



Pharmacy Prior Approval Request for Mavyret – Continuation PA Request 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: 84
 11. Length of Therapy (in days): 4 More Weeks 8 More Weeks

Clinical Information

1. Is the beneficiary treatment-experienced? Yes No
2. Does the beneficiary have cirrhosis? Yes No
3. What is the genotype? _____
4. Please list the previous treatment regimen. _____
5. Have HCV RNA labs been collected four (4) or more weeks after the initial prescription fill date? ****Medical documentation with results required**** Yes No
6. Do the results of the HCV RNA labs indicate a response to therapy (>/= 2 log reduction in HCV RNA or HCV RNA < 25IU/ml)? Yes No
 At week 4 of the treatment cycle
 HCV RNA (IU/ml): _____
 And/or log 10 value _____
 Before treatment documented on original Prior Authorization request
 HCV RNA (IU/ml): _____
 And/or log 10 value: _____
7. Has the beneficiary exhibited any sign of high risk behavior (ex. recurring alcoholism, IV drug use, etc.)? Yes No
8. Has the beneficiary failed to complete HCV disease evaluation appointments or procedures? Yes No
9. During the initial course of therapy, was the beneficiary compliant with the prescribed medication regimen?
 Yes No
10. Has the beneficiary's medication fill history been reviewed for compliance? 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