

**State of Maine Department of Health & Human Services
MaineCare/MEDEL Prior Authorization Form
HEPATITIS C TREATMENT**

Phone: 1-888-445-0497

www.mainearepdl.org

Fax: 1-888-879-6938

Member ID #: Patient Name: _____ DOB: _____
(NOT MEDICARE NUMBER)

Patient Address: _____

Provider DEA: Provider NPI:

Provider Name: _____ Phone: _____

Provider Address: _____ Fax: _____

Pharmacy Name: _____ Rx Address: _____ Rx phone: _____

Provider must fill all information above. It must be legible, correct and complete or form will be returned.

(Pharmacy use only): NPI: | | | | | | | | | | NABP: | | | | | | | | | | NDC: | | | | | | | | | |

MaineCare will approve hepatitis C treatment PA requests for members who meet the following guidelines. This PA form will cover up to twelve weeks of therapy. Only a 14-day supply will be allowed for the 1st fill. Pages 1-6 list the various regimens and the clinical situations for which they will be considered medically necessary according to MaineCare criteria, as well as the required supporting documentation. The PA must be approved prior to the 1st dose. Documentation of adherence (viral load changes or progress notes with a documented compliance discussion with details on compliance to date) will be required for continuation of therapy beyond 12 weeks & must be submitted with the PA request prior to completing the third month of therapy. **FDA approved pediatric formulations of direct acting antivirals (DAA) and DAA approved for pediatric use will be approved for those under the age of eighteen when used in accordance with current AASLD guidelines including for indication and age-prior authorization is still required prior to the first dose.**

The following documentation must be submitted with initial request for consideration of approval:

<input type="checkbox"/> Active HCV infection verified by viral load within the last year <input type="checkbox"/> Child-Turcotte-Pugh (CTP) Score: _____ Date: _____	<input type="checkbox"/> HCV Genotype verified by lab Genotype: (circle) 1a 1b 2 3 4 5 6 <input type="checkbox"/> Fibrosis score: _____ Date: _____ Method(s) used: _____
<input type="checkbox"/> Patient is candidate for Simplified Treatment as described at hcvguidelines.org . Must meet ALL of the following: <ul style="list-style-type: none"> <input type="checkbox"/> No prior HCV treatment <input type="checkbox"/> No evidence of cirrhosis by clinical exam or lab. <input type="checkbox"/> Not pregnant <input type="checkbox"/> HIV negative <input type="checkbox"/> HBsAg negative <input type="checkbox"/> No prior liver transplant <input type="checkbox"/> No end-stage renal disease (ie. eGFR < 30 mL/min/m2) <p align="center">-OR-</p> <input type="checkbox"/> Prescriber is, or has consulted with, a gastroenterologist, hepatologist, ID specialist or other Hepatitis specialist. Consult must be w/in the past year with documentation of recommended regimen.	<input type="checkbox"/> Sovaldi: Current medication list that does NOT include: carbamazepine, phenytoin, phenobarbital, oxcarbazepine, rifabutin, rifampin, rifapentine, St. John's Wort, or tipranavir/ritonavir <input type="checkbox"/> Harvoni: Current medication list that does NOT include: carbamazepine, phenytoin, phenobarbital, oxcarbazepine, rifabutin, rifampin, rifapentine, St. John's Wort, ritonavir, tipranavir, Stribild, Crestor, H2 receptor antagonists above the following daily doses: famotidine 80 mg, ranitidine/nizatidine 600 mg or cimetidine 1600 mg; or PPIs above the following daily doses: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg or dexlansoprazole 60mg <input type="checkbox"/> Zepatier: Current medication list does NOT include: carbamazepine, phenytoin, rifampin, St. John's Wort, efavirenz, atazanavir, darunavir, lopinavir, saquinavir, tipranavir, cyclosporine, nafcillin, ketoconazole, bosentan, tacrolimus, etravirine, elvitegravir/cobicistat/emtricitabine/tenofovir (disoproxil fumarate or alafenamide), modafinil, daily doses exceeding the following: atorvastatin 20 mg or rosuvastatin 10 mg <input type="checkbox"/> Mavyret: Medication list does NOT include atazanavir or rifampin <input type="checkbox"/> Vosevi: Medication list does NOT include rifampin

**Preferred regimens remain as listed on page 2-6. Note: genotype is still required.

These drug interaction lists are NOT all inclusive. Providers are urged to check up to date lists or on line drug interaction sites such as: <https://www.hep-druginteractions.org/checker>.

<input type="checkbox"/>	Genotype 1a
<input type="checkbox"/>	Treatment naïve, no cirrhosis → Regimen 1 or 5
<input type="checkbox"/>	Treatment naïve, compensated cirrhosis, Child-Pugh A ONLY → Regimen 1 (HIV neg only) or 2 (only if HIV positive) or 5
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin ONLY), not cirrhotic → Regimen 1 or 5
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin ONLY), compensated cirrhosis (Child-Pugh A ONLY) → Regimen 2 or 5
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin + NS3 protease inhibitor (telaprevir, boceprevir, simeprevir), no prior NS5A, no sofosbuvir), no cirrhosis → Regimen 2 or 5
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin + NS3 protease inhibitor (telaprevir, boceprevir, simeprevir), no prior NS5A, no sofosbuvir), compensated cirrhosis, Child-Pugh A ONLY → Regimen 2 or 5
<input type="checkbox"/>	Treatment experienced (Non-NS5A inhibitor, sofosbuvir-containing regimen), no cirrhosis → Regimen 2
<input type="checkbox"/>	Treatment experienced (Non-NS5A inhibitor, sofosbuvir-containing regimen), with compensated cirrhosis (Child-Pugh A ONLY) → Regimen 2
<input type="checkbox"/>	Treatment experienced, any NS5A inhibitor but NO NS3/4A protease inhibitor (prior therapy ONLY with daclatasvir+sofosbuvir, ledipasvir+sofosbuvir or sofosbuvir +velpatasvir), no cirrhosis or compensated cirrhosis, Child-Pugh A ONLY → Regimen 3 or 7
<input type="checkbox"/>	Treatment experienced, any NS5A inhibitor (ledipasvir (Harvoni), velpatasvir (Epclusa/Vosevi), elbasvir (Zepatier), dasabuvir (Viekira), daclatasvir (Daklinza) including those given with a NS3/4A protease inhibitor, but NOT including glecaprevir/pibrentasvir (Mavyret) or sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures), non-cirrhotic or compensated cirrhosis (Child-Pugh A ONLY) → Regimen 7
<input type="checkbox"/>	Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, non-cirrhotic → Regimen 7
<input type="checkbox"/>	Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A ONLY) → Regimen 8
<input type="checkbox"/>	Treatment experienced, sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures, with or without compensated cirrhosis (Child-Pugh A ONLY) → Regimen 15
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment naïve or experienced but with no direct acting antiviral (DAA) experience, no cirrhosis → Regimen 2 or 5
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment naïve or experienced but with no direct acting antiviral (DAA) experience, compensated cirrhosis (Child-Pugh A ONLY) → Regimen 2 or 5 OR, if multiple negative baseline characteristics 9 or 14
<input type="checkbox"/>	Re-infection of allograft liver after transplant, previous treatment with direct acting antivirals (DAAs), no cirrhosis → Regimen 7
<input type="checkbox"/>	Re-infection of allograft liver after transplant, previous treatment with direct acting antivirals (DAAs), compensated cirrhosis (Child-Pugh A ONLY) and/or multiple negative based line characteristics → Regimen 13
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment naïve, decompensated cirrhosis (Child-Pugh B and C only) → Regimen 9
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment experienced, decompensated cirrhosis (Child-Pugh B and C only) → Regimen 10
<input type="checkbox"/>	Decompensated cirrhosis, no prior sofosbuvir or NS5A → Regimen 6 (low dose ribavirin# if Child-Pugh Class C)
<input type="checkbox"/>	Decompensated cirrhosis, no prior sofosbuvir or NS5A, ribavirin ineligible** → Regimen 4
<input type="checkbox"/>	Decompensated cirrhosis, prior treatment with sofosbuvir or NS5A → Regimen 11 (low dose ribavirin# if Child-Pugh Class C)
<input type="checkbox"/>	Genotype 1b
<input type="checkbox"/>	Treatment naïve, no cirrhosis → Regimen 1 or 5
<input type="checkbox"/>	Treatment naïve, compensated cirrhosis, Child-Pugh A ONLY → Regimen 1 (HIV neg only) or 2 (only if HIV positive) or 5
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin ONLY), no cirrhosis → Regimen 1 or 5
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin ONLY), compensated cirrhosis (Child-Pugh A ONLY) → Regimen 2 or 5
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin + NS3 protease inhibitor (telaprevir, boceprevir, simeprevir), no prior NS5A, no sofosbuvir), no cirrhosis → Regimen 2 or 5
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin + NS3 protease inhibitor (telaprevir, boceprevir, simeprevir), no prior NS5A, no sofosbuvir), compensated cirrhosis, Child-Pugh A ONLY → Regimen 2 or 5
<input type="checkbox"/>	Treatment experienced (Non-NS5A inhibitor, sofosbuvir-containing regimen), no cirrhosis → Regimen 2 or 5
<input type="checkbox"/>	Treatment experienced (Non-NS5A inhibitor, sofosbuvir-containing regimen), with compensated cirrhosis (Child-Pugh A ONLY) → Regimen 2 or 5

<input type="checkbox"/>	Treatment experienced, any NS5A inhibitor but NO NS3/4A protease inhibitor (prior therapy ONLY with daclatasvir+sofosbuvir, ledipasvir+sofosbuvir or sofosbuvir +velpatasvir), no cirrhosis or compensated cirrhosis, Child-Pugh A ONLY → Regimen 3 or 7
<input type="checkbox"/>	Treatment experienced, any NS5A inhibitor (ledipasvir (Harvoni), velpatasvir (Epclusa/Vosevi), elbasvir (Zepatier), dasabuvir (Viekira), pibrentasvir (Mavyret) and daclatasvir (Daklinza), including those given with a NS3/4A protease inhibitor but NOT including pibrentasvir (Mavyret) or sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures, non-cirrhotic or compensated cirrhosis (Child-Pugh A ONLY)→ Regimen 7
<input type="checkbox"/>	Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, non-cirrhotic → Regimen 7
<input type="checkbox"/>	Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A ONLY)→ Regimen 8
<input type="checkbox"/>	Treatment experienced, sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures, with or without compensated cirrhosis (Child-Pugh A ONLY)→ Regimen 15
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment naïve or experienced but with no direct acting antiviral (DAA) experience, no cirrhosis → Regimen 2 or 5
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment naïve or experienced but with no direct acting antiviral (DAA) experience, compensated cirrhosis (Child-Pugh A ONLY) → Regimen 2 or 5 OR, if multiple negative baseline characteristics 9 or 14
<input type="checkbox"/>	Re-infection of allograft liver after transplant, previous treatment with direct acting antivirals (DAAs), no cirrhosis → Regimen 7
<input type="checkbox"/>	Re-infection of allograft liver after transplant, previous treatment with direct acting antivirals (DAAs), compensated cirrhosis (Child-Pugh A ONLY) and/or multiple negative based line characteristics → Regimen 13
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment naïve, decompensated cirrhosis (Child-Pugh B and C only) → Regimen 9
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment experienced, decompensated cirrhosis (Child-Pugh B and C only) → Regimen 10
<input type="checkbox"/>	Decompensated cirrhosis, no prior sofosbuvir or NS5A → Regimen 6 (low dose ribavirin# if Child-Pugh Class C)
<input type="checkbox"/>	Decompensated cirrhosis, no prior sofosbuvir or NS5A, ribavirin ineligible**→ Regimen 4
<input type="checkbox"/>	Decompensated cirrhosis, prior treatment with sofosbuvir or NS5A → Regimen 11 (low dose ribavirin# if Child-Pugh Class C)
<input type="checkbox"/>	Genotype 2
<input type="checkbox"/>	Treatment naïve, no cirrhosis → Regimen 1 or 5
<input type="checkbox"/>	Treatment naïve, compensated cirrhosis, Child-Pugh A ONLY → Regimen 1 (HIV neg only) or 2 (only if HIV positive) or 5
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin), no cirrhosis → Regimen 1 or 5
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin), compensated cirrhosis (Child-Pugh A ONLY) → Regimen 2 or 5
<input type="checkbox"/>	Treatment experienced (sofosbuvir + ribavirin), with or without cirrhosis → Regimen 2 or 5
<input type="checkbox"/>	Treatment experienced (direct acting antiviral, including NS5A inhibitors EXCEPT glecaprevir/pibrentasvir (Mavyret) or sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures), with or without compensated cirrhosis (Child-Pugh A ONLY) → Regimen 7
<input type="checkbox"/>	Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, no cirrhosis → Regimen 7
<input type="checkbox"/>	Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A ONLY)→ Regimen 8
<input type="checkbox"/>	Treatment experienced, sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures, with or without compensated cirrhosis (Child-Pugh A ONLY))→ Regimen 15
<input type="checkbox"/>	Decompensated cirrhosis, no prior sofosbuvir or NS5A failure → Regimen 6 or if RBV ineligible**ONLY→ Regimen 4
<input type="checkbox"/>	Decompensated cirrhosis, prior sofosbuvir or NS5A failure → Regimen 11 (low dose ribavirin# if Child-Pugh C)
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment naïve or experienced but with no direct acting antiviral (DAA) experience, no cirrhosis → Regimen 2 or 5
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment naïve or experienced but with no direct acting antiviral (DAA) experience, compensated cirrhosis (Child-Pugh A ONLY) → Regimen 2 or 5 OR, if multiple negative baseline characteristics 9 or 14
<input type="checkbox"/>	Re-infection of allograft liver after transplant, previous treatment with direct acting antivirals (DAAs), no cirrhosis → Regimen 7
<input type="checkbox"/>	Re-infection of allograft liver after transplant, previous treatment with direct acting antivirals (DAAs), compensated cirrhosis (Child-Pugh A ONLY) and/or multiple negative baseline characteristics → Regimen 13

<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment naïve, decompensated cirrhosis (Child-Pugh B and C only) → Regimen 9
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment experienced, decompensated cirrhosis (Child-Pugh B and C only) → Regimen 10
<input type="checkbox"/>	Genotype 3
<input type="checkbox"/>	Treatment naïve, no cirrhosis → Regimen 1 or 5
<input type="checkbox"/>	Treatment naïve, compensated cirrhosis, Child-Pugh A ONLY → Regimen 1 (HIV neg only) or 2 (only if HIV positive) or 5 (Y93H negative) or 6 (Y93H positive)
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin), no cirrhosis, Y93H neg → Regimen 3 or 5
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin), no cirrhosis, Y93H positive → Regimen 3 or 6
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin), compensated cirrhosis, Child-Pugh A ONLY → Regimen 3 or 6
<input type="checkbox"/>	Treatment experienced (sofosbuvir + ribavirin +/- PEG-IFN), with or without compensated cirrhosis (Child-Pugh A ONLY) → Regimen 3
<input type="checkbox"/>	Treatment experienced (direct acting antiviral, including NS5A inhibitors EXCEPT glecaprevir/pibrentasvir (Mavyret) or sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures), with or without compensated cirrhosis (Child-Pugh A ONLY) → Regimen 7 or if prior NS5A failure and cirrhosis → Regimen 8
<input type="checkbox"/>	Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, no cirrhosis → Regimen 7
<input type="checkbox"/>	Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A ONLY) → Regimen 8
<input type="checkbox"/>	Treatment experienced, sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures, with or without compensated cirrhosis (Child-Pugh A ONLY) → Regimen 15
<input type="checkbox"/>	Decompensated cirrhosis, no prior sofosbuvir or NS5A failure → Regimen 6 (low dose ribavirin# if Child-Pugh C) or, if RBV ineligible ONLY** → Regimen 4
<input type="checkbox"/>	Decompensated cirrhosis, prior sofosbuvir or NS5A failure → Regimen 11 (low dose ribavirin# if Child-Pugh C)
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment naïve or experienced but with no direct acting antiviral (DAA) experience, no cirrhosis → Regimen 2 or 5
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment naïve or experienced but with no direct acting antiviral (DAA) experience, compensated cirrhosis (Child-Pugh A ONLY) → Regimen 2 or 5 OR, if multiple negative baseline characteristics 9 or 14
<input type="checkbox"/>	Re-infection of allograft liver after transplant, previous treatment with direct acting antivirals (DAAs), no cirrhosis → Regimen 7
<input type="checkbox"/>	Re-infection of allograft liver after transplant, previous treatment with direct acting antivirals (DAAs), compensated cirrhosis (Child-Pugh A ONLY) and/or multiple negative baseline characteristics → Regimen 13
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment naïve, decompensated cirrhosis (Child-Pugh B and C only) → Regimen 9
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment experienced, decompensated cirrhosis (Child-Pugh B and C only) → Regimen 10
<input type="checkbox"/>	Genotype 4
<input type="checkbox"/>	Treatment naïve, no cirrhosis → Regimen 1 or 5
<input type="checkbox"/>	Treatment naïve, compensated cirrhosis, Child-Pugh A ONLY → Regimen 1 (HIV neg only) or 2 (only if HIV positive) or 5
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin), no cirrhosis → Regimen 1 or 5
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin), compensated cirrhosis, Child-Pugh A ONLY → Regimen 2 or 5
<input type="checkbox"/>	Treatment experienced (any direct acting antiviral including NS5A EXCEPT glecaprevir/pibrentasvir (Mavyret) or sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures), with or without compensated cirrhosis (Child-Pugh A ONLY) → Regimen 7
<input type="checkbox"/>	Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, no cirrhosis → Regimen 7
<input type="checkbox"/>	Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A ONLY) → Regimen 8
<input type="checkbox"/>	Treatment experienced, sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures, with or without compensated cirrhosis (Child-Pugh A ONLY) → Regimen 15
<input type="checkbox"/>	Decompensated cirrhosis, no prior sofosbuvir or NS5A → Regimen 6 (low dose ribavirin# if Child-Pugh Class C)
<input type="checkbox"/>	Decompensated cirrhosis, no prior sofosbuvir or NS5A, ribavirin ineligible** → Regimen 4
<input type="checkbox"/>	Decompensated cirrhosis, prior treatment with sofosbuvir or NS5A → Regimen 11 (low dose ribavirin# if Child-Pugh Class C)

<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment naïve or experienced but with no direct acting antiviral (DAA) experience, no cirrhosis → Regimen 2 or 5
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment naïve or experienced but with no direct acting antiviral (DAA) experience, compensated cirrhosis (Child-Pugh A ONLY) → Regimen 2 or 5 OR, if multiple negative baseline characteristics 9 or 14
<input type="checkbox"/>	Re-infection of allograft liver after transplant, previous treatment with direct acting antivirals (DAAs), no cirrhosis → Regimen 7
<input type="checkbox"/>	Re-infection of allograft liver after transplant, previous treatment with direct acting antivirals (DAAs), compensated cirrhosis (Child-Pugh A ONLY) and/or multiple negative based line characteristics → Regimen 13
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment naïve, decompensated cirrhosis (Child-Pugh B and C only) → Regimen 9
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment experienced, decompensated cirrhosis (Child-Pugh B and C only) → Regimen 10
<input type="checkbox"/>	Genotype 5
<input type="checkbox"/>	Treatment naïve, no cirrhosis → Regimen 1 or 5
<input type="checkbox"/>	Treatment naïve, no cirrhosis, HIV positive → Regimen 2 or 5
<input type="checkbox"/>	Treatment naïve, compensated cirrhosis, Child-Pugh A ONLY, HIV negative → Regimen 1 or 5
<input type="checkbox"/>	Treatment naïve, compensated cirrhosis, Child-Pugh A ONLY, HIV positive → Regimen 2 or 5
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin), without cirrhosis → Regimen 1 or 5
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin), compensated cirrhosis (Child-Pugh A ONLY) → Regimen 2 or 5
<input type="checkbox"/>	Treatment experienced (any DAA including NS5A EXCEPT glecaprevir/pibrentasvir (Mavyret) or sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures), with no or compensated cirrhosis (Child-Pugh A ONLY) → Regimen 7
<input type="checkbox"/>	Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, no cirrhosis → Regimen 7
<input type="checkbox"/>	Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A ONLY) → Regimen 8
<input type="checkbox"/>	Treatment experienced, sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures, with or without compensated cirrhosis (Child-Pugh A ONLY) → Regimen 15
<input type="checkbox"/>	Decompensated cirrhosis, no prior sofosbuvir or NS5A → Regimen 6 (low dose ribavirin# if Child-Pugh Class C)
<input type="checkbox"/>	Decompensated cirrhosis, no prior sofosbuvir or NS5A, ribavirin ineligible** → Regimen 4
<input type="checkbox"/>	Decompensated cirrhosis, prior treatment with sofosbuvir or NS5A → Regimen 11 (low dose ribavirin# if Child-Pugh Class C)
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment naïve or experienced but with no direct acting antiviral (DAA) experience, no cirrhosis → Regimen 2 or 5
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment naïve or experienced but with no direct acting antiviral (DAA) experience, compensated cirrhosis (Child-Pugh A ONLY) → Regimen 2 or 5 OR, if multiple negative baseline characteristics 9 or 14
<input type="checkbox"/>	Re-infection of allograft liver after transplant, previous treatment with direct acting antivirals (DAAs), no cirrhosis → Regimen 7
<input type="checkbox"/>	Re-infection of allograft liver after transplant, previous treatment with direct acting antivirals (DAAs), compensated cirrhosis (Child-Pugh A ONLY) and/or multiple negative based line characteristics → Regimen 13
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment naïve, decompensated cirrhosis (Child-Pugh B and C only) → Regimen 9
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment experienced, decompensated cirrhosis (Child-Pugh B and C only) → Regimen 10
<input type="checkbox"/>	Genotype 6
<input type="checkbox"/>	Treatment naïve, no cirrhosis, HIV negative → Regimen 1 or 5
<input type="checkbox"/>	Treatment naïve, no cirrhosis, HIV positive → Regimen 2 or 5
<input type="checkbox"/>	Treatment naïve, compensated cirrhosis, Child-Pugh A ONLY, HIV negative → Regimen 1 or 5
<input type="checkbox"/>	Treatment naïve, compensated cirrhosis, Child-Pugh A ONLY, HIV positive → Regimen 2 or 5
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin), without cirrhosis → Regimen 1 or 5
<input type="checkbox"/>	Treatment experienced (PEG-IFN + ribavirin), compensated cirrhosis (Child-Pugh A ONLY) → Regimen 2 or 5
<input type="checkbox"/>	Treatment experienced (any DAA including NS5A EXCEPT glecaprevir/pibrentasvir (Mavyret) or sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures), with no or compensated cirrhosis (Child-Pugh A ONLY) → Regimen 7

<input type="checkbox"/>	Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, no cirrhosis → Regimen 7
<input type="checkbox"/>	Treatment experienced, glecaprevir/pibrentasvir (Mavyret) failures, compensated cirrhosis (Child-Pugh A ONLY) → Regimen 8
<input type="checkbox"/>	Treatment experienced, sofosbuvir/velpatasvir/voxilaprevir (Vosevi) failures, with or without compensated cirrhosis (Child-Pugh A ONLY) → Regimen 15
<input type="checkbox"/>	Decompensated cirrhosis, no prior sofosbuvir or NS5A → Regimen 6 (low dose ribavirin# if Child-Pugh Class C)
<input type="checkbox"/>	Decompensated cirrhosis, no prior sofosbuvir or NS5A, ribavirin ineligible** → Regimen 4
<input type="checkbox"/>	Decompensated cirrhosis, prior treatment with sofosbuvir or NS5A → Regimen 11 (low dose ribavirin# if Child-Pugh Class C)
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment naïve or experienced but with no direct acting antiviral (DAA) experience, no cirrhosis → Regimen 2 or 5
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment naïve or experienced but with no direct acting antiviral (DAA) experience, compensated cirrhosis (Child-Pugh A ONLY) → Regimen 2 or 5 OR, if multiple negative baseline characteristics 9 or 14
<input type="checkbox"/>	Re-infection of allograft liver after transplant, previous treatment with direct acting antivirals (DAAs), no cirrhosis → Regimen 7
<input type="checkbox"/>	Re-infection of allograft liver after transplant, previous treatment with direct acting antivirals (DAAs), compensated cirrhosis (Child-Pugh A ONLY) and/or multiple negative based line characteristics → Regimen 13
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment naïve, decompensated cirrhosis (Child-Pugh B and C only) → Regimen 9
<input type="checkbox"/>	Re-infection of allograft liver after transplant, treatment experienced, decompensated cirrhosis (Child-Pugh B and C only) → Regimen 10

REGIMENS:

1. Mavyret (glecaprevir/pibrentasvir) 100/40 mg; three (3) tablets daily for 56 days (8 weeks)
2. Mavyret (glecaprevir/pibrentasvir) 100/40 mg; three (3) tablets daily for 84 days (12 weeks)
3. Mavyret (glecaprevir/pibrentasvir) 100/40 mg; three (3) tablets daily for 112 days (16 weeks)
4. Epclusa (sofosbuvir/velpatasvir) 400/100 mg daily for 168 days (24 weeks)
5. Epclusa (sofosbuvir/velpatasvir) 400/100 mg daily for 84 days (12 weeks)
6. Epclusa (sofosbuvir/velpatasvir) 400/100 mg daily + weight-based ribavirin for 84 days (12 weeks)
7. Vosevi (sofosbuvir/velpatasvir/voxilaprevir) 400/100/100 mg, one tablet daily for 84 days (12 weeks)
8. Vosevi (sofosbuvir/velpatasvir/voxilaprevir) 400/100/100 mg, one tablet daily + weight-based ribavirin for 84 days (12 weeks)
9. Epclusa (sofosbuvir/velpatasvir) 400/100 mg daily + low dose ribavirin# for 84 days (12 weeks)
10. Epclusa (sofosbuvir/velpatasvir) 400/100 mg daily + low dose ribavirin# for 168 days (24 weeks)
11. Epclusa (sofosbuvir/velpatasvir) 400/100 mg daily + weight-based ribavirin for 168 days (24 weeks)
12. Mavyret (glecaprevir/pibrentasvir) 300/120 mg; three (3) tablets daily + weight-based ribavirin for 112 days (16 weeks)
13. Vosevi (sofosbuvir/velpatasvir/voxilaprevir) 400/100/100 mg, one tablet daily + low dose ribavirin# for 84 days (12 weeks)
14. Mavyret (glecaprevir/pibrentasvir) 300/120 mg; three (3) tablets daily + low dose ribavirin# for 84 days (12 weeks)
15. Vosevi (sofosbuvir/velpatasvir/voxilaprevir) 400/100/100 mg, one tablet daily + weight-based ribavirin for 168 days (24 weeks)

low dose ribavirin = 600 mg/day and increase as tolerated

¥ Genotype 1a polymorphisms at amino acid positions 28, 30, 31, or 93

OTHER: Please provide clinical rationale for choosing a regimen that is beyond those found within the current guidelines, or for selecting regimens other than those outlined above.

Other drug regimen: please specify all drugs and include the dose and duration for each:

For ANY regimen that includes ribavirin

- For women of childbearing potential** (and male patients with female partners of childbearing potential):
 - Patient is not pregnant (or a male with a pregnant female partner) and not planning to become pregnant during treatment or within 6 months of stopping
 - Agreement that partners will use two forms of effective contraception during treatment and for at least 6 months after stopping
 - Verification that monthly pregnancy tests will be performed throughout treatment

For ribavirin-ineligible:** (Patients with CrCl <50 ml/min (moderate or severe renal dysfunction, ESRD, HD) should have dosage reduced

- History of severe or unstable cardiac disease
- Pregnant women and men with pregnant partners
- Diagnosis of hemoglobinopathy (e.g., thalassemia major, sickle cell anemia)
- Hypersensitivity to ribavirin
- Baseline platelet count <70,000 cells/mm³
- ANC <1500 cells/mm³
- Hb <12 gm/dl in women or <13 g/dl in men
- Other: _____

Pursuant to the MaineCare Benefits Manual, Chapter I, Section 1.16, The Department regards adequate clinical records as essential for the delivery of quality care, such comprehensive records are key documents for post payment review. Your authorization certifies that the above request is medically necessary, meets the MaineCare criteria for prior authorization, does not exceed the medical needs of the member and is supported in your medical records.

Provider Signature: _____ **Date of Submission:** _____

***MUST MATCH PROVIDER LISTED ABOVE**