

Pharmacy Prior Approval Request for Epclusa

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): 12 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:** _____
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.** (documentation of genotype waived for treatment naïve beneficiaries).**
3. 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:** _____
4. As the provider, are you reasonably certain that treatment will improve the beneficiary's overall health status?
 Yes No
5. Does the beneficiary have FDA-labeled contraindications to Epclusa? Yes No
6. Will Epclusa be used in combination with other drugs containing sofosbuvir? Yes No
7. Has the beneficiary tried and failed 2 preferred medications in this class? Yes No Please list t/f medications and/or any contraindications to the preferred medications: _____

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