



Pharmacy Request for Prior Approval – Zepatier

Beneficiary Information

1. Beneficiary Last Name:	2. First Name:	
3. Beneficiary ID #:	4. Beneficiary Date of Birth:	5. Beneficiary Gender:

Prescriber Information

6. Prescriber Name:	NPI #:		
Mailing address:	City:	State:	ZIP:
7. Requester Contact Information:			
Name:	Phone #:	Fax #:	

Drug Information

8. Drug Name:	9. Strength:	10. Quantity Per 28 Days:
11. Length of Therapy: <input type="checkbox"/> 12 weeks <input type="checkbox"/> 16 weeks		

Clinical Information

12 weeks = Genotype 1a and treatment naïve or PegIFN/RBV-experienced without baseline NS5A polymorphisms; genotype 1b and treatment naïve or PegIFN/RBV-experienced; Genotype 1a or 1b and PegIFN/RBV/PI-experienced; or Genotype 4 and treatment-naïve.

16 weeks = Genotype 1a and treatment-naïve or PegIFN/RBV-experienced with baseline NS5A polymorphisms; or Genotype 4 and PegIFN/RBV-experienced.

1. Is the beneficiary 18 years of age or older with a diagnosis of chronic hepatitis C (CHC) with confirmed genotype 1 or genotype 4? Yes No **Genotype is:** _____
2. Are medical records documenting the diagnosis of chronic hepatitis C with genotype and subtype being submitted with this request? Yes No ****Lab test results MUST be attached to the PA to be approved.****
3. Is the beneficiary being prescribed Zepatier in conjunction with ribavirin if he/she has a genotype 1a baseline NS5A polymorphisms, genotype 1a or 1b who are treatment experienced with Peginterferon alfa + ribavirin + HCV NS3/4A protease inhibitor or genotype 4 who are treatment experienced with Peginterferon alfa + ribavirin? Yes No
4. Does the beneficiary have a documented quantitative HCV RNA at baseline that was tested within the past 6 months (medical documentation required)? Yes No **HCV RNA (IU/ml):** _____ and/or **log₁₀ value:** _____
5. As the provider, are you reasonably certain that treatment will improve the beneficiary's overall health status? Yes No
6. Does the beneficiary have FDA-labeled contraindications to Zepatier? Yes No
7. Does the beneficiary have moderate to severe hepatic impairment (child-pugh B or C) or any history of prior hepatic decompensation? Yes No
8. Zepatier being co administered with organic anion transporting polypeptides 1B1/3 (OATP1B1/3) inhibitors, strong inducers of cytochrome P450 3A (CYP3A), or efavirenz? Yes No

Signature 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.