

Hepatitis C: Harvoni Tablet or Pellet Pack / ledipasvir-sofosbuvir (generic)

Member Information

1. Last Name: _____ 2. First Name: _____
3. Trillium ID #: _____ 4. Date of Birth: _____ 5. Gender: _____

Prescriber Information

1. Prescriber Name: _____ 2. NPI #: _____
3. Requestor Name (Nurse/Office Staff): _____
4. Mailing Address: _____ City: _____ State: _____ Zip: _____
5. Phone #: _____ Ext. _____ Fax #: _____

Drug Information

1. Drug Name: _____ 2. Strength: _____ 3. Quantity per 30 Days _____
4. Length of Therapy: 8 Weeks 12 Weeks 24 Weeks

Clinical Information

Total length of therapy being requested (Check ONE):

8 weeks = Genotype 1 - Treatment-naïve without cirrhosis who have pre-treatment HCV RNA less than 6 million IU/mL

12 weeks = Genotype 1, 4, 5, or 6 - Treatment-naïve and treatment-experienced without cirrhosis or with compensated cirrhosis (Child-Pugh A)

24 weeks = Treatment-experienced with compensated cirrhosis (Child-Pugh A)

Harvoni + ribavirin 12 weeks = Genotype 1 - Treatment-naïve and treatment-experienced with decompensated cirrhosis (Child-Pugh B or C) or Genotype 1 or 4 – Treatment-naïve and treatment-experienced liver transplant recipients without cirrhosis, or with compensated cirrhosis (Child-Pugh A) 1.

1. What is the member's Genotype? _____

2. Is the member 3 years of age or older with a diagnosis of Chronic Hepatitis C (CHC) infection with genotype 1, 4, 5 or 6 infection without cirrhosis or with compensated cirrhosis? Yes No

3. Is the member 3 years of age or older with genotype 1 infection with decompensated cirrhosis, in combination with ribavirin? Yes No

4. Is the member 3 years of age or older with genotype 1 or 4 infection who is a liver transplant recipient without cirrhosis or with compensated cirrhosis, in combination with ribavirin? Yes No

5. As the provider, are you reasonably certain that treatment will improve the member's overall health status? Yes No

6. Does the member have FDA labeled contraindications to Harvoni or generic ledipasvir/sofosbuvir?

Yes No

Fax this form to PerformRx at (833) 726-7628 or call Pharmacy PA Call Center: (855) 662-0277

7. Is Harvoni® or generic ledipasvir/sofosbuvir is being 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.