

Prescriber Criteria Form

Harvoni 2025 PA Fax 1209-A v1 010125.docx  
 Harvoni (ledipasvir and sofosbuvir), Ledipasvir and Sofosbuvir  
 Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations.  
 Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Harvoni.

Drug Name (select from list of drugs shown):

<b>Patient Name:</b>		
<b>Patient ID:</b>		
<b>Patient DOB:</b>	<b>Patient Phone:</b>	
<b>Prescriber Name:</b>		
<b>Prescriber Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Prescriber Phone:</b>	<b>Prescriber Fax:</b>	
<b>Diagnosis:</b>	<b>ICD Code(s):</b>	

<b>Please circle the appropriate answer for each question.</b>			
1	Does the patient have a diagnosis of hepatitis C virus infection? [If no, then no further questions.]	Yes	No
2	Prior to initiating therapy, has hepatitis C virus (HCV) infection been confirmed by the presence of hepatitis C virus ribonucleic acid (HCV RNA) in serum? [If no, then no further questions.]	Yes	No
3	Is the requested drug being requested for use alone (i.e., without any other antiviral for hepatitis C)? [If no, then skip to question 27.]	Yes	No
4	Is the request for a patient with recurrent hepatitis C virus infection post liver transplantation? [If no, then skip to question 7.]	Yes	No
5	Is the request for a patient with decompensated cirrhosis (Child Turcotte Pugh class B or C)? [If yes, then no further questions.]	Yes	No

6	Does the patient have genotype 1, 4, 5, or 6 infection? [If yes, then skip to question 43.] [If no, then no further questions.]	Yes	No
7	Is the patient a kidney transplant recipient? [If no, then skip to question 11.]	Yes	No
8	Is the request for a patient with decompensated cirrhosis (Child Turcotte Pugh class B or C)? [If yes, then no further questions.]	Yes	No
9	Does the patient have genotype 1, 4, 5, or 6 infection? [If no, then no further questions.]	Yes	No
10	Is the patient either of the following: A) treatment-naïve, B) has not failed prior treatment with a direct-acting antiviral? [If yes, then skip to question 43.] [If no, then no further questions.]	Yes	No
11	Is the request for a patient with decompensated cirrhosis (Child Turcotte Pugh class B or C)? [If no, then skip to question 14.]	Yes	No
12	Does the patient have genotype 1, 4, 5, or 6 infection? [If no, then no further questions.]	Yes	No
13	Does the patient have a reason to avoid ribavirin? [If yes, then skip to question 44.] [If no, then no further questions.]	Yes	No
14	Does the patient have genotype 1 infection? [If no, then skip to question 20.]	Yes	No
15	Is the patient treatment naïve? [If no, then skip to question 18.]	Yes	No
16	Does the patient meet all of the following: A) the patient's baseline hepatitis C virus ribonucleic acid (RNA) level is less than 6 million international units per milliliter (IU/mL), B) the patient is human immunodeficiency virus (HIV)-uninfected? [If no, then skip to question 43.]	Yes	No
17	Does the patient have compensated cirrhosis (Child Turcotte Pugh class A)? [If yes, then skip to question 43.] [If no, then skip to question 45.]	Yes	No
18	Has the patient failed prior treatment with peginterferon alfa with or without ribavirin with or without a hepatitis C virus protease inhibitor? [If no, then no further questions.]	Yes	No

19	Does the patient have compensated cirrhosis (Child Turcotte Pugh class A)? [If yes, then skip to question 44.] [If no, then skip to question 43.]	Yes	No
20	Does the patient have genotype 4 or 5 infection? [If no, then skip to question 23.]	Yes	No
21	Is the patient treatment naïve? [If yes, then skip to question 43.]	Yes	No
22	Has the patient failed prior treatment with peginterferon alfa with or without ribavirin with or without a hepatitis C virus protease inhibitor? [If yes, then skip to question 43.] [If no, then no further questions.]	Yes	No
23	Does the patient have genotype 6 infection? [If no, then no further questions.]	Yes	No
24	Is the patient treatment naïve? [If no, then skip to question 26.]	Yes	No
25	Does the patient have genotype 6e infection? [If yes, then no further questions.] [If no, then skip to question 43.]	Yes	No
26	Has the patient failed prior treatment with peginterferon alfa with or without ribavirin with or without a hepatitis C virus protease inhibitor? [If yes, then skip to question 43.] [If no, then no further questions.]	Yes	No
27	Is the requested drug being prescribed as part of a two-drug regimen with ribavirin? [If no, then no further questions.]	Yes	No
28	Is the request for a patient with recurrent hepatitis C virus infection post liver transplantation? [If no, then skip to question 35.]	Yes	No
29	Is the request for a patient with decompensated cirrhosis (Child Turcotte Pugh class B or C)? [If no, then skip to question 32.]	Yes	No
30	Does the patient have genotype 1, 4, 5 or 6 infection? [If no, then no further questions.]	Yes	No
31	Is the patient treatment naïve? [If yes, then skip to question 43.] [If no, then skip to question 44.]	Yes	No
32	Does the patient have genotype 1 or 4 infection? [If no, then no further questions.]	Yes	No

33	Is the patient treatment naive? [If yes, then skip to question 43.]	Yes	No
34	Has the patient failed prior treatment with peginterferon alfa with or without ribavirin with or without a hepatitis C virus protease inhibitor? [If yes, then skip to question 43.] [If no, then no further questions.]	Yes	No
35	Is the request for a patient with decompensated cirrhosis (Child Turcotte Pugh class B or C)? [If no, then skip to question 40.]	Yes	No
36	Has the patient failed prior treatment with peginterferon alfa with or without ribavirin with or without a hepatitis C virus protease inhibitor? [If no, then skip to question 38.]	Yes	No
37	Does the patient have genotype 1 infection? [If yes, then skip to question 43.] [If no, then no further questions.]	Yes	No
38	Does the patient have genotype 1, 4, 5 or 6 infection? [If no, then no further questions.]	Yes	No
39	Has the patient failed prior treatment with a sofosbuvir (Sovaldi)- or nonstructural protein 5A (NS5A) inhibitor-based regimen? [If yes, then skip to question 44.] [If no, then skip to question 43.]	Yes	No
40	Does the patient have genotype 1 infection? [If no, then no further questions.]	Yes	No
41	Does the patient have compensated cirrhosis (Child Turcotte Pugh class A)? [If no, then no further questions.]	Yes	No
42	Has the patient failed prior treatment with peginterferon alfa with or without ribavirin with or without a hepatitis C virus protease? [If no, then no further questions.]	Yes	No
43	Has the patient received greater than or equal to 12 weeks of treatment with the requested drug? [No further questions.]	Yes	No
44	Has the patient received greater than or equal to 24 weeks of treatment with the requested drug? [No further questions.]	Yes	No
45	Has the patient received greater than or equal to 8 weeks of treatment with the requested drug?	Yes	No

Comments:	
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By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.

<b>Prescriber (or Authorized) Signature:</b> _____	<b>Date:</b> _____
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