

Member Name: _____ Member ID: _____ Member DOB: _____
 Physician Name: _____ Physician Phone #: _____ Specialty: _____
 Physician Fax #: _____ Pharmacy Name: _____ Pharmacy Phone: _____

Horizon NJ Health Hepatitis C Treatment – Medical Necessity Request

1. Which drugs are being requested (please include the requested dose, directions and length of therapy for each)?

<input type="checkbox"/> Pegasys: _____	<input type="checkbox"/> 12 weeks	<input type="checkbox"/> 24 weeks	<input type="checkbox"/> 16 weeks	<input type="checkbox"/> Other: _____
<input type="checkbox"/> PegIntron: _____	<input type="checkbox"/> 12 weeks	<input type="checkbox"/> 24 weeks	<input type="checkbox"/> 16 weeks	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ribavirin: _____	<input type="checkbox"/> 12 weeks	<input type="checkbox"/> 24 weeks	<input type="checkbox"/> 16 weeks	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Sovaldi 400mg once daily	<input type="checkbox"/> 12 weeks	<input type="checkbox"/> 24 weeks	<input type="checkbox"/> 16 weeks	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Harvoni 90-400mg once daily <input type="checkbox"/> 8 weeks	<input type="checkbox"/> 12 weeks	<input type="checkbox"/> 24 weeks	<input type="checkbox"/> 16 weeks	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Viekira Pak	<input type="checkbox"/> 12 weeks	<input type="checkbox"/> 24 weeks	<input type="checkbox"/> 16 weeks	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Zepatier 50-100mg once daily	<input type="checkbox"/> 12 weeks	<input type="checkbox"/> 24 weeks	<input type="checkbox"/> 16 weeks	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Epclusa 400-100mg once daily (Please also fill out brand form)	<input type="checkbox"/> 12 weeks	<input type="checkbox"/> 24 weeks	<input type="checkbox"/> 16 weeks	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Sofosbuvir/Velpatasvir 400-100mg once daily	<input type="checkbox"/> 12 weeks	<input type="checkbox"/> 24 weeks	<input type="checkbox"/> 16 weeks	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Mavymet 3 tablets daily <input type="checkbox"/> 8 weeks	<input type="checkbox"/> 12 weeks	<input type="checkbox"/> 24 weeks	<input type="checkbox"/> 16 weeks	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Vosevi 400-100-100mg once daily	<input type="checkbox"/> 12 weeks	<input type="checkbox"/> 24 weeks	<input type="checkbox"/> 16 weeks	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> 12 weeks	<input type="checkbox"/> 24 weeks	<input type="checkbox"/> 16 weeks	<input type="checkbox"/> Other: _____

2. For ribavirin requests, please answer the following questions:

a. Is the member or their partner pregnant? **Yes or No**

b. Is the member or their partner of childbearing age? **Yes or No**

- If **Yes**, has the member been or will be instructed to practice effective contraception during therapy and for 6 months after stopping ribavirin therapy? **Yes or No**

3. What is the member's weight? ____ lbs ____ kg

4. What is the diagnosis? ☐ **Hepatitis C** - Please indicate genotype: ☐ 1a ☐ 1b ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ **Other:** _____
***Please submit lab documentation of genotype.**

5. What date did the member start or is planning to start therapy? _____

6. Has the member previously been treated for Hepatitis C? **Yes or No**

- If yes, what drugs was the member treated with and what dates were they filled (if dates unavailable, provide length of therapy)? _____

- Is the member currently in the middle of therapy? **Yes or No** - If yes, how many weeks has the member received? _____

7. Does member have cirrhosis? ☐ No cirrhosis

☐ Compensated cirrhosis

☐ Decompensated cirrhosis

- What is the Child Turcotte Pugh (CTP) class: ☐ A (5-6 points) ☐ B (7-9 points) ☐ C (10-15 points)

8. For members with cirrhosis, please provide the following scores regarding the member's level of fibrosis. ***Please fax over biopsy/lab documentation.**

- Metavir fibrosis score: ☐ 0 (No fibrosis) ☐ 1 ☐ 2 ☐ 3 ☐ 4
- Fibroscan score: _____
- FibroSURE score: _____
- APRI score: _____
- FIB-4 (Fibrosis-4 index): _____

9. Is the member HIV positive? **Yes or No**

10. Has the member been tested for the Hepatitis B virus? **Yes or No** ***Please fax over lab documentation of Hepatitis B testing that assesses Hepatitis B surface antigen (HBsAg), Hepatitis B surface antibody (anti-HBs), and antibodies to Hepatitis B core antigen (anti-HBc).**

11. Has the member had an organ transplant? **Yes or No**

*If yes, date of transplant _____ Which organ? _____

Physician office's signature* _____ Print Name _____

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12. Does the member have hepatocellular carcinoma?

☐ **Yes – Please answer the following:**

- Is the member awaiting liver transplantation? **Yes or No**

- What date is the liver transplant scheduled for: _____

☐ **No**

13. Please provide the current HCV RNA level taken within the past 90 days and date taken.

- Level: _____ IU/ml

Date Taken: _____ ***Please fax over lab report confirming this level.**

14. Is the member eligible to receive ribavirin?

☐ **Yes**

☐ **No** – Please provide the specific reason why the member cannot take ribavirin. Please submit a copy of lab work from within the past 30 days if applicable for the reason provided.

15. **Please submit a copy of all resistance testing results** (e.g., NS5A resistance-associated substitutions (RAS), Y93H, Q80 polymorphism, etc.)

16. Please fax over any additional labs or clinical information pertaining to the member's diagnosis.

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Physician office's signature* _____ Print Name _____

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24. For each drug being requested, please indicate if member has any of the listed conditions or is taking any of the listed drugs, which are contraindicated.

<p style="text-align: center;"><u>Zepatier</u></p> <p><input type="checkbox"/> Moderate/severe hepatic impairment (CTP Class B/C)</p> <p><input type="checkbox"/> Atazanavir (e.g., Evotaz, Reyataz)</p> <p><input type="checkbox"/> Atorvastatin >20mg/day</p> <p><input type="checkbox"/> Bosentan</p> <p><input type="checkbox"/> Carbamazepine, phenytoin</p> <p><input type="checkbox"/> Cobicistat (Stribild, Evotaz, Prexcobix, Genvoya, Tybost)</p> <p><input type="checkbox"/> Cyclosporine</p> <p><input type="checkbox"/> Darunavir (e.g., Prezcoibx, Prezista)</p> <p><input type="checkbox"/> Efavirenz (e.g., Atripla, Sustiva, Symfi, Symfi Lo)</p> <p><input type="checkbox"/> Etravirine (e.g., Intelence)</p> <p><input type="checkbox"/> Fosamprenavir (e.g., Lexiva)</p> <p><input type="checkbox"/> Indinavir (e.g., Crixivan),</p> <p><input type="checkbox"/> Oral Ketoconazole</p> <p><input type="checkbox"/> Lopinavir (e.g., Kaletra)</p> <p><input type="checkbox"/> Modafinil</p> <p><input type="checkbox"/> Nafcillin</p> <p><input type="checkbox"/> Nelfinavir (e.g., Viracept),</p> <p><input type="checkbox"/> Nevirapine (e.g., Viramune, Viramune XR)</p> <p><input type="checkbox"/> Rifampin</p> <p><input type="checkbox"/> Ritonavir (e.g., Kaletra, Norvir, Technivie, Viekira Pak, Viekira XR)</p> <p><input type="checkbox"/> Rosuvastatin >10mg/day</p> <p><input type="checkbox"/> Saquinavir (e.g., Fortovase, Invirase)</p> <p><input type="checkbox"/> St. John's Wort</p> <p><input type="checkbox"/> Tipranavir (e.g., Aptivus)</p> <p><input type="checkbox"/> NONE</p> <p style="text-align: center;"><u>Ribavirin</u></p> <p><input type="checkbox"/> Pregnancy</p> <p><input type="checkbox"/> Member with pregnant partner</p> <p><input type="checkbox"/> Hemoglobinopathies (e.g., thalassemia major, sickle-cell anemia)</p> <p><input type="checkbox"/> Didanosine (Videx, Videx EC)</p> <p><input type="checkbox"/> Stavudine (Zerit, Zerit XR)</p> <p><input type="checkbox"/> Zidovudine (Retrovir, Combivir, Trizivir)</p> <p><input type="checkbox"/> Autoimmune Hepatitis (Rebetol only)</p> <p><input type="checkbox"/> Creatinine Clearance <50ml/min (Rebetol only)</p> <p><input type="checkbox"/> NONE</p>	<p style="text-align: center;"><u>Mavyret</u></p> <p><input type="checkbox"/> Moderate or Severe hepatic impairment (CTP Class B or C)</p> <p><input type="checkbox"/> History of prior hepatic decompensation</p> <p><input type="checkbox"/> Atazanavir (e.g., Evotaz, Reyataz)</p> <p><input type="checkbox"/> Atorvastatin</p> <p><input type="checkbox"/> Carbamazepine</p> <p><input type="checkbox"/> Darunavir (e.g., Prezcoibx, Prezista)</p> <p><input type="checkbox"/> Efavirenz (e.g., Atripla, Sustiva, Symfi, Symfi Lo)</p> <p><input type="checkbox"/> Ethinyl estradiol (e.g., combined oral contraceptives)</p> <p><input type="checkbox"/> Etravirine (e.g., Intelence)</p> <p><input type="checkbox"/> Lopinavir (e.g., Kaletra)</p> <p><input type="checkbox"/> Lovastatin</p> <p><input type="checkbox"/> Nevirapine (Viramune)</p> <p><input type="checkbox"/> Phenytoin</p> <p><input type="checkbox"/> Requiring stable doses of Cyclosporine >100mg/day</p> <p><input type="checkbox"/> Rifampin</p> <p><input type="checkbox"/> Ritonavir (e.g., Kaletra, Norvir, Technivie, Viekira Pak, Viekira XR)</p> <p><input type="checkbox"/> Rosuvastatin >10 mg/day</p> <p><input type="checkbox"/> Simvastatin (e.g., Juvisync, Vytorin, Zocor)</p> <p><input type="checkbox"/> St. John's wort (Hypericum perforatum)</p> <p><input type="checkbox"/> NONE</p> <p style="text-align: center;"><u>Epclusa</u></p> <p><input type="checkbox"/> Amiodarone without cardiac monitoring</p> <p><input type="checkbox"/> Carbamazepine, phenytoin, phenobarbital, oxcarbazepine</p> <p><input type="checkbox"/> Efavirenz (e.g., Atripla, Sustiva, Symfi, Symfi Lo)</p> <p><input type="checkbox"/> Etravirine (i.e, Intelence)</p> <p><input type="checkbox"/> Famotidine >40mg twice daily, Cimetidine >1600mg /day, Nizatidine >300mg/day, Ranitidine >600mg/day</p> <p><input type="checkbox"/> Nevirapine</p> <p><input type="checkbox"/> Proton Pump Inhibitor: provide name and strength: _____</p> <p><input type="checkbox"/> Rifabutin, rifampin, rifapentine</p> <p><input type="checkbox"/> Rosuvastatin >10mg/day</p> <p><input type="checkbox"/> St. John's Wort</p> <p><input type="checkbox"/> Tenofovir disoproxil fumarate (e.g., Atripla, Complera, Stribild, Truvada, Viread) if eGFR is <60mL/min</p> <p><input type="checkbox"/> Tipranavir (e.g., Aptivus) together with Ritonavir (e.g., Kaletra, Norvir, Viekira Pak)</p> <p><input type="checkbox"/> Topotecan</p> <p><input type="checkbox"/> NONE</p>	<p style="text-align: center;"><u>Harvoni</u></p> <p><input type="checkbox"/> Amiodarone without cardiac monitoring</p> <p><input type="checkbox"/> Carbamazepine</p> <p><input type="checkbox"/> Elvitegravir/cobicistat/emtricitabine/ tenofovir disoproxil fumarate (Stribild)</p> <p><input type="checkbox"/> H2-antagonists that exceed doses comparable to Famotidine >40mg twice daily (i.e., Cimetidine >1600mg /day, Nizatidine >300mg/day, Ranitidine >600mg/day)</p> <p><input type="checkbox"/> Oxcarbazepine</p> <p><input type="checkbox"/> Phenobarbital</p> <p><input type="checkbox"/> Phenytoin</p> <p><input type="checkbox"/> Proton Pump Inhibitors that exceed doses comparable to Omeprazole >20mg daily (i.e., Dexlansoprazole >60mg/day, Lansoprazole >30mg/day, Pantoprazole >40mg/day, Esomeprazole >40mg/day, Rabeprazole >20mg/day)</p> <p><input type="checkbox"/> Rifabutin, rifampin, or rifapentine</p> <p><input type="checkbox"/> Rosuvastatin (Crestor) <input type="checkbox"/> St. John's Wort (Hypericum perforatum)</p> <p><input type="checkbox"/> Tipranavir (Aptivus) together with Ritonavir (e.g., Kaletra, Norvir, Viekira Pak)</p> <p><input type="checkbox"/> NONE</p> <p style="text-align: center;"><u>Vosevi</u></p> <p><input type="checkbox"/> Amiodarone without cardiac monitoring</p> <p><input type="checkbox"/> Atazanavir (e.g., Evotaz, Reyataz)</p> <p><input type="checkbox"/> Carbamazepine, phenytoin, phenobarbital, oxcarbazepine</p> <p><input type="checkbox"/> Cyclosporine</p> <p><input type="checkbox"/> Efavirenz (e.g., Atripla, Sustiva, Symfi, Symfi Lo)</p> <p><input type="checkbox"/> Etravirine (i.e, Intelence)</p> <p><input type="checkbox"/> H2-antagonists that exceed doses comparable to Famotidine >40mg twice daily (i.e., Cimetidine >1600mg /day, Nizatidine >300mg/day, Ranitidine >600mg/day)</p> <p><input type="checkbox"/> Lopinavir (e.g., Kaletra)</p> <p><input type="checkbox"/> Nevirapine</p> <p><input type="checkbox"/> Omeprazole >20mg daily</p> <p><input type="checkbox"/> Pitavastatin</p> <p><input type="checkbox"/> Pravastatin >40mg/day</p> <p><input type="checkbox"/> Rifabutin, rifampin, rifapentine</p> <p><input type="checkbox"/> Rosuvastatin</p> <p><input type="checkbox"/> St. John's Wort (Hypericum perforatum)</p> <p><input type="checkbox"/> Tipranavir (e.g., Aptivus) together with Ritonavir (e.g., Kaletra, Norvir, Viekira Pak)</p> <p><input type="checkbox"/> NONE</p>
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24, cont'd. For each drug being requested, please indicate if member has any of the listed conditions or is taking any of the listed drugs, which are contraindicated.

Sovaldi

- ☐ Amiodarone without cardiac monitoring
- ☐ Carbamazepine
- ☐ Oxcarbazepine
- ☐ Phenobarbital
- ☐ Phenytoin
- ☐ Rifabutin, rifampin, or rifapentine
- ☐ St. John's Wort (Hypericum perforatum)
- ☐ Tipranavir (Aptivus)
- ☐ NONE

Pegasys, Intron-A

- ☐ Autoimmune Hepatitis
- ☐ Hepatic decompensation or decompensated liver disease
- ☐ NONE

Viekira Pak

- ☐ Moderate hepatic impairment (CTP class B)
- ☐ Severe hepatic impairment (CTP Class C)
- ☐ Alfuzosin
- ☐ Apalutamide
- ☐ Atorvastatin
- ☐ Carbamazepine, phenytoin, phenobarbital
- ☐ Cisapride
- ☐ Colchicine in patients with renal and/or hepatic impairment
- ☐ Dronedarone (Multaq)
- ☐ Darunavir/ritonavir 600/100mg twice daily in treatment experienced members with at least one darunavir resistance associated substitution or with no baseline resistance information
- ☐ Efavirenz (e.g., Atripla, Sustiva, Symfi, Symfi Lo)
- ☐ Ergotamine, dihydroergotamine, methylergonovine
- ☐ Ethinyl estradiol-containing medications (e.g., combined oral contraceptives)
- ☐ Everolimus, sirolimus, tacrolimus
- ☐ Gemfibrozil
- ☐ Ketoconazole >200mg/day
- ☐ Known hypersensitivity to ritonavir (e.g. toxic epidermal necrolysis, Stevens-Johnson syndrome)
- ☐ Lopinavir/ritonavir (e.g., Kaletra)
- ☐ Lomitapide
- ☐ Lurasidone (Latuda)
- ☐ Lovastatin, simvastatin
- ☐ Omeprazole >40mg/day
- ☐ Pimozide (Orap)
- ☐ Ranolazine
- ☐ Rifampin
- ☐ Rilpivirine once daily (e.g., Complera, Edurant, Juluca, Odefsey)
- ☐ Rosuvastatin >10mg/day, Pravastatin >40mg/day
- ☐ Salmeterol (e.g., Airduo, Advair, Serevent)
- ☐ Sildenafil when dosed as Revatio® for the treatment of PAH
- ☐ St. John's Wort (Hypericum perforatum)
- ☐ Triazolam; orally administered midazolam
- ☐ Voriconazole (unless prescriber states the benefit-to-risk ratio justifies the use of voriconazole)
- ☐ NONE

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