Arkansas Medicaid Prescription Drug Program

Hepatitis C Virus (HCV) Medication Therapy Request Sheet

Fax completed form and required documentation to the Arkansas Medicaid Pharmacy Program.

Fax: 1-800-424-5851 For questions call: 501-683-4120

Preferred: ZEPATIER (elbasvir and grazoprevir); EPCLUSA (velpatasvir and sofosbuvir); MAVYRET (glecaprevir and pibrentasvir tablet)

PRESCRIBER AR MEDICAID ID NUMBER:	**BENEFICIARY MEDICAID ID NUMBER:**
Prescriber Name:	**Patient Name:**
Address:	**Address:**
City: State: Zip:	City: State: Zip:
Phone ( )	Patient's date of birth: / /
FAX ( )	

Adherence with prescribed therapy is a condition for payment of continuation therapy for up to the allowed timeframe for each HCV genotype. The recipient's Medicaid drug history will be reviewed prior to approval.

Supporting documentation must be included with PA request. ***Submitting documentation of the required lab tests for the drug PA request does not constitute Medicaid approval or payment guarantee for any of the lab tests performed.***

HCV POPULATION (CHOOSE ONE THAT APPLIES)	DRUG AND LENGTH OF THERAPY
GT-1a; F3 or F4, CPS-A, TN or TE-PR, + RAV Resistance	ZEPATIER + RBV X 16 WKS
GT-1a; F3 or F4, CPS-A, TN or TE-PR, - RAV Resistance	ZEPATIER X 12 WKS
GT-1a; F3 or F4, CPS-A, TE-PR+PI, - RAV Resistance	ZEPATIER + RBV X 12 WKS
GT-1b; F3 or F4, CPS-A, TN or TE-PR	ZEPATIER X 12 WKS
GT-1b; F3 or F4, CPS-A, TE-PR+PI	ZEPATIER + RBV X 12 WKS
GT-4; F3 or F4, CPS-A, TN	ZEPATIER X 12 WKS
GT-4; F3 or F4, CPS-A, TE-PR	ZEPATIER + RBV X 16 WKS
GT-1, 2, 3, 4, 5, or 6; TN, or TE-PR, or TE-PR+PI, F3 or F4, CPS-A	EPCLUSA X 12 WKS
GT-1, 2, 3, 4, 5, or 6; TN, or TE-PR, or TE-PR+PI, F4, CPS-B or CPS-C	EPCLUSA + RBV X 12 WKS
GT-1, 2, 3, 4, 5, or 6; TN, F3 or F4, CPS-A	MAVYRET X 8 WKS
GT-1, 2, 4, 5, or 6; TE-PRS[3], F3, No Cirrhosis	MAVYRET X 8 WKS
GT-1, 2, 4, 5, or 6; TE-PRS[3], F4, CPS-A	MAVYRET X 12 WKS
GT-1; TE-NS3/4A-PI[2], F3 or F4, CPS-A	MAVYRET X 12 WKS
GT-1; TE-NS5A[1], F3 or F4, CPS-A	MAVYRET X 16 WKS
GT-3; TE-PRS[3], F3 or F4, CPS-A	MAVYRET X 16 WKS

GT = GENOTYPE
FOR PURPOSES OF THE PA REQUEST: Advanced fibrosis = Metavir F3; Cirrhosis = Metavir F4;
Compensated cirrhosis = CPS-A; DECOMPENSATED = Metavir F4 or F3 and CPS-B or CPS-C
TN = TREATMENT NAÏVE
TE = TREATMENT EXPERIENCED;
TREATMENT EXPERIENCED APPROVALS MUST MEET FDA-APPROVED INDICATIONS AND CLINICAL TRIAL DATA FOR PREVIOUS THERAPY
TE-PR = TREATMENT EXPERIENCED with pegylated interferon + ribavirin (PegINF+RBV)
TE-PR+PI = TREATMENT EXPERIENCED with PegINF+RBV+PROTEASE INHIBITOR (boceprevir, simeprevir, or telaprevir);
CPS = CHILD PUGH SCORE, CAN BE A, B OR C
RAV = NS5A resistance-associated polymorphisms, either negative (-) or positive (+) for resistance variants.
TE-NS5A[1] = prior regimens containing ledipasvir and sofosbuvir or daclatasvir with PegINF+RBV without prior treatment with NS3/4A
TE-NS3/4A[2] = regimens contained simeprevir and sofosbuvir, or simeprevir, boceprevir, or telaprevir with PegINF+RBV without prior treatment with an NS5A inhibitor
TE-PRS[3] = regimens containing interferon, pegylated interferon, ribavirin, and/or sofosbuvir, but no prior treatment experience with an HCV NS3/4A PI or NS5A inhibitor.

1. Diagnosis: ACUTE HEPATITIS C ☐ **CHRONIC HEPATITIS C** ☐ **OTHER** ☐ **Define Other:**

2. This request is for: **TREATMENT NAÏVE** ☐ **TREATMENT EXPERIENCED** ☐

3. If treatment experienced, list all previous drug regimen(s):

4. This request is for: **NEW REQUEST** ☐ **CONTINUATION REQUEST** ☐

5. Does patient have HIV/HCV or HBV/HCV co-infection? YES ☐ NO ☐ HIV ☐ HBV ☐
If YES, treatment of HIC/HCV-co-infected patients requires continued awareness and attention to the complex drug interactions that can occur between DAAs and antiretroviral medications. Please refer to the AASLD HCV guidelines or the DHHS HIV treatment guidelines.[4]

6. What is patient's HCV genotype (GT)? 1a 1b 2 3 4 5 6 (circle one)

7. If patient is GT-1a, submit lab results from NS5A resistance-associated polymorphism testing.
****This information is mandatory for all GT-1a requests****

8. Submit current documentation for all liver function lab test results, such as Platelets, INR, ALT, AST, etc.

9. What is the Metavir Score? 0 1 2 3 4 (circle one)

10. Does the patient have a diagnosis of cirrhosis? YES ☐ NO ☐

11. If YES for cirrhosis, has a liver biopsy been performed? YES ☐ NO ☐ ***IF YES, INCLUDE COPY OF BIOPSY RESULTS***

12. If patient has cirrhosis and liver biopsy has *not* been performed, submit definitive documentation from 2 modalities to confirm cirrhosis:
1. **Submit results from a patented serum panel (such as HCV FibroSURE™, ActiTest™, ELF or simplified ELF index) *AND***
2. **Submit results from an imaging modality (such as FibroSCAN® or Magnetic Resonance Elastography (MRE)**

13. For all Genotypes, provide the patient's Child-Pugh or Child-Turcotte-Pugh score (CPS-A, B, or C): _____

14. Provide the patient's Model for End-State Liver Disease (MELD) score: _____

15. Does the patient have any extrahepatic disease manifestations caused by HCV? YES ☐ NO ☐

If YES, list: _____

16. If applicable, has the patient been abstinent from IV drug use or alcohol abuse for ≥ 6 months? YES ☐ NO ☐

If NO, is patient currently enrolled in drug rehabilitation program? YES ☐ NO ☐

17. Does the patient have a history of any of the following? Please mark all that apply.

- ☐ **Anemia**
- ☐ **Unstable CVD**
- ☐ **Kidney Transplant**
- ☐ **Pregnancy[5]**
- ☐ **Thrombocytopenia**
- ☐ **Mental illness, including bipolar, mood swings, mania, schizophrenia**
- ☐ **Autoimmune disease**
- ☐ **Depression, irritability, suicidal ideation**
- ☐ **Untreated hyperthyroidism**
- ☐ **Chronic Kidney Disease (Stage 3-Stage 5D)**

18. Has on the above required supporting documentation been included with this request? YES ☐ NO ☐

The above format is to assist the prescriber in providing medical documentation that Arkansas Medicaid requires to review this request.

Prescriber Signature: _____ **DATE:** _____
Prescriber's original signature required; copied, stamped, or e-signature not allowed for a PA request

All PA requests must be from a hepatologist, gastroenterologist, infectious disease specialist, or a prescriber working under the direct supervision of one of these specialty physicians

[4]American Association for the Study of Liver Diseases (AASLD). HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C. Unique patient populations: patients with HIV/HCV coinfection. Retrieved 11/12/15 from http://www.hcvguidelines.org/full-report-view
[5] Black box warning. Ribavirin causes significant teratogenic effects. Copegus® (ribavirin) package insert. Roche Laboratories, Inc. Revised April 2009. Retrieved May 20, 2009, from http://www.rocheusa.com/products/copegus/pi.pdf.