

## (PLEASE PRINT – ACCURACY IS IMPORTANT)

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**Request for Prior Authorization**  
**HEPATITIS C TREATMENTS**  
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**Instructions for completing the Hepatitis C Treatments PA form:**

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

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

**SECTION 1 – TREATMENT REGIMEN**

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

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

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<b>Re-infection of allograft liver after transplant, treatment naïve or experienced but no direct acting antiviral (DAA) experience, no cirrhosis</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks
<b>Re-infection of allograft liver after transplant, treatment naïve or experienced but no direct acting antiviral (DAA) experience, compensated cirrhosis (Child-Pugh A ONLY)</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablet daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks <b>IF multiple negative baseline characteristics, consider</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily plus low dose ribavirin <sup>#</sup> for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg one tablet daily plus low dose ribavirin <sup>#</sup> for 12 weeks
<b>Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA) no cirrhosis</b> <input type="checkbox"/> Vosevi 400/100/100 mg, one tablet daily for 12 weeks
<b>Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA) compensated cirrhosis (Child-Pugh A ONLY)</b> <input type="checkbox"/> Vosevi 400/100/100 mg, one tablet daily for 12 weeks <b>IF multiple negative baseline characteristics, consider</b> <input type="checkbox"/> Vosevi 400/100/100 mg, one tablet daily + low dose ribavirin <sup>#</sup> for 12 weeks
<b>Re-infection of allograft liver after transplant, treatment naïve, decompensated cirrhosis (Child-Pugh B or C ONLY)</b> <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg, one tablet daily plus low dose ribavirin <sup>#</sup> for 12 weeks
<b>Re-infection of allograft liver after transplant, treatment experienced, decompensated cirrhosis (Child-Pugh B or C ONLY)</b> <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg, one tablet daily plus low dose ribavirin <sup>#</sup> for 24 weeks
<b>Decompensated cirrhosis, no prior sofosbuvir or NS5A</b> <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg, one tablet plus weight-based ribavirin daily for 12 weeks (low dose ribavirin <sup>#</sup> if Child-Pugh Class C) <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 24 weeks (will be approved only for patients with documented ineligibility for ribavirin <sup>†</sup> )
<b>Decompensated cirrhosis, prior treatment with sofosbuvir or NS5A</b> <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg, one tablet daily plus weight-based ribavirin daily for 24 weeks (low dose ribavirin <sup>#</sup> if Child-Pugh Class C)
<b>Genotype 2</b>
<b>Treatment naïve, no cirrhosis</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 8 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks
<b>Treatment naïve, compensated cirrhosis (Child-Pugh A ONLY)- HIV negative</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 8 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks
<b>Treatment naïve, compensated cirrhosis (Child-Pugh A ONLY)- HIV positive</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks
<b>Treatment experienced (PEG-IFN + ribavirin), no cirrhosis</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 8 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks
<b>Treatment experienced (PEG-IFN + ribavirin), with compensated cirrhosis (Child-Pugh A only)</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks
<b>Treatment experienced (sofosbuvir + ribavirin) with or without compensated cirrhosis (Child-Pugh A only)</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks
<b>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)</b> <input type="checkbox"/> Vosevi 400/100/100 mg, one tablet daily for 12 weeks
<b>Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, no cirrhosis</b> <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks

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<b>Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A only)</b> <input type="checkbox"/> Vosevi 400/100/100 mg, one tablet plus weight-based ribavirin daily for 12 weeks
<b>Treatment experienced, sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures, with or without compensated cirrhosis (Child-Pugh A ONLY)</b> <input type="checkbox"/> Vosevi 400/100/100 mg, one tablet plus weight-based ribavirin daily for 24 weeks
<b>Decompensated cirrhosis, no prior sofosbuvir or NS5A failure</b> <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg plus weight-based ribavirin daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg daily for 24 weeks (will be approved only for patients with documented ineligibility for ribavirin <sup>†</sup> )
<b>Decompensated cirrhosis, prior sofosbuvir or NS5A failure</b> <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg plus weight-based ribavirin daily for 24 weeks (low dose ribavirin <sup>#</sup> if Child-Pugh C)
<b>Recurrent HCV infection post–liver transplantation, treatment naïve or experienced, but no direct acting antiviral (DAA), no cirrhosis</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks
<b>Recurrent HCV infection post–liver transplantation, treatment naïve or experienced, but no direct acting antiviral (DAA) experience, compensated cirrhosis (Child-Pugh A ONLY)</b> <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 12 weeks <b>IF multiple negative baseline characteristics, consider</b> <input type="checkbox"/> Mavyret 100/40, three (3) tablets plus low dose <sup>#</sup> ribavirin daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg plus low dose ribavirin <sup>#</sup> daily for 12 weeks
<b>Recurrent HCV infection of allograft liver after transplantation, prior treatment with direct acting antivirals (DAA), no cirrhosis</b> <input type="checkbox"/> Vosevi 400/100/100 mg, one tablet daily for 12 weeks
<b>Recurrent HCV infection of allograft liver after transplantation, prior treatment with direct acting antivirals (DAA), compensated cirrhosis (Child-Pugh A ONLY)</b> <input type="checkbox"/> Vosevi 400/100/100 mg, one tablet daily for 12 weeks <b>IF multiple negative baseline characteristics, consider</b> <input type="checkbox"/> Vosevi 400/100/100 mg, one tablet daily plus low dose <sup>#</sup> ribavirin for 12 weeks
<b>Recurrent HCV infection post–liver transplantation, treatment naïve, decompensated cirrhosis (Child-Pugh B and C ONLY)</b> <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg plus low dose <sup>#</sup> ribavirin daily for 12 weeks
<b>Recurrent HCV infection post–liver transplantation, treatment experienced, decompensated cirrhosis (Child-Pugh B and C ONLY)</b> <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg plus low dose <sup>#</sup> ribavirin daily for 24 weeks
<b>Genotype 3</b>
<b>Treatment naïve, no cirrhosis</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 8 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks
<b>Treatment naïve, with compensated cirrhosis (Child-Pugh A ONLY), HIV negative only</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 8 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks (only if Y93H negative, add weight based ribavirin if Y93H positive)
<b>Treatment naïve, with compensated cirrhosis (Child-Pugh A only), HIV positive</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 12 weeks (Child-Pugh A only) <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks (ONLY if Y93H negative)
<b>Treatment naïve, with compensated cirrhosis (Child-Pugh A only), HIV positive only, Y93H positive</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg plus weight-based ribavirin daily for 12 weeks

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<b>Treatment experienced (PEG-IFN + ribavirin), no cirrhosis, Y93H positive</b> <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg plus weight-based ribavirin daily for 12 weeks <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 16 weeks <input type="checkbox"/> Vosevi 400/100/100 mg, one tablet daily for 12 weeks
<b>Treatment experienced (PEG-IFN + ribavirin), compensated cirrhosis (Child-Pugh A ONLY)</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 16 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg plus weight-based ribavirin daily for 12 weeks
<b>Treatment experienced (sofosbuvir plus ribavirin +/- PEG-IFN), no or compensated cirrhosis (Child-Pugh A ONLY)</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 16 weeks
<b>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)</b> <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks (add weight-based ribavirin if both prior NS5A failure and cirrhosis)
<b>Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, no cirrhosis</b> <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks
<b>Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A only)</b> <input type="checkbox"/> Vosevi - one tablet daily plus weight-based ribavirin for 12 weeks
<b>Treatment experienced, sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures, with or without compensated cirrhosis (Child-Pugh A ONLY)</b> <input type="checkbox"/> Vosevi - one tablet daily plus weight-based ribavirin for 24 weeks
<b>Decompensated cirrhosis, no prior sofosbuvir or NS5A failure</b> <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg one tablet plus weight-based ribavirin (low dose ribavirin <sup>#</sup> if Child-Pugh C) daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg daily for 24 weeks (will only be approved for patients with documented ineligibility for ribavirin <sup>†</sup> )
<b>Decompensated cirrhosis, prior sofosbuvir or NS5A failure</b> <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg plus weight-based ribavirin daily for 24 weeks (low dose ribavirin <sup>#</sup> if Child-Pugh C)
<b>Recurrent HCV infection post–liver transplantation, treatment naïve or experienced but no direct acting antiviral (DAA) experience, no cirrhosis</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks
<b>Recurrent HCV infection post–liver transplantation, treatment naïve or experienced, but no direct acting antiviral (DAA) experience, compensated cirrhosis (Child-Pugh A ONLY)</b> <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 12 weeks <b>IF multiple negative baseline characteristics, consider</b> <input type="checkbox"/> Mavyret – three (3) tablets daily plus low dose ribavirin <sup>#</sup> for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir one tablet daily plus low dose ribavirin <sup>#</sup> for 12 weeks
<b>Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA) no cirrhosis</b> <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks
<b>Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA) compensated cirrhosis (Child-Pugh A ONLY)</b> <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks <b>IF multiple negative baseline characteristics, consider</b> <input type="checkbox"/> Vosevi - one tablet daily + low dose ribavirin <sup>#</sup> for 12 weeks
<b>Recurrent HCV infection post–liver transplantation, treatment naïve, decompensated cirrhosis (Child-Pugh B and C ONLY)</b> <input type="checkbox"/> sofosbuvir/velpatasvir - one tablet daily plus low-dose ribavirin <sup>#</sup> for 12 weeks
<b>Recurrent HCV infection post–liver transplantation, treatment experienced, decompensated cirrhosis (Child-Pugh B and C ONLY)</b> <input type="checkbox"/> sofosbuvir/velpatasvir - one tablet daily plus low-dose ribavirin <sup>#</sup> for 24 weeks



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<b>Genotype 4</b>
<b>Treatment naïve, no cirrhosis</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 8 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks
<b>Treatment naïve, compensated cirrhosis (Child-Pugh A only), HIV negative</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 8 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks
<b>Treatment naïve, compensated cirrhosis (Child-Pugh A only), HIV positive</b> <input type="checkbox"/> Mavyret - three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir – one tablet daily for 12 weeks
<b>Treatment experienced (PEG-IFN/RBV ONLY), no cirrhosis</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 8 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks
<b>Treatment experienced (PEG-IFN/RBV ONLY), compensated cirrhosis (Child-Pugh A only)</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks
<b>Treatment experienced (any direct acting antiviral including NS5A inhibitors), EXCEPT glecaprevir/pibrentasvir (Mavyret) or sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures) with or without compensated cirrhosis (Child-Pugh A ONLY)</b> <input type="checkbox"/> Vosevi 400/100/100 mg daily for 12 weeks
<b>Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, no cirrhosis</b> <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks
<b>Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A only)</b> <input type="checkbox"/> Vosevi - one tablet daily plus weight-based ribavirin for 12 weeks
<b>Treatment experienced, sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures, with or without compensated cirrhosis (Child-Pugh A ONLY)</b> <input type="checkbox"/> Vosevi - one tablet daily + weight-based ribavirin for 24 weeks
<b>Decompensated cirrhosis, no prior sofosbuvir or NS5A</b> <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg plus weight-based ribavirin daily for 12 weeks (low dose ribavirin <sup>#</sup> if Child-Pugh C) <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg daily for 24 weeks (will only be approved for patients with documented ineligibility for ribavirin <sup>†</sup> )
<b>Decompensated cirrhosis, prior sofosbuvir or NS5A failure</b> <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg plus weight-based ribavirin daily for 24 weeks (low dose ribavirin <sup>#</sup> if Child-Pugh C)
<b>Recurrent HCV infection post–liver transplantation, treatment naïve or experienced but no direct acting antiviral (DAA) experience, no cirrhosis</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks
<b>Re-infection of allograft liver after transplant, treatment naïve or experienced but no direct acting antiviral (DAA) experience, compensated cirrhosis (Child-Pugh A ONLY)</b> <input type="checkbox"/> Mavyret – three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir one tablet daily for 12 weeks <b>IF multiple negative baseline characteristics, consider</b> <input type="checkbox"/> Mavyret – three (3) tablets daily plus low dose ribavirin <sup>#</sup> for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir one tablet daily plus low dose ribavirin <sup>#</sup> for 12 weeks
<b>Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA) no cirrhosis</b> <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks
<b>Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA) compensated cirrhosis (Child-Pugh A ONLY)</b> <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks <b>IF multiple negative baseline characteristics, consider</b> <input type="checkbox"/> Vosevi - one tablet daily + low dose ribavirin <sup>#</sup> for 12 weeks
<b>Recurrent HCV infection post–liver transplantation, treatment naïve, decompensated cirrhosis (Child-Pugh B and C ONLY)</b> <input type="checkbox"/> sofosbuvir/velpatasvir - one tablet daily plus low-dose ribavirin <sup>∇</sup> for 12 weeks

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<b>Recurrent HCV infection post–liver transplantation, treatment experienced, decompensated cirrhosis (Child-Pugh B and C ONLY)</b> <input type="checkbox"/> sofosbuvir/velpatasvir - one tablet daily plus low-dose ribavirin <sup>#</sup> for 24 weeks
<b>Genotype 5 or 6</b>
<b>Treatment naïve, with or without compensated cirrhosis (Child-Pugh A ONLY), HIV negative ONLY</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 8 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks
<b>Treatment naïve, with or without compensated cirrhosis (Child-Pugh A ONLY), HIV positive ONLY</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks
<b>Treatment experienced (PEG-IFN/RBV), no cirrhosis</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 8 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks
<b>Treatment experienced (PEG-IFN/RBV), compensated cirrhosis (Child-Pugh A ONLY)</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks
<b>Treatment experienced (any Direct Acting HCV Antiviral (DAA) including NS5A inhibitors, EXCEPT glecaprevir/pibrentasvir (Mavyret) or sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures) with no or compensated cirrhosis (Child-Pugh A ONLY)</b> <input type="checkbox"/> Vosevi 400/100/100 mg daily for 12 weeks
<b>Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, no cirrhosis</b> <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks
<b>Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A only)</b> <input type="checkbox"/> Vosevi - one tablet daily plus weight-based ribavirin for 12 weeks
<b>Treatment experienced, sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures, with or without compensated cirrhosis (Child-Pugh A ONLY)</b> <input type="checkbox"/> Vosevi - one tablet daily + weight-based ribavirin for 24 weeks
<b>Decompensated cirrhosis, no prior sofosbuvir or NS5A</b> <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg plus weight-based ribavirin daily for 12 weeks (low dose ribavirin <sup>#</sup> if Child-Pugh C) <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg daily for 24 weeks (will only be approved for patients with documented ineligibility to ribavirin <sup>¶</sup> )
<b>Decompensated cirrhosis, prior treatment with sofosbuvir or NS5A</b> <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg plus weight-based ribavirin daily for 24 weeks (low dose ribavirin <sup>#</sup> if Child-Pugh C)
<b>Recurrent HCV infection post–liver transplantation, treatment naïve or experienced but no direct acting antiviral (DAA) experience, no cirrhosis</b> <input type="checkbox"/> Mavyret 100/40 mg, three (3) tablets daily for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir 400/100 mg daily for 12 weeks
<b>Re-infection of allograft liver after transplant, treatment naïve or experienced but no direct acting antiviral (DAA) experience, compensated cirrhosis (Child-Pugh A ONLY)</b> <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 <sup>#</sup> for 12 weeks <input type="checkbox"/> sofosbuvir/velpatasvir one tablet daily plus low dose ribavirin <sup>#</sup> for 12 weeks
<b>Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA) no cirrhosis</b> <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks
<b>Re-infection of allograft liver after transplant, prior treatment with direct acting antivirals (DAA) compensated cirrhosis (Child-Pugh A ONLY)</b> <input type="checkbox"/> Vosevi - one tablet daily for 12 weeks <b>IF multiple negative baseline characteristics, consider</b> <input type="checkbox"/> Vosevi - one tablet daily + low dose ribavirin <sup>#</sup> for 12 weeks
<b>Recurrent HCV infection post–liver transplantation, treatment naïve, decompensated cirrhosis (Child-Pugh B and C ONLY)</b> <input type="checkbox"/> sofosbuvir/velpatasvir - one tablet daily plus low-dose ribavirin <sup>#</sup> for 12 weeks

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**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<sup>#</sup> for 24 weeks

**Other Treatment Regimen**

Genotype, treatment history, and extent of liver disease: \_\_\_\_\_

Drug names, doses and durations: \_\_\_\_\_

Clinical rationale for selecting regimens other than those outlined above: \_\_\_\_\_

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

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

**SECTION 2 – SUPPORTING DOCUMENTATION**

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

**Diagnosis:**

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

**Patient History:**

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

**Prescriber Information:**

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

**Regimens Containing Ribavirin:**

8. If the patient is female and of childbearing potential, or the patient is male with a female partner of childbearing potential, the prescriber must acknowledge the following:
  - ☐ The patient is not pregnant (or a male patient with a pregnant female partner) and is not planning to become pregnant during treatment or within 6 months of stopping treatment.
  - ☐ Both partners will use two forms of effective contraception during treatment and for at least 6 months after stopping treatment.
  - ☐ Monthly pregnancy tests will be performed throughout treatment.
9. Complete blood count with differential (**attach results**)
10. If the patient is ineligible for ribavirin<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



**Request for Prior Authorization**  
**HEPATITIS C TREATMENTS**  
(PLEASE PRINT – ACCURACY IS IMPORTANT)

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- ☐ Baseline hemoglobin <12 g/dL in women or <13 g/dL in men  
☐ Other: \_\_\_\_\_

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

**Potentially Significant Drug Interactions:**

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

- ☐ **Website used:** \_\_\_\_\_ **Date completed:** \_\_\_\_\_

***Attach lab results and other documentation***

Prescriber signature (Must match prescriber listed above.)

Date of submission

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