type="checkbox"/> Mavyret - three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir – 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) <input type="checkbox"/> Mavyret – three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir one tablet daily for 12 weeks IF multiple negative baseline characteristics, consider <input type="checkbox"/> Mavyret – three (3) tablets daily plus low dose ribavirin ▽ for 12 weeks <input type="checkbox"/> 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 <input type="checkbox"/> 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) <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks IF multiple negative baseline characteristics, consider <input type="checkbox"/> 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) <input type="checkbox"/> 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) <input type="checkbox"/> sofosbuvir/velpatasvir - one tablet daily plus low-dose ribavirin ▽ for 24 weeks

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Genotype 4
Treatment naïve, no cirrhosis Mavyret - three (3) tablets daily for 8 weeks
Treatment naïve, compensated cirrhosis (Child-Pugh A only), HIV negative <input type="checkbox"/> Mavyret - three (3) tablets daily for 8 weeks
Treatment naïve, compensated cirrhosis (Child-Pugh A only), HIV positive <input type="checkbox"/> Mavyret - three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir – one tablet daily for 12 weeks
Treatment experienced (PEG-IFN/RBV ONLY), no cirrhosis <input type="checkbox"/> Mavyret - three (3) tablets daily for 8 weeks
Treatment experienced (PEG-IFN/RBV ONLY), compensated cirrhosis (Child-Pugh A only) <input type="checkbox"/> Mavyret - three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir – one tablet 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) <input type="checkbox"/> Vosevi – one tablet daily for 12 weeks
Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, no cirrhosis <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks
Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A only) <input type="checkbox"/> 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) <input type="checkbox"/> Vosevi - one tablet daily + weight-based ribavirin for 24 weeks
Decompensated cirrhosis, no prior sofosbuvir or NS5A failure <input type="checkbox"/> sofosbuvir/velpatasvir – one tablet daily plus weight-based ribavirin (low dose▽ if Child-Pugh C) daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir – one tablet daily for 24 weeks (will only be approved for patients with documented ineligibility for ribavirin◇)
Decompensated cirrhosis, prior sofosbuvir or NS5A failure <input type="checkbox"/> sofosbuvir/velpatasvir – one tablet daily plus weight-based ribavirin 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 <input type="checkbox"/> Mavyret - three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir – 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) <input type="checkbox"/> Mavyret – three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir one tablet daily for 12 weeks IF multiple negative baseline characteristics, consider <input type="checkbox"/> Mavyret – three (3) tablets daily plus low dose ribavirin▽ for 12 weeks <input type="checkbox"/> 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) <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks IF multiple negative baseline characteristics, consider <input type="checkbox"/> 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) <input type="checkbox"/> sofosbuvir/velpatasvir - one tablet daily plus low-dose ribavirin▽ for 12 weeks

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PRIOR AUTHORIZATION DESCRIPTION

- Note annotations and respective definitions as described on “Hepatitis C Therapy PA Request Guidelines for Regimen Selection and Definitions” page



Genotype 4 (continued)
Recurrent HCV infection post–liver transplantation, treatment experienced, decompensated cirrhosis (Child-Pugh B and C ONLY) <input type="checkbox"/> sofosbuvir/velpatasvir - one tablet daily plus low-dose ribavirin▽ for 24 weeks
Genotype 5 and 6
Treatment naïve, with or without compensated cirrhosis (Child-Pugh A ONLY), HIV negative ONLY <input type="checkbox"/> Mavyret - three (3) tablets daily for 8 weeks
Treatment naïve, with or without compensated cirrhosis (Child-Pugh A ONLY), HIV positive ONLY <input type="checkbox"/> Mavyret - three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir– one tablet daily for 12 weeks
Treatment experienced (PEG-IFN/RBV), no cirrhosis <input type="checkbox"/> Mavyret - three (3) tablets daily for 8 weeks
Treatment experienced (PEG-IFN/RBV), compensated cirrhosis (Child-Pugh A ONLY) <input type="checkbox"/> Mavyret - three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir – one tablet 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) <input type="checkbox"/> Vosevi – one tablet daily for 12 weeks
Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, no cirrhosis <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks
Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A only) <input type="checkbox"/> 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) <input type="checkbox"/> Vosevi - one tablet daily + weight-based ribavirin for 24 weeks
Decompensated cirrhosis, no prior sofosbuvir or NS5A failure <input type="checkbox"/> sofosbuvir/velpatasvir – one tablet daily plus weight-based ribavirin (low dose▽ if Child-Pugh C) daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir – one tablet daily for 24 weeks (will only be approved for patients with documented ineligibility for ribavirin◇)
Decompensated cirrhosis, prior sofosbuvir or NS5A failure <input type="checkbox"/> sofosbuvir/velpatasvir – one tablet daily plus weight-based ribavirin 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 <input type="checkbox"/> Mavyret - three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir – 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) <input type="checkbox"/> Mavyret – three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir one tablet daily for 12 weeks IF multiple negative baseline characteristics, consider <input type="checkbox"/> Mavyret – three (3) tablets daily plus low dose ribavirin▽ for 12 weeks <input type="checkbox"/> 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 <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks

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Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA) compensated cirrhosis (Child-Pugh A ONLY) <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks IF multiple negative baseline characteristics, consider <input type="checkbox"/> 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) <input type="checkbox"/> 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) <input type="checkbox"/> sofosbuvir/velpatasvir - one tablet daily plus low-dose ribavirin▽ for 24 weeks
Other treatment regimen
Genotype _____ Treatment history, and extent of liver disease: _____ _____ _____ Drug name, dose and duration: _____ _____ Clinical rationale for selecting regimens other than those outlined above: _____ _____ _____
<i>Abbreviations: PEG-IFN = peginterferon; RBV = ribavirin; PI = protease inhibitor</i>

For unique patient populations with renal impairment or HIV: please refer to the current AASLD Guidelines for recommended treatments. <http://www.hcvguidelines.org/full-report-view>

[For treatment of patient less than 18 years of age: please refer to the current AASLD Guidelines for recommended treatments. https://www.hcvguidelines.org/unique-populations/children](https://www.hcvguidelines.org/unique-populations/children)

If HIV positive: Please refer to the current AASLD Guidelines for potential drug interactions and recommended dosing adjustments.

DRUG INTERACTIONS

Reference: <http://hep-druginteractions.org/> provides clinically useful, reliable, and current evidence-based information on relevant drug interactions with hepatitis medications.

CRITERIA/ADDITIONAL DOCUMENTATION

HEPATITIS C

FAX THIS PAGE



BENEFICIARY INFORMATION

Beneficiary ID: _____ - _____ - _____ DOB: ____/____/____

Beneficiary Full Name: _____

Hepatitis C Therapy PA Request

Diagnosis / Treatment Status (check all that apply) *See Hepatitis-C PA description sheet for approval criteria and intolerance definitions.

- Prescriber is, or has consulted with a gastroenterologist, hepatologist, ID specialist or other hepatic specialist. Requires consult within the past year with documentation of recommended regimen.
- Active HCV infection verified by viral load within the last year: HCV RNA: _____ million IU/mL Date: _____
- Genotype verified by lab: 1a 1b 2 3 4 5 6

<p>HIV status: <input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> unknown</p> <p><input type="checkbox"/> Patient has not taken amiodarone within 535 days (required if regimen includes Harvoni or Sovaldi)</p> <p><input type="checkbox"/> RBV-Ineligible reason: _____</p> <p>Hepatic fibrosis stage _____</p> <p>Last stage evaluation date: _____</p> <p>Method of cirrhosis/fibrosis stage: _____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Decompensated cirrhosis <input type="checkbox"/> Compensated cirrhosis Child-Pugh Score and Date: _____ <input type="checkbox"/> Post-liver transplant Date: _____ <input type="checkbox"/> Hepatocellular carcinoma and awaiting a liver transplant: Transplant date: _____ <li style="padding-left: 20px;"><input type="checkbox"/> Not yet scheduled <input type="checkbox"/> Dialysis __Yes/___No <input type="checkbox"/> CrCl ____ mL/min Lab Date w/n last year: _____ <input type="checkbox"/> Screened for HEP-B and HIV prior to HEP-C treatment start <ul style="list-style-type: none"> ▪ Date of last test: Hep B: ____/____/____ HIV: ____/____/____ <ul style="list-style-type: none"> ➤ Timing of the screening for Hep-B/HIV should be based on patient specific risk factors but lab result date must be provided and if > 1 year ago, it should be documented in the record as to why repeat testing is not clinically warranted. If the patient has had ongoing risk factors of any type, consider retesting in the month prior to HCV therapy. If positive, treatment must be considered per AASLD/IDSA and current NIH HIV guidelines. ➤ Repeat screening should be patient specific.
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Patient is: Treatment naïve Relapser

If Relapser, then prior HCV Treatment: last two regimens, if any

Regimen 1: _____ Dates/duration of use: _____ Response: _____

Regimen 2: _____ Dates/duration of use: _____ Response: _____

Prior partial responder Prior null responder

Stopped prior therapy for other reason: _____

Regimen: _____ Dates/duration of use: _____ Response: _____

Social History (check all that apply)

- Patient is ≥ 18 years of age **OR** meets current AASLD guidelines for treatment
- Documentation (available if requested) of:**
 - Counseling regarding abstinence from alcohol, IV drug use and education on how to prevent HCV transmission.
 - Abstinence from drugs and alcohol for at least 6 months; negative urine drug screen required if there is IV drug use history.
- For women of childbearing potential and male patients with female partners of childbearing potential (for RBV regimens only):**
 - Patient is not pregnant (or a male with a pregnant female partner) and not planning to become pregnant during treatment or within 6 months of stopping treatment.
 - Agreement that partners will use 2 forms of effective contraception during treatment and for at least 6 months after stopping tx.
 - Verification that monthly pregnancy tests will be performed throughout treatment.

Other Medications (OTC, Herbal and Prescription) Information

Drug name / strength	Frequency / instructions	Quantity	Refills

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