

Prescriber Criteria Form

Mavyret 2025 PA Fax 2243-A v1 010125.docx  
 Mavyret (glecaprevir and pibrentasvir)  
 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 Mavyret (glecaprevir and pibrentasvir).

Drug Name:  
 Mavyret (glecaprevir and pibrentasvir)

<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>	

Please circle the appropriate answer for each question.			
1	Does the patient have a diagnosis of hepatitis C virus (HCV) infection? [If yes, then skip to question 6.]	Yes	No
2	Does the patient have decompensated cirrhosis or moderate or severe hepatic impairment (Child Turcotte Pugh [CTP] class B or C)? Note: The requested drug is not indicated in patients with moderate or severe hepatic impairment [Child Turcotte Pugh [CTP] class B or C]. [If yes, then no further questions.]	Yes	No
3	Is the request for a patient who has received a liver transplant from a hepatitis C virus (HCV)-viremic donor and the requested drug is being prescribed for use alone (i.e., without any other antiviral for hepatitis C)? [If yes, then skip to question 46.]	Yes	No
4	Is the request for a patient who has received a non-liver organ transplant from a hepatitis C virus (HCV)-viremic donor and the requested drug is being prescribed for use alone (i.e., without any other antiviral for hepatitis C)? [If no, then no further questions.]	Yes	No
5	Will the treatment with the requested drug be initiated within 7 days of transplant? [If yes, then skip to question 45.] [If no, then skip to question 46.]	Yes	No

6	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
7	Does the patient have decompensated cirrhosis or moderate or severe hepatic impairment (Child Turcotte Pugh [CTP] class B or C)? Note: The requested drug is not indicated in patients with moderate or severe hepatic impairment [Child Turcotte Pugh [CTP] class B or C]. [If yes, then no further questions.]	Yes	No
8	Is the requested drug being prescribed for use alone (i.e., without any other antiviral for hepatitis C)? [If no, then skip to question 37.]	Yes	No
9	Is the request for a patient with recurrent hepatitis C virus (HCV) infection post liver transplantation or a patient who is a kidney transplant recipient? [If no, then skip to question 15.]	Yes	No
10	Does the patient have genotype 2, 4, 5, or 6 infection? [If yes, then skip to question 46.]	Yes	No
11	Does the patient have genotype 1 infection? [If no, then skip to question 13.]	Yes	No
12	Does the patient meet both of the following: A) the patient has failed prior treatment with a nonstructural protein 5A (NS5A) inhibitor, excluding glecaprevir/pibrentasvir (Mavyret), B) the patient has not received prior treatment with a regimen containing a nonstructural protein 3/4A (NS3/4A) protease inhibitor? [If yes, then skip to question 47.] [If no, then skip to question 46.]	Yes	No
13	Does the patient have genotype 3 infection? [If no, then no further questions.]	Yes	No
14	Does the patient meet both of the following: A) the patient has failed prior treatment with a regimen containing pegylated interferon (PEG-INF), ribavirin and/or sofosbuvir (Sovaldi), B) the patient has not received prior treatment with a nonstructural protein 3/4A (NS3/4A) protease inhibitor or a nonstructural protein 5A (NS5A) inhibitor? [If yes, then skip to question 47.] [If no, then skip to question 46.]	Yes	No
15	Is the patient's genotype unknown or undetermined? [If no, then skip to question 19.]	Yes	No
16	Is the request for a treatment-naïve patient without cirrhosis? [If no, then no further questions.]	Yes	No
17	Does the patient have all of the following: A) human immunodeficiency virus (HIV) positive, B) currently taking a tenofovir disoproxil fumarate (TDF)-containing regimen, C)	Yes	No

	an eGFR less than 60 milliliters per minute (mL/min)? [If yes, then no further questions.]		
18	Does the patient have any of the following: A) hepatitis B surface antigen (HBsAg) positive, B) currently pregnant, C) known or suspected hepatocellular carcinoma, D) prior liver transplantation? [If yes, then no further questions.] [If no, then skip to question 45.]	Yes	No
19	Does the patient have genotype 1, 2, 3, 4, 5, or 6 infection? [If no, then no further questions.]	Yes	No
20	Is the request for a treatment-naïve patient? [If no, then skip to question 24.]	Yes	No
21	Is the patient co-infected with human immunodeficiency virus (HIV)? [If no, then skip to question 45.]	Yes	No
22	Does the patient have compensated cirrhosis (Child Turcotte Pugh [CTP] class A)? [If no, then skip to question 45.]	Yes	No
23	Does the patient have genotype 4 infection? [If yes, then skip to question 46.] [If no, then no skip to question 45.]	Yes	No
24	Does the patient meet all of the following: A) pediatric patient, B) the patient has had prior exposure to a nonstructural protein 5A (NS5A) inhibitor, excluding glecaprevir/pibrentasvir (Mavyret), C) the patient has not received prior treatment with a nonstructural protein 3/4A (NS3/4A) protease inhibitor? [If yes, then skip to question 47.]	Yes	No
25	Does the patient meet all of the following: A) pediatric patient, B) the patient has had prior exposure to a nonstructural protein 3/4A (NS3/4A) protease inhibitor, C) the patient has not received prior treatment with a nonstructural protein 5A (NS5A) inhibitor? [If yes, then skip to question 46.]	Yes	No
26	Does the patient meet both of the following: A) the patient has failed prior treatment with a regimen containing pegylated interferon (PEG-INF) with or without ribavirin, B) the patient has not received prior treatment with a nonstructural protein 3/4A (NS3/4A) protease inhibitor or a nonstructural protein 5A (NS5A) inhibitor? [If no, then skip to question 29.]	Yes	No
27	Does the patient have genotype 3 infection? [If yes, then skip to question 47.]	Yes	No
28	Does the patient have compensated cirrhosis (Child Turcotte Pugh [CTP] class A)? [If yes, then skip to question 46.] [If no, then skip to question 45.]	Yes	No
29	Does the patient meet both of the following: A) the patient has failed prior treatment with a nonstructural protein 5A (NS5A) inhibitor, excluding glecaprevir/pibrentasvir (Mavyret), B)	Yes	No

	the patient has not received prior treatment with a regimen containing a nonstructural protein 3/4A (NS3/4A) protease inhibitor? [If no, then skip to question 31.]		
30	Does the patient have genotype 1 infection? [If yes, then skip to question 47.] [If no, then no further questions.]	Yes	No
31	Does the patient meet both of the following: A) the patient has failed prior treatment with a regimen containing a nonstructural protein 3/4A (NS3/4A) protease inhibitor, B) the patient has not received prior treatment with a regimen containing a nonstructural protein 5A (NS5A) inhibitor? [If no, then skip to question 33.]	Yes	No
32	Does the patient have genotype 1 infection? [If yes, then skip to question 46.] [If no, then no further questions.]	Yes	No
33	Does the patient meet both of the following: A) the patient failed prior treatment with a sofosbuvir-based regimen, B) the patient has not had prior exposure to an NS5A inhibitor plus NS3/4A protease inhibitor regimen? [If no, then no further questions.]	Yes	No
34	Does the patient have genotype 1,2,4,5, or 6 infection? [If yes, then skip to question 47.]	Yes	No
35	Does the patient have genotype 3 infection? [If no, then no further questions.]	Yes	No
36	Has the patient had prior sofosbuvir/NS5A inhibitor experience? [If yes, then no further questions.] [If no, then skip to question 47.]	Yes	No
37	Is the requested drug being requested for use in combination with sofosbuvir (Sovaldi) and ribavirin? [If no, then no further questions.]	Yes	No
38	Does the patient have genotype 1, 2, 3, 4, 5, or 6 infection? [If no, then no further questions.]	Yes	No
39	Has the patient failed 16 weeks of therapy with sofosbuvir (Sovaldi) and glecaprevir/pibrentasvir (Mavyret)? [If no, then skip to question 41.]	Yes	No
40	Has the patient received greater than or equal to 24 weeks of treatment with the requested drug? [No further questions.]	Yes	No
41	Has the patient failed prior treatment with glecaprevir/pibrentasvir (Mavyret)? [If yes, then skip to question 47.]	Yes	No

42	Has the patient failed prior treatment with sofosbuvir/velpatasvir/voxilaprevir (Vosevi)? [If no, then no further questions.]	Yes	No
43	Does the patient have genotype 3 infection? [If no, then skip to question 47.]	Yes	No
44	Does the patient have compensated cirrhosis (Child Turcotte Pugh [CTP] class A)? [If yes, then skip to question 48.] [If no, then skip to question 47.]	Yes	No
45	Has the patient received greater than or equal to 8 weeks of treatment with the requested drug? [No further questions.]	Yes	No
46	Has the patient received greater than or equal to 12 weeks of treatment with the requested drug? [No further questions.]	Yes	No
47	Has the patient received greater than or equal to 16 weeks of treatment with the requested drug? [No further questions.]	Yes	No
48	Has the patient received greater than or equal to 24 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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