

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

1. Last Name:	Mer	mber Information							
1. Prescriber Name:	1.	Last Name:	2. First Name:						
1. Prescriber Name:	3.	Trillium ID #:	4. Dat	e of Birth:	5. Gender:	5. Gender:			
3. Requestor Name (Nurse/Office Staff):  4. Mailing Address:									
3. Requestor Name (Nurse/Office Staff):  4. Mailing Address:	1.	Prescriber Name:			2. NPI #:				
4. Mailing Address:	3.	Requestor Name (Nurse/Office Staf	f):						
5. Phone #:	4.	Mailing Address:		City:	State:	Zip:			
1. Urg Name:	5.	Phone #:		_ Ext Fax #	#:				
1. Urig Name:   2. Strength:   3. Quantity per 30 Days   4. Length of Therapy:   8 Weeks   12 Weeks   24 Weeks   24 Weeks   25 Weeks   24 Weeks   24 Weeks   24 Weeks   24 Weeks   24 Weeks   25 Weeks   25 Weeks   25 Weeks   26 Weeks   27 Weeks   27 Weeks   27 Weeks   28 Weeks   28 Weeks   28 Weeks   28 Weeks   28 Weeks   28 Weeks   29 Weeks   29 Weeks   20 Weeks	Dru	g 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?	1.	Drug Name:	2. Strength: _		3. Quantity per 30 Days				
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		∃ Yes □ No							

## **Trillium Health Resources Pharmacy Prior Approval Request for**



	(Prescriber Signature Mandatory)		
Signature of Prescriber:		Date:	
☐ Yes ☐ No			
<ol> <li>Is Harvoni® or generic losofosbuvir?</li> </ol>	edipasvir/sofosbuvir is being used in o	combination with other drugs co	ntaining
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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.