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



## **Hepatitis C: Epclusa**

Mer	mber Information									
1.	1. Last Name:       2. First Name:         3. Trillium ID #:       4. Date of Birth:    5. Ger									
3.	Trillium ID #:	4. Date of Birth:				5. Gender:				
Pres	scriber Information									
1.	Prescriber Name:			2.	NPI #:					
	Requestor Name (Nurse/Office S									
4.	Mailing Address:			_ City:		S	tate: _	Zip: _		
5.	Phone #:		Ext	_ Fax #:						
Dru	g Information									
1.	Drug Name: <b>Epclusa</b> 2. S	trength:		3.	Quantity	per	30	Days:	28	
4.	Length of Therapy (in days): $\square$ 1	2 Weeks □ 24 Wee	eks							
Clin	ical Information									
	Total Length of Therapy (Check	ONE):								
□ 12 weeks = Genotype 1, 2, 3, 4, 5, or 6 treatment naïve and treatment experienced without cirrhosis and w compensated cirrhosis (Child Pugh A) or treatment-naïve and treatment-experienced liver transplant recipient without cirrhosis or with compensated cirrhosis (Child-Pugh A)									l	
	☐ 12 weeks with ribavirin = Genotypes 1,2,3,4,5, or 6 treatment- naïve and treatment -experienced with decompensated cirrhosis (Child-Pugh B and C)									
	☐ 24 weeks = Genotypes 1,2,3,4,5 or 6 treatment- naïve and treatment -experienced with decompensated cirrhosis (Child-Pugh B and C) and are ribavirin ineligible									
	1. What is the member's Genotype?									
	2. Is the member is 3 years if age or older with a diagnosis of chronic hepatitis C (CHC) infection with genotype 1, 2, 3, 4, 5 or genotype 6 without cirrhosis or with compensated cirrhosis or with decompensated cirrhosis?									
	□ Yes □ No									
	3. As the provider, are you reasonably certain that treatment will improve the member's overall health status?									
	□ Yes □ No									
	4. Does the member have FDA la	abeled contraindicat	ions to Epclu	sa? □ Y	es □ No					
	5. Is Epclusa is being used in con	mbination with other	drugs conta	ining sof	osbuvir? 🗆 Y	es □ No	)			
Si	ignature 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.