

Prescriber Criteria Form

Harvoni 2024 PA Fax 1209-A v2 010124.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):

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

Please circle the appropriate answer for each question.			
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 (boceprevir [Victrelis], simeprevir [Olysio] or telaprevir [Incivek])? [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 (boceprevir [Victrelis], simeprevir [Olysio] or telaprevir [Incivek])? [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 (boceprevir [Victrelis], simeprevir [Olysio] or telaprevir [Incivek])? [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 (boceprevir [Victrelis], simeprevir [Olysio] or telaprevir [Incivek])? [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 (boceprevir [Victrelis], simeprevir [Olysio] or telaprevir [Incivek])? [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 (for example, daclatasvir [Daklinza] with sofosbuvir [Sovaldi], sofosbuvir [Sovaldi] with ribavirin)? [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 inhibitor (boceprevir [Victrelis], simeprevir [Olysio] or telaprevir [Incivek])? [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
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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.

Prescriber (or Authorized) Signature: _____ Date: _____
