



Request for Prior Authorization
HEPATITIS C TREATMENTS

(PLEASE PRINT - ACCURACY IS IMPORTANT)

Form with fields for IA Medicaid Member ID #, Patient name, DOB, Patient address, Patient phone, Provider NPI, Prescriber name, Phone, Prescriber address, Fax, Pharmacy name, Address, Phone, 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 is 18 years of age or older and has a diagnosis of chronic hepatitis C; and 2) Patient has had testing for hepatitis C virus (HCV) genotype; and 3) Patient has an active HCV infection verified by a detectable viral load within 12 months of starting treatment; and 4) Viral load will be submitted by the prescriber 12 weeks after the completion of therapy; and 5) Patient has advanced liver disease corresponding to a Metavir score of 3 or greater fibrosis as confirmed by one of the following: a) liver biopsy confirming a Metavir score >=3; or b) transient elastography (FibroScan) score >= 9.5kPa; or c) FibroSURE (FibroTest) score >=0.58; or d) APRI score >1.5; or e) radiological imaging consistent with cirrhosis (i.e., evidence of portal hypertension); or f) physical findings or clinical evidence consistent with cirrhosis; or g) patients at highest risk for severe complications: organ transplant, type 2 or 3 essential mixed cryoglobulinemia with end-organ manifestations (e.g. vasculitis), proteinuria, nephrotic syndrome, or membranoproliferative glomerulonephritis; and 6) Patient's prior treatment history is provided (treatment naive 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) For regimens containing sofosbuvir (Sovaldi/Harvoni), patient does not have severe renal impairment (creatinine clearance <30ml/min) or end stage renal disease requiring hemodialysis; and 10) HCV treatment is prescribed by a digestive disease, liver disease, or infectious disease provider practice; and 11) 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 12) Prescriber has reviewed the patient's current medication list and acknowledged that there are no significant drug interactions with the HCV medication; and 13) Documentation is provided for patients who are ineligible to receive interferon or ribavirin. 14) Non-FDA approved or non-compensated combination therapy regimens will not be approved. 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.

- Preferred: [ ] Harvoni, [ ] Sovaldi, [ ] Viekira Pak, [ ] Technivie, [ ] Zepatier, Non-Preferred: [ ] Olysio, [ ] Daklinza

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.

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**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.

<b>Genotype 1 (Note: the subtype is listed if there are differences in the recommended treatments)</b>
<p><b>Treatment naïve, no cirrhosis, HCV viral load &lt; 6 million copies/ml</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Harvoni 90/400 mg daily for 8 weeks</li> <li><input type="checkbox"/> Harvoni 90/400 mg daily for 12 weeks</li> <li><input type="checkbox"/> 1a: Viekira Pak (ombitasvir, paritaprevir, ritonavir 12.5/75/50 mg two tablets AM and dasabuvir 250 mg BID) plus weight-based ribavirin for 12 weeks</li> <li><input type="checkbox"/> 1b: Viekira Pak (ombitasvir, paritaprevir, ritonavir 12.5/75/50 mg two tablets AM and dasabuvir 250 mg BID) for 12 weeks</li> <li><input type="checkbox"/> 1a: Zepatier for 12 weeks in patients without baseline NS5A polymorphisms</li> <li><input type="checkbox"/> 1a: Zepatier plus weight-based RBV for 16 weeks in patients with baseline NS5A polymorphisms at amino acid positions 28, 30, 31, or 93</li> <li><input type="checkbox"/> 1b: Zepatier for 12 weeks</li> </ul>
<p><b>Treatment naïve, no cirrhosis, HCV viral load ≥ 6 million</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Harvoni 90/400 mg daily for 12 weeks</li> <li><input type="checkbox"/> 1a: Viekira Pak (ombitasvir, paritaprevir, ritonavir 12.5/75/50 mg two tablets AM and dasabuvir 250 mg BID) plus weight-based ribavirin for 12 weeks</li> <li><input type="checkbox"/> 1b: Viekira Pak (ombitasvir, paritaprevir, ritonavir 12.5/75/50 mg two tablets AM and dasabuvir 250 mg BID) for 12 weeks</li> <li><input type="checkbox"/> 1a: Zepatier for 12 weeks in patients without baseline NS5A polymorphisms</li> <li><input type="checkbox"/> 1a: Zepatier plus weight-based RBV for 16 weeks in patients with baseline NS5A polymorphisms at amino acid positions 28, 30, 31, or 93</li> <li><input type="checkbox"/> 1b: Zepatier for 12 weeks</li> </ul>
<p><b>Treatment naïve, compensated cirrhosis</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Harvoni 90/400 mg daily for 12 weeks</li> <li><input type="checkbox"/> 1a : Viekira Pak (ombitasvir, paritaprevir, ritonavir 12.5/75/50 mg two tablets AM and dasabuvir 250 mg BID) plus weight-based ribavirin for 24 weeks (Child-Pugh (CP) A ONLY, contraindicated for CP B or C)</li> <li><input type="checkbox"/> 1b: Viekira Pak (ombitasvir, paritaprevir, ritonavir 12.5/75/50 mg two tablets AM and dasabuvir 250 mg BID) for 12 weeks (Child-Pugh A ONLY, contraindicated for CP B or C)</li> <li><input type="checkbox"/> 1a: Zepatier for 12 weeks in patients without baseline NS5A polymorphisms</li> <li><input type="checkbox"/> 1a: Zepatier plus weight-based RBV for 16 weeks in patients with baseline NS5A polymorphisms at amino acid positions 28, 30, 31, or 93</li> <li><input type="checkbox"/> 1b: Zepatier for 12 weeks</li> </ul>
<p><b>Treatment experienced (PEG-IFN/RBV ONLY), no cirrhosis</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Harvoni 90/400 mg daily for 12 weeks</li> <li><input type="checkbox"/> 1a: Viekira Pak (ombitasvir, paritaprevir, ritonavir 12.5/75/50 mg two tablets AM and dasabuvir 250 mg BID) plus weight-based ribavirin for 12 weeks</li> <li><input type="checkbox"/> 1b: Viekira Pak (ombitasvir, paritaprevir, ritonavir 12.5/75/50 mg two tablets AM and dasabuvir 250 mg BID) for 12 weeks</li> <li><input type="checkbox"/> 1a: Zepatier for 12 weeks in patients without baseline NS5A polymorphisms</li> <li><input type="checkbox"/> 1a: Zepatier plus weight-based RBV for 16 weeks in patients with baseline NS5A polymorphisms at amino acid positions 28, 30, 31, or 93</li> <li><input type="checkbox"/> 1b: Zepatier for 12 weeks</li> </ul>
<p><b>Treatment experienced (PEG-IFN/RBV ONLY), cirrhosis</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Harvoni 90/400 mg daily for 24 weeks (will be approved only for patients with documented ineligibility for ribavirin¶)</li> <li><input type="checkbox"/> Harvoni 90/400 mg daily plus weight-based ribavirin for 12 weeks</li> <li><input type="checkbox"/> 1a: Viekira Pak (ombitasvir, paritaprevir, ritonavir 12.5/75/50 mg two tablets AM and dasabuvir 250 mg BID) plus weight-based ribavirin for 24 weeks (Child-Pugh A ONLY, contraindicated for CP B or C)</li> <li><input type="checkbox"/> 1b: Viekira Pak (ombitasvir, paritaprevir, ritonavir 12.5/75/50 mg two tablets AM and dasabuvir 250 mg BID) for 12 weeks (Child-Pugh A ONLY, contraindicated for CP B or C)</li> <li><input type="checkbox"/> 1a: Zepatier for 12 weeks in patients without baseline NS5A polymorphisms</li> <li><input type="checkbox"/> 1a: Zepatier plus weight-based RBV for 16 weeks in patients with baseline NS5A polymorphisms at amino acid positions 28, 30, 31, or 93</li> </ul>

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<input type="checkbox"/> 1b: Zepatier for 12 weeks
<b>Treatment experienced (PEG-IFN/RBV + PI), no cirrhosis</b> <input type="checkbox"/> Harvoni 90/400 mg daily for 12 weeks <input type="checkbox"/> Harvoni 90/400 mg daily plus weight-based ribavirin for 12 weeks <input type="checkbox"/> 1a: Zepatier plus weight-based RBV for 12 weeks in patients without baseline NS5A polymorphisms <input type="checkbox"/> 1a: Zepatier plus weight-based RBV for 16 weeks in patients with baseline NS5A polymorphisms at amino acid positions 28, 30, 31, or 93 <input type="checkbox"/> 1b: Zepatier plus weight-based RBV for 12 weeks
<b>Treatment experienced (PEG-IFN/RBV+PI), compensated cirrhosis</b> <input type="checkbox"/> Harvoni 90/400 mg daily for 24 weeks (will be approved only for patients with documented ineligibility for ribavirin¶) <input type="checkbox"/> Harvoni 90/400 mg daily plus weight-based ribavirin for 12 weeks <input type="checkbox"/> 1a: Zepatier plus weight-based RBV for 12 weeks in patients without baseline NS5A polymorphisms <input type="checkbox"/> 1a: Zepatier plus weight-based RBV for 16 weeks in patients with baseline NS5A polymorphisms at amino acid positions 28, 30, 31, or 93 <input type="checkbox"/> 1b: Zepatier plus weight-based RBV for 12 weeks
<b>Treatment experienced (sofosbuvir + ribavirin +/- PEG-IFN or simeprevir + sofosbuvir), no cirrhosis</b> <input type="checkbox"/> Harvoni 90/400 mg daily plus weight-based ribavirin for 12 weeks
<b>Treatment experienced (sofosbuvir + ribavirin +/- PEG-IFN or simeprevir + sofosbuvir), compensated cirrhosis</b> <input type="checkbox"/> Harvoni 90/400 mg daily plus weight-based ribavirin for 24 weeks
<b>Treatment experienced (prior treatment with any NS5A inhibitor (daclatasvir + sofosbuvir, ledipasvir + sofosbuvir or paritaprevir/ritonavir/ombitasvir + dasabuvir), not cirrhotic</b> <input type="checkbox"/> Guidelines recommend awaiting new data to guide treatment
<b>Treatment experienced (prior treatment with any NS5A inhibitor (daclatasvir + sofosbuvir, ledipasvir + sofosbuvir or paritaprevir/ritonavir/ombitasvir + dasabuvir), cirrhosis or urgent need for treatment</b> <input type="checkbox"/> Testing for resistance-associated variants that confer decreased susceptibility to NS3 protease inhibitors and to NS5A inhibitors is recommended which choice of agents based on this testing with planned duration of 24 weeks with RBV unless contraindicated
<b>Re-infection of allograft liver after transplant</b> <input type="checkbox"/> Harvoni 90/400 mg daily plus weight-based ribavirin for 12 weeks <input type="checkbox"/> Harvoni 90/400 mg daily for 24 weeks (will be approved only for patients with documented ineligibility for ribavirin¶)
<b>Decompensated cirrhosis, no prior sofosbuvir, including those with hepatocellular carcinoma who may or may not be candidates for liver transplantation</b> <input type="checkbox"/> Harvoni 90/400 mg daily plus low dose ribavirin# for 12 weeks <input type="checkbox"/> Daklinza 60 mg^ daily plus Sovaldi 400mg daily for 24 weeks (will be approved only for patients with documented ineligibility for ribavirin¶)
<b>Decompensated cirrhosis, prior treatment with sofosbuvir</b> <input type="checkbox"/> Harvoni 90/400 mg daily + low dose ribavirin# for 24 weeks
<b>Recurrent HCV infection post-liver transplantation</b> <input type="checkbox"/> Harvoni 90/400 mg daily plus weight-based ribavirin for 12 weeks <input type="checkbox"/> Harvoni 90/400 mg daily for 24 weeks (will be approved only for patients with documented ineligibility for ribavirin¶)
<b>Recurrent HCV infection post-liver transplantation, decompensated cirrhosis</b> <input type="checkbox"/> Harvoni 90/400 mg daily plus low dose ribavirin# for 12 weeks
<b>Genotype 2</b>
<b>Treatment naïve, no cirrhosis</b> <input type="checkbox"/> Sovaldi 400 mg daily plus weight-based ribavirin for 12 weeks <input type="checkbox"/> Daklinza 60 mg^ daily plus Sovaldi 400 mg daily for 12 weeks (will be approved only for patients with documented ineligibility for ribavirin¶)
<b>Treatment naïve, compensated cirrhosis</b> <input type="checkbox"/> Sovaldi 400mg daily plus weight-based ribavirin for 16 weeks <input type="checkbox"/> Daklinza 60 mg^ daily plus Sovaldi 400 mg daily for 16-24 weeks (will be approved only for patients with documented ineligibility for ribavirin¶)
<b>Treatment experienced (PEG-IFN + ribavirin)</b> <input type="checkbox"/> Sovaldi 400 mg daily plus weight-based ribavirin for 16 weeks (will be approved only for patients with documented ineligibility for interferon‡) <input type="checkbox"/> Sovaldi 400mg daily plus weight-based ribavirin for 24 weeks (will be approved only for patients with documented

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<p>ineligibility for interferon‡)</p> <p><input type="checkbox"/> Sovaldi 400mg daily plus weight-based ribavirin plus PEG-IFN for 12 weeks</p>
<p><b>Treatment experienced (sofosbuvir + ribavirin)</b></p> <p><input type="checkbox"/> Sovaldi 400mg daily plus weight-based ribavirin plus PEG-IFN for 12 weeks</p> <p><input type="checkbox"/> Daklinza 60 mg^ daily plus Sovaldi 400 mg daily for 24 weeks with or without weight-based ribavirin (will be approved only for patients with documented ineligibility for interferon‡ )</p>
<p><b>Decompensated cirrhosis, including those with hepatocellular carcinoma who may or may not be candidates for liver transplantation</b></p> <p><input type="checkbox"/> Daklinza 60 mg^ daily plus Sovaldi 400mg daily plus low dose ribavirin# for 12 weeks</p>
<p><b>Recurrent HCV infection post–liver transplantation, no or compensated cirrhosis</b></p> <p><input type="checkbox"/> Daklinza 60 mg^ daily plus Sovaldi 400mg daily plus low dose ribavirin# for 12 weeks</p> <p><input type="checkbox"/> Daklinza 60 mg^ daily plus Sovaldi 400mg daily for 24 weeks (will be approved only for patients with documented ineligibility for ribavirin¶)</p>
<p><b>Recurrent HCV infection post–liver transplantation, decompensated cirrhosis</b></p> <p><input type="checkbox"/> Sovaldi 400 mg daily plus low dose ribavirin# for 24 weeks</p>
<p><b>Hepatocellular carcinoma and awaiting liver transplant</b></p> <p><input type="checkbox"/> Sovaldi 400 mg daily + weight-based ribavirin for up to 48 weeks or until liver transplant (requires documentation of diagnosis and reauthorization every 28 days)</p>
<p><b>Genotype 3</b></p>
<p><b>Regardless of prior treatment, with or without cirrhosis</b></p> <p><input type="checkbox"/> Sovaldi 400mg daily plus weight-based ribavirin plus PEG-IFN for 12 weeks</p>
<p><b>Treatment naïve, not cirrhotic</b></p> <p><input type="checkbox"/> Daklinza 60 mg^ daily plus Sovaldi 400mg daily for 12 weeks (will be approved only for patients with documented interferon‡ or ribavirin¶ intolerance)</p> <p><input type="checkbox"/> Sovaldi 400 mg daily plus weight-based ribavirin for 24 weeks (will be approved only for patients with documented ineligibility for interferon‡)</p>
<p><b>Treatment naïve, cirrhosis</b></p> <p><input type="checkbox"/> Daklinza 60 mg^ daily plus Sovaldi 400mg daily for 24 weeks with or without weight based ribavirin (will be approved only for patients with documented IFN‡ or ribavirin¶ intolerance)</p>
<p><b>Treatment experienced (PEG-IFN + ribavirin), no cirrhosis</b></p> <p><input type="checkbox"/> Daklinza 60 mg^ daily plus Sovaldi 400mg daily for 12 weeks (will be approved only for patients with documented ineligibility for interferon‡ or ribavirin¶)</p>
<p><b>Treatment experienced (PEG-IFN + ribavirin), compensated cirrhosis</b></p> <p><input type="checkbox"/> Daklinza 60 mg^ daily plus Sovaldi 400 mg daily for 24 weeks with weight-based ribavirin (will be approved only for patients with documented ineligibility for interferon‡)</p>
<p><b>Treatment experienced (sofosbuvir + ribavirin)</b></p> <p><input type="checkbox"/> Daklinza 60 mg^ daily plus Sovaldi 400 mg daily for 24 weeks with weight-based ribavirin (will be approved only for patients with documented ineligibility for interferon‡)</p>
<p><b>Decompensated cirrhosis, including those with hepatocellular carcinoma who may or may not be candidates for liver transplantation</b></p> <p><input type="checkbox"/> Daklinza 60 mg^ daily plus Sovaldi 400mg daily plus low dose ribavirin# for 12 weeks</p>
<p><b>Recurrent HCV infection post–liver transplantation, no or compensated cirrhosis</b></p> <p><input type="checkbox"/> Daklinza 60 mg^ daily plus Sovaldi 400mg daily plus low dose ribavirin# for 12 weeks</p> <p><input type="checkbox"/> Sovaldi 400 mg daily plus weight-based ribavirin for 24 weeks</p> <p><input type="checkbox"/> Daklinza 60 mg^ daily plus Sovaldi 400mg daily for 24 weeks (will be approved only for patients with documented ineligibility for ribavirin¶)</p>
<p><b>Recurrent HCV infection post–liver transplantation, decompensated cirrhosis</b></p> <p><input type="checkbox"/> Sovaldi 400 mg daily plus low dose ribavirin# for 24 weeks</p>
<p><b>Hepatocellular carcinoma and awaiting liver transplant</b></p> <p><input type="checkbox"/> Sovaldi 400 mg daily + weight-based ribavirin for up to 48 weeks or until liver transplant (requires documentation of diagnosis and reauthorization every 28 days)</p>
<p><b>Genotype 4</b></p>
<p><b>Treatment naïve, no cirrhosis</b></p> <p><input type="checkbox"/> Harvoni 90/400 mg daily for 12 weeks</p> <p><input type="checkbox"/> Technivie (ombitasvir, paritaprevir, ritonavir 12.5/75/50 mg two tablets daily plus weight-based ribavirin for 12 weeks</p>

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<input type="checkbox"/> Zepatier for 12 weeks
<b>Treatment naïve, compensated cirrhosis</b> <input type="checkbox"/> Harvoni 90/400 mg daily for 12 weeks <input type="checkbox"/> Technivie (ombitasvir, paritaprevir, ritonavir 12.5/75/50 mg two tablets daily plus weight-based ribavirin for 12 weeks <input type="checkbox"/> Zepatier for 12 weeks
<b>Treatment experienced (PEG-IFN/RBV ONLY), no cirrhosis</b> <input type="checkbox"/> Harvoni 90/400 mg daily for 12 weeks <input type="checkbox"/> Technivie (ombitasvir, paritaprevir, ritonavir 12.5/75/50 mg two tablets daily plus weight-based ribavirin for 12 weeks <input type="checkbox"/> Zepatier for 12 weeks if prior virologic relapse <input type="checkbox"/> Zepatier plus weight-based RBV for 16 weeks for patients with prior on treatment virologic failure (failure to suppress or breakthrough)
<b>Treatment experienced (PEG-IFN/RBV ONLY), compensated cirrhosis</b> <input type="checkbox"/> Harvoni 90/400 mg daily for 12 weeks <input type="checkbox"/> Technivie (ombitasvir, paritaprevir, ritonavir 12.5/75/50 mg two tablets daily plus weight-based ribavirin for 12 weeks <input type="checkbox"/> Zepatier for 12 weeks if prior virologic relapse <input type="checkbox"/> Zepatier plus weight-based RBV for 16 weeks for patients with prior on treatment virologic failure (failure to suppress or breakthrough)
<b>Decompensated cirrhosis, no prior sofosbuvir, including those with hepatocellular carcinoma who may or may not be candidates for liver transplantation</b> <input type="checkbox"/> Harvoni 90/400 mg daily plus low dose ribavirin <sup>#</sup> for 12 weeks <input type="checkbox"/> Daklinza 60 mg <sup>^</sup> daily plus Sovaldi 400mg daily for 24 weeks (will be approved only for patients with documented ineligibility for ribavirin <sup>¶</sup> )
<b>Decompensated cirrhosis, prior treatment with sofosbuvir</b> <input type="checkbox"/> Harvoni 90/400 mg daily plus low dose ribavirin <sup>#</sup> for 24 weeks
<b>Recurrent HCV infection post–liver transplantation, no or compensated cirrhosis</b> <input type="checkbox"/> Harvoni 90/400 mg daily plus weight-based ribavirin for 12 weeks <input type="checkbox"/> Harvoni 90/400 mg daily for 24 weeks (will be approved only for patients with documented ineligibility for ribavirin <sup>¶</sup> )
<b>Recurrent HCV infection post–liver transplantation, decompensated cirrhosis</b> <input type="checkbox"/> Harvoni 90/400 mg daily plus low dose ribavirin <sup>#</sup> for 12 weeks
<b>Genotype 5</b>
<b>Regardless of prior treatment</b> <input type="checkbox"/> Harvoni 90/400 mg daily for 12 weeks <input type="checkbox"/>
<b>Hepatocellular carcinoma and awaiting liver transplant</b> <input type="checkbox"/> Sovaldi 400 mg daily + weight-based ribavirin for up to 48 weeks or until liver transplant (requires documentation of diagnosis and reauthorization every 28 days)
<b>Genotype 6</b>
<b>Regardless of prior treatment</b> <input type="checkbox"/> Harvoni 90/400 mg daily for 84 days (12 weeks) <input type="checkbox"/>
<b>Hepatocellular carcinoma and awaiting liver transplant</b> <input type="checkbox"/> Sovaldi 400 mg daily + weight-based ribavirin for up to 48 weeks or until liver transplant (requires documentation of diagnosis and reauthorization every 28 days)
<b>Other Treatment Regimen</b>
<b>Genotype, treatment history, and extent of liver disease:</b> _____ <b>Drug name, dose and duration:</b> _____ <b>Clinical rationale for selecting regimens other than those outlined above:</b> _____ _____ _____

**Abbreviations: PEG-IFN=peg-interferon; RBV=ribavirin; PI=protease inhibitor**

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

**^Dose of Daklinza (daclatasvir) MUST BE ADJUSTED with certain co-administered drugs (reduced to 30 mg daily with concurrent CYP3A4 inhibitors and increased to 90 mg daily with concurrent moderate CYP3A4 inducers)**

**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: \_\_\_\_\_
2. Documentation of advanced liver disease (**attach results**): \_\_\_\_\_ Date Obtained: \_\_\_\_\_
- Liver biopsy confirming a Metavir score  $\geq$  F3
  - Transient elastography (FibroScan) score  $\geq$  9.5kPa
  - FibroSURE (FibroTest) score  $\geq$  0.58
  - APRI score  $>$  1.5
  - Radiological imaging consistent with cirrhosis (i.e. evidence of portal hypertension)
  - Physical findings or clinical evidence consistent with cirrhosis
  - Patients at highest risk for severe complications: organ transplant, type 2 or 3 essential mixed cryoglobulinemia with end-organ manifestations (e.g. vasculitis), proteinuria, nephrotic syndrome, or membranoproliferative glomerulonephritis.

**Patient History:**

3. 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**)
4. 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
5. Is the patient receiving dialysis? Yes No
6. Is the patient's creatinine clearance  $\geq$ 30 ml/min? Yes No

**Prescriber Information:**

7. Provider Practice: Digestive Disease Liver Disease Infectious Disease

**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<sup>¶</sup>, 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/ $\mu$ L
  - Baseline absolute neutrophil count  $<$ 1,500 cells/ $\mu$ L
  - 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.**

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**Regimens Containing Interferon:**

11. Complete blood count with differential (**attach results**)
12. If the patient is ineligible for interferon-based therapy†, select the appropriate reason from the list below:
- Documented life-threatening side effects or potential side effects (i.e., history of suicidality)
  - Decompensated hepatic disease (Child-Pugh >6), or Child-Pugh ≥ 6 if co-infected with HIV
  - Autoimmune hepatitis and other autoimmune disorders
  - Baseline neutrophil count <1,500 cells/μL
  - Baseline platelets <90,000 cells/μL
  - Baseline hemoglobin <10 g/dL
  - Pre-existing unstable or significant cardiac disease (e.g., history of MI or acute coronary syndrome)
  - Other: \_\_\_\_\_

**Potentially Significant Drug Interactions:**

13. Coadministration of Hepatitis C treatments with the following medications is not recommended. By checking one of the following boxes, the prescriber attests that they have reviewed the patient's medications for potentially significant drug interactions with the Hepatitis C treatment. If the medication list contains one or more of the following medications, the medication(s) will be changed to another agent.
- Harvoni:** The patient's current medication list does NOT include: carbamazepine, phenytoin, phenobarbital, oxcarbazepine, rifabutin, rifampin, rifapentine, St. John's Wort, ritonavir, tipranavir, Stribild, rosuvastatin, H<sub>2</sub>-receptor antagonists above the following daily doses: famotidine 80 mg, ranitidine/nizatidine 600 mg or cimetidine 1600 mg; or proton-pump inhibitors above the following daily doses: esomeprazole 20 mg, lansoprazole or 30 mg, dexlansoprazole 60mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg
  - Sovaldi:** The patient's current medication list does NOT include: carbamazepine, phenytoin, phenobarbital, oxcarbazepine, rifabutin, rifampin, rifapentine, St. John's Wort, or tipranavir/ritonavir
  - Viekira Pak/Technivie:** The patient's current medication list does NOT include: strong inducers of CYP3A/2C8, alfuzosin, carbamazepine, phenytoin, phenobarbital, gemfibrozil, rifampin, ergotamine, dihydroergotamine, ergonovine, methylegonovine, ethinyl estradiol-containing medications, St. John's Wort, lovastatin, simvastatin, pimozide, efavirenz, sildenafil, trazolam, or midazolam
  - Olysio:** The patient's current medication list does NOT include significant drug interactions. Consult the full prescribing information for potential drug interactions.
  - Daklinza:** The patient's current medication list does NOT include significant drug interactions or dose is adjusted appropriately. Consult the full prescribing information for potential drug interactions including MANY that require dosage adjustment.
  - Zepatier:** The patient's current medication list does NOT include significant drug interactions. Consult the full prescribing information for potential drug interactions.

**Attach lab results and other documentation**

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