WellCare

NC Medicaid
Pharmacy Prior Approval Request for

Sovaldi

Beneficiary Information

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

Prescriber Information

6. Prescribing Provider NPI #: _____
7. Requester Contact Information - Name: _____ Phone #: _____ Ext. _____

Drug Information

8. Drug Name: _____ 9. Strength: _____ 10. Quantity Per 30 Days: _____
11. Length of Therapy (in days): ☐ 12 Weeks ☐ 24 Weeks ☐ 48 Weeks

Clinical Information

Total Length of Therapy (Check ONE):

☐ **12 weeks =** Genotype 1, 2, or 4 for treatment-naïve and treatment-experienced adult beneficiaries without cirrhosis or with compensated cirrhosis (child-pugh A); or genotype 2 for treatment-naïve and treatment-experienced pediatric patients, 3 years of age or older, without cirrhosis or with compensated cirrhosis (child-pugh A).
Genotype 1 and previously treated with a regimen containing an NS3/4A PI2 without prior treatment with an NS5A inhibitor

☐ **24 weeks** = Genotype 1 adult beneficiaries that are PEG-interferon ineligible; genotype 3 for treatment-naïve and treatment experienced adults without cirrhosis or with compensated cirrhosis (child-pugh A); Or genotype 3 for treatment-naïve and treatment-experienced pediatric patients, 3 years of age or older, without cirrhosis or with compensated cirrhosis (child- pugh A)

☐ **48 weeks =** Genotype 1,2,3, or 4 for adult beneficiaries with a diagnosis of Hepatocellular Carcinoma awaiting liver transplantation (up to 48 weeks or until liver transplantation, whichever comes first)

1. Does the beneficiary have a diagnosis of chronic hepatitis C infections with one of the following confirmed diagnosis':
   ☐ Genotype 1 or 4 without cirrhosis or with compensated cirrhosis and beneficiary is 18years of age or older
   ☐ Genotype 2 or 3 without cirrhosis or with compensated cirrhosis and beneficiary is 3 years of age or older
   ☐ Beneficiary has CHC infection with hepatocellular carcinoma awaiting liver transplant
2. As the provider, are you reasonably certain that treatment will improve the beneficiary's overall health status?
   ☐ **Yes** ☐**No**
3. Is Sovaldi being prescribed in combination with ribavirin and pegylated interferon alfa for genotypes 1 and 4? ☐**Yes** ☐**No**
4. Is Sovaldi being prescribed in combination with ribavirin for beneficiaries with genotype 1 who are peginterferon-ineligible?
   ☐ **Yes** ☐**No**
5. Is Sovaldi being prescribed in combination with ribavirin for genotypes 2 and 3 and/or in CHC beneficiaries with hepatocellular carcinoma awaiting liver transplant? ☐**Yes** ☐**No**
6. Is Sovaldi being used as monotherapy? ☐**Yes** ☐**No**
7. Is Sovaldi being used with any other sofosvuvir containing regimen? ☐**Yes** ☐**No**
8. Does the beneficiary have any FDA labeled contraindications to sofosbuvir (Sovaldi)? ☐**Yes** ☐**No**
9. Is the Beneficiary pregnant? ☐**Yes** ☐**No**
10. Has the beneficiary tried and failed 2 preferred medications in this class or does the beneficiary have a reason or contraindication to the preferred medications in the class? ☐ **Yes** ☐ **No** Please list t/f medications and/or any contraindications to the preferred medications:

_____
_____
_____

Fax this form to CSRA at (855) 710-1969 Pharmacy PA Call Center: (866) 246-8505

WellCare®

11. Does the beneficiary have severe renal impairment (CrCl less than 30 mL/min), end stage renal disease, or require dialysis (AASLD/IDSA 2014)? ☐ **Yes** ☐ **No**
12. Is the beneficiary a non-responder to sofosbuvir? ☐**Yes** ☐**No**
13. Has the beneficiary previously failed therapy with a treatment regimen that included sofosbuvir? ☐**Yes** ☐**No**
14. Does the beneficiary have hepatocellular carcinoma and is not awaiting a liver transplant? ☐**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.