

## Pharmacy Prior Approval Request for Sofosbuvir-Velpatasvir (generic for Epclusa): Initial PA Form

### Beneficiary Information

1. Beneficiary Last Name: \_\_\_\_\_ 2. First Name: \_\_\_\_\_  
3. Beneficiary ID #: \_\_\_\_\_ 4. Beneficiary Date of Birth: \_\_\_\_\_ 5. Beneficiary Gender: \_\_\_\_\_

### Prescriber Information

6. Prescribing Provider NPI #: \_\_\_\_\_  
7. Requester Contact Information - Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext. \_\_\_\_\_

### Drug Information

8. Drug Name: \_\_\_\_\_ 9. Strength: \_\_\_\_\_ 10. Quantity Per 30 Days: 28  
11. Length of Therapy (in days):  8 Weeks **(Do not change. Only 8 weeks can be approved with this form. You must use continuation form to request last 4 weeks)**

### Clinical Information

1. Is the beneficiary 6 years of age or older with a weight of at least 17kg with a diagnosis of chronic hepatitis C (CHC) with confirmed genotype 1, 2, 3, 4, 5, or 6?  
 Yes  No **Genotype is: \_\_\_\_\_ Fibrosis stage is: \_\_\_\_\_**
2. Are medical records documenting the diagnosis of chronic hepatitis C with genotype and subtype being submitted with this request?  Yes  No **\*\*Lab test results MUST be attached to the PA to be approved.\*\***
3. Which of the following are included with the submitted medical records to document the staging of liver disease?  
 Metavir scores  FibroSure score  IASL scores  Batts-Ludwig scores  
 Fibroscan score  Ishak scores  APRI scores  Radiological imaging consistent with cirrhosis  
 Physical findings or clinical evidence consistent with cirrhosis as attested by the prescribing physician
4. Does the beneficiary have a documented quantitative HCV RNA at baseline that was tested within the past 6 months (medical documentation required)?  Yes  No **HCV RNA (IU/ml): \_\_\_\_\_ and/or log10 value: \_\_\_\_\_**
5. As the provider, are you reasonably certain that treatment will improve the beneficiary's overall health status?  
 Yes  No
6. Does the beneficiary have FDA-labeled contraindications to sofosbuvir-velpatasvir?  Yes  No
7. Is sofosbuvir-velpatasvir being used in combination with amiodarone?  Yes  No
8. Will sofosbuvir-velpatasvir be used in combination with other drugs containing sofosbuvir?  Yes  No

Signature of Prescriber: \_\_\_\_\_ Date: \_\_\_\_\_

**(Prescriber Signature Mandatory)**

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Fax this form to: (866)-399-0929

Pharmacy PA Call Center: (833) 585-4309