FUTURE SCRIPTS Secure

Please complete ALL information below and fax your request to 1-888-671-5285

Hepatitis C Agents Coverage Determination Request Form (Page 1 of 2)

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Member Information (required)

Member Name:		
Insurance ID#:		
Date of Birth:		
Street Address:		
City:	State:	Zip:
Phone:		

Provider Information (required)

Provider Name:		
NPI#:	Specialty:	
Office Phone:		
Office Fax:	Office Contact:	
Office Street Address:		
City:	State:	Zip:

Medication Information (required)

Medication Name: Select one of the following: ❑ Request is for **GENERIC** ❑ Request is for **BRAND** (unable to take the generic)	Strength:	Dosage Form:
❑ Check if request is for **continuation of therapy**	Directions for Use:	

Clinical Information (required)

Select the Type(s) of Coverage Determination Requested:

- ❑ **Non-Formulary**- Request is for a drug not on the plan's list of covered drugs OR was previously included on the plan's list is being/was removed from this list during the plan year.
- ❑ **Prior Authorization**- Request is for a drug that requires prior authorization under the plan.
- ❑ **Quantity Limit**- Request is for an exception to the plan's quantity limit.

  Quantity per DAY requested? _____

Select the diagnosis below:

- ❑ Chronic hepatitis C virus (HCV)
- ❑ Other diagnosis: _____ ICD-10 Code(s): _____

Medication History:

For Technivie:

Select if the patient has had a history of trial and failure, or intolerance to the following:

- ❑ Epclusa ❑ Harvoni ❑ Ledipasvir/sofosbuvir ❑ Mavyret
- ❑ Sofosbuvir/velpatasvir ❑ Vosevi ❑ Zepatier
- ❑ Other drugs in the same class. Please specify: _____
- ❑ Other therapeutic equivalent alternatives. Please specify: _____

For Daklinza, Sovaldi, Technivie, Viekira, Vosevi, or Zepatier requests:

Does the patient have an inability to tolerate Harvoni, Epclusa, or Mavyret, where indicated? ❑ **Yes** ❑ **No**

Clinical Information:

Document the hepatitis C virus genotype: _____

Document the baseline hepatitis C virus-RNA level: _____

Is laboratory testing consistent with current AASLD/IDSA guidelines? ❑ **Yes** ❑ **No**

Patient Readiness and Adherence:

Has the patient been evaluated for readiness to initiate treatment? ❑ **Yes** ❑ **No**

Is the patient able and willing to strictly adhere to treatment protocols as prescribed by the provider? ❑ **Yes** ❑ **No**

Will caution be exercised if the patient has a history of treatment failure with prior hepatitis C treatment due to non-adherence with treatment regimen and appointments? ❑ **Yes** ❑ **No**

Will the patient be educated regarding potential risks and benefits of hepatitis C virus therapy, as well as the potential for resistance and failed therapy if medication is not taken as prescribed? ❑ **Yes** ❑ **No**

Hepatitis C Agents Coverage Determination Request Form (Page 2 of 2)

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Reauthorization/Continuation of Therapy or Retreatment:

Have all initial criteria (from above) been met? ❑ **Yes** ❑ **No**

Is there evidence of lack of adherence? ❑ **Yes** ❑ **No**

Does the patient have missed medical appointments related to the hepatitis C virus? ❑ **Yes** ❑ **No**

If applicable, is there evidence that retreatment will improve patient outcomes? ❑ **Yes** ❑ **No**

Populations Unlikely to Benefit from Hepatitis C Virus Treatment:

Does the patient have a life expectancy less than 12 months? ❑ **Yes** ❑ **No**

According to AASLD/IDSA hepatitis C virus Guidelines, "patients with limited life expectancy for whom hepatitis C virus therapy would not improve symptoms or prognosis do not require treatment. Chronic hepatitis C is associated with a wide range of comorbid conditions. Little evidence exists to support initiation of hepatitis C virus treatment in patients with limited life expectancy (less than 12 months) due to non–liver-related comorbid conditions. For these patients, the benefits of hepatitis C virus treatment are unlikely to be realized, and palliative care strategies should take precedence."

Criteria for Coverage of Investigational Services:

Investigational services are not covered except when it is clearly documented that all of the following apply:

- Conventional therapy will not adequately treat the intended patient's condition
- Conventional therapy will not prevent progressive disability or premature death
- The provider of the proposed service has a record of safety and success with it equivalent or superior to that of other providers of the investigational service
- The investigational service is the lowest cost item or service that meets the patient's medical needs and is less costly than all conventional alternatives
- The service is not being performed as a part of a research study protocol
- There is a reasonable expectation that the investigational service will significantly prolong the intended patient's life or will maintain or restore a range of physical and social function suited to activities of daily living
- All investigational services require prior authorization. Payment will not be authorized for investigational services that do not meet the above criteria or for associated inpatient care when a beneficiary needs to be in the hospital primarily because she/he is receiving such non-approved investigational services.

Unlabeled Use of Medication:

Is there reference to current medical literature for the requested unlabeled use? ❑ **Yes** ❑ **No**

Is the medication being used for an unlabeled use and therapy has been consulted with provider organizations, academic and professional specialists? ❑ **Yes** ❑ **No**

Quantity Limit Requests:

Is there a high risk of significant adverse clinical outcome with medication change or dosage change? ❑ **Yes** ❑ **No**

Is the requested quantity and dose within FDA approved maximum dosing limits or supported by peer-reviewed medical literature, accepted standards of medical practice and/or medical compendia? ❑ **Yes** ❑ **No**

If **yes,** please specify:_____

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

_____

_____

Please note: This request may be denied unless all required information is received.