MISSISSIPPI DIVISION OF MEDICAID

STANDARDIZED ONE PAGE PHARMACY PRIOR AUTHORIZATION FORM

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

☐ **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/

☐ **Magnolia Health**/Envolve 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.uhccommunityplan.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

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

PRIOR AUTHORIZATION DESCRIPTION

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

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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 (ISDA) 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/mm should not be treated with ribavirin.

Preferred Direct Acting Antivirals

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

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

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

Non-Preferred Direct Acting Antivirals

Daklinza (daclatasvir) 60 mg
Harvoni (ledipasvir/sofosbuvir) 90/400 mg
Sovaldi (sofosbuvir) 400 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 ❑ Mavyret - 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 - 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 - three (3) tablets daily for 12 weeks ❑ sofosbuvir/velpatasvir one tablet daily for 12 weeks
Treatment experienced (PEG-IFN/RBV ONLY), no cirrhosis ❑ Mavyret - three (3) tablets daily for 8 weeks ❑ sofosbuvir/velpatasvir one tablet daily for 12 weeks
Treatment experienced (PEG-IFN/RBV ONLY), compensated cirrhosis (Child-Pugh A ONLY) ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ 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) ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ sofosbuvir/velpatasvir one tablet daily for 12 weeks
Treatment experienced (Non-NS5A inhibitor, sofosbuvir-containing regimen), no or compensated cirrhosis (Child-Pugh A ONLY) ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ 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) ❑ Mavyret - three (3) tablets daily for 16 weeks ❑ 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) ❑ Vosevi – 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 - 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
Re -infection of allograft liver after transplant, treatment naïve or experienced but no direct acting antiviral (DAA) experience, no cirrhosis ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ 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) ❑ 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
Re-infection of allograft liver after transplant, treatment naïve, decompensated cirrhosis (Child-Pugh B or C ONLY) ❑ 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) ❑ sofosbuvir/velpatasvir – one tablet daily plus low dose ribavirin∇ for 24 weeks
Decompensated cirrhosis, no prior sofosbuvir or NS5A ❑ sofosbuvir/velpatasvir – one tablet daily plus weight-based ribavirin for 12 weeks (low dose ribavirin∇ if Child-Pugh Class C) ❑ 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 ❑ 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 ❑ Mavyret - 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 - 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 - three (3) tablets daily for 12 weeks ❑ sofosbuvir/velpatasvir one tablet daily for 12 weeks
Treatment experienced (PEG-IFN + ribavirin), no cirrhosis ❑ Mavyret - three (3) tablets daily for 8 weeks ❑ sofosbuvir/velpatasvir one tablet daily for 12 weeks
Treatment experienced (PEG-IFN + ribavirin), with compensated cirrhosis (Child-Pugh A only) ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ sofosbuvir/velpatasvir one tablet daily for 12 weeks
Treatment experienced (sofosbuvir + ribavirin) with or without compensated cirrhosis (Child-Pugh A only) ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ 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) ❑ Vosevi - one tablet daily for 12 weeks

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Genotype 2 (continued)
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 failure ❑ sofosbuvir/velpatasvir – one tablet daily plus weight-based ribavirin for 12 weeks ❑ 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 ❑ 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 ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ 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) ❑ 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 3
Treatment naive, no cirrhosis ❑ Mavyret - three (3) tablets daily for 8 weeks ❑ sofosbuvir/velpatasvir one tablet daily for 12 weeks
Treatment naive, with compensated cirrhosis (Child-Pugh A only), HIV negative only ❑ Mavyret - three (3) tablets daily for 8 weeks ❑ sofosbuvir/velpatasvir- 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 only ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ sofosbuvir/velpatasvir - one tablet daily for 12 weeks (only if Y93H negative)
Treatment naive, with compensated cirrhosis (Child-Pugh A only), HIV positive only, Y93H positive ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ sofosbuvir/velpatasvir - one tablet daily plus weight-based ribavirin for 12 weeks

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Genotype 3 (continued)
Treatment experienced (PEG-IFN + ribavirin), no cirrhosis, Y93H negative ❑ sofosbuvir/velpatasvir - one tablet daily for 12 weeks ❑ Mavyret - three (3) tablets daily for 16 weeks
Treatment experienced (PEG-IFN + ribavirin), no cirrhosis, Y93H positive ❑ sofosbuvir/velpatasvir - one tablet daily plus weight-based ribavirin for 12 weeks ❑ Mavyret - three (3) tablets daily for 16 weeks
Treatment experienced (PEG-IFN + ribavirin), compensated cirrhosis (Child-Pugh A ONLY) ❑ Mavyret - three (3) tablets daily for 16 weeks ❑ 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) ❑ 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) ❑ 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 ❑ 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 failure ❑ sofosbuvir/velpatasvir – one tablet daily plus weight-based ribavirin (low dose∇ if Child-Pugh C) daily for 12 weeks ❑ 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 ❑ 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 ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ 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) ❑ 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

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Genotype 3 (continued)
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 - 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 - 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 - three (3) tablets daily for 12 weeks ❑ sofosbuvir/velpatasvir – one tablet daily for 12 weeks
Treatment experienced (PEG-IFN/RBV ONLY), no cirrhosis ❑ Mavyret - three (3) tablets daily for 8 weeks ❑ sofosbuvir/velpatasvir one tablet daily for 12 weeks
Treatment experienced (PEG-IFN/RBV ONLY), compensated cirrhosis (Child-Pugh A only) ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ 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) ❑ Vosevi – 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 - 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 failure ❑ sofosbuvir/velpatasvir – one tablet daily plus weight-based ribavirin (low dose∇ if Child-Pugh C) daily for 12 weeks ❑ 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 ❑ 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 ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ 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) ❑ 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

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Genotype 4 (continued)
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 and 6
Treatment naïve, with or without compensated cirrhosis (Child-Pugh A ONLY), HIV negative ONLY ❑ Mavyret - three (3) tablets daily for 8 weeks ❑ sofosbuvir/velpatasvir one tablet daily for 12 weeks
Treatment naïve, with or without compensated cirrhosis (Child-Pugh A ONLY), HIV positive ONLY ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ sofosbuvir/velpatasvir– one tablet daily for 12 weeks
Treatment experienced (PEG-IFN/RBV), no cirrhosis ❑ Mavyret - three (3) tablets daily for 8 weeks ❑ sofosbuvir/velpatasvir one tablet daily for 12 weeks
Treatment experienced (PEG-IFN/RBV), compensated cirrhosis (Child-Pugh A ONLY) ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ 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) ❑ Vosevi – 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 - 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 failure ❑ sofosbuvir/velpatasvir – one tablet daily plus weight-based ribavirin (low dose∇ if Child-Pugh C) daily for 12 weeks ❑ 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 ❑ 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 ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ sofosbuvir/velpatasvir – one tablet daily for 12 weeks

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Genotype 5 and 6 (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) ❑ 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 name, dose and duration: _____ _____ Clinical rationale for selecting regimens other than those outlined above: _____ _____ _____
Abbreviations: ***PEG-IFN*** *= peginterferon;* ***RBV*** *= ribavirin;* ***PI*** *= protease inhibitor*

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

PRIOR AUTHORIZATION DESCRIPTION

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

MISSISSIPPI DIVISION OF MEDICAID

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

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*

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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

HIV status: □ positive □ negative □ unknown

□ Patient has not taken amiodarone within 535 days (required if regimen includes Harvoni or Sovaldi)

□ RBV-Ineligible reason◊: _____

_____

Hepatic fibrosis stage _____

Last stage evaluation date: _____

Method of cirrhosis/fibrosis stage:_____

□ Decompensated cirrhosis

□ Compensated cirrhosis Child-Pugh Score and Date: _____

□ Post-liver transplant Date:

□ Hepatocellular carcinoma and awaiting a liver transplant:

Transplant date: _____

□ Not yet scheduled

□ Dialysis __Yes/____No

□ CrCl ____ mL/min Lab Date w/n last year:_____

□ Screened for HEP-B and HIV prior to HEP-C treatment start

- Date of last test: Hep B:____/__/____ HIV:___/__/____
  - 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.

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