PRIOR AUTHORIZATION PROGRAM REIMBURSEMENT REQUEST FORM
For Preferred Hepatitis C Therapy: Epclusa (sofosbuvir/velpatasvir), Harvoni (ledipasvir/sofosbuvir), Maviret (glecaprevir/pibrentasvir), Technivie (ritonavir/paritaprevir/ombitasvir), Vosevi (sofosbuvir/velpatasvir/voxilaprevir)

Please fax form to: 1-866-840-1509

Please note that the patient **AND** physician must complete this form. **All fields are mandatory and must be completed. Incomplete forms may result in your application being declined.** Please retain a copy of this form for your records.

Instructions:
1. **PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS.**
2. The patient/plan member must complete section A.
3. Your physician must complete section B. The cost, if any, of completing this form is at the expense of the patient/plan member.
4. Please return the form to your insurance company via Pharmacy Services at TELUS Health (a service provider of your insurance company) by fax to **1-866-840-1509**.
5. If you have any questions on the application of this program or the decision on reimbursement, or to inquire on the status of your Reimbursement Request Form, please contact your insurer.

A. Information to be Completed by Patient

Employee or Insured's Name	Drug Card Number __ __ - __ __ __ __ __ __ - __ __ __ __ __ __ __ __ __ __ - __ __	
Patient's Name	Patient's Date of Birth (DD/MMM/YYYY) __ __ / __ __ __ / __ __ __ __	Relationship to Employee/Insured ❑Employee ❑Spouse ❑Dependent

Please allow two business days for a response once all information is received and complete.
Notification of the results of this request will occur Monday to Friday between 9 am and 4 pm Eastern Time.

Please provide contact information and indicate **ONE** method of preferred contact for notification of the results:

❑ E-mail me at:	❑ Call me (and leave a message if I'm not there) at:	❑ Fax me at:
❑ Contact my pharmacy: Pharmacy Name		Pharmacy Phone Number

I certify that the information provided by me is true, correct and complete to the best of my knowledge. I authorize my insurance company, TELUS Health (a service provider of my insurance company), their authorized representatives, agents and service providers to use and exchange this information needed for underwriting, administration and paying claims with any person or organization who has relevant information pertaining to this claim including health professionals, institutions and investigative agencies in the event of an audit. I authorize my insurance company and/or TELUS Health (a service provider of my insurance company) to contact any licensed physician, institution, pharmacy or person who has any records or knowledge of me or my health with respect to this submitted claim.

SIGNATURE OF PATIENT/PARENT/LEGAL GUARDIAN _____

Date: (DD/MMM/YYYY): __ __ / __ __ __ / __ __ __ __

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B. Information to be Completed by Prescribing Physician

Drug Name	Strength	Dose

Epclusa (sofosbuvir/velpatasvir), Harvoni (ledipasvir/sofosbuvir), Maviret (glecaprevir/pibrentasvir), Technivie (ritonavir/paritaprevir/ombitasvir), or Vosevi (sofosbuvir/velpatasvir/voxilaprevir) will be eligible for reimbursement only if the patient satisfies the conditions listed below and if the patient does not qualify for coverage under any other drug plan or government mandated program. If the patient is covered under another drug plan or government mandated program, the prior authorization program, as part of your drug benefits, may cover the portion not paid for by the primary plan. If "None of the above criteria" is indicated, the patient will not be eligible for reimbursement. **For Quebec plan members, please refer to the RAMQ exception drug criteria, if applicable.**

Eligibility Criteria

Pan-Genotypic Regimens

Maviret

- ❑ Treatment of patients 3 years of age and older and weighing ≥ 12 kg with treatment-naïve chronic hepatitis C (CHC) infection (128302006) with:
  - ❑ Fibrosis stage F2 or greater status (Metavir scale or equivalent) without cirrhosis (Maximum 8 weeks/168 tablets), **OR**
  - ❑ Fibrosis stage F1 or F0 and at least one of the following: Co-infection with HIV or Hepatitis B, Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis), Post organ transplant (liver and/or non-liver transplant), Extra-hepatic manifestations, Chronic Kidney Disease (stage 3,4 or 5), Diabetes receiving treatment with anti-diabetic drugs, or Woman of childbearing age planning pregnancy within the next 12 months (Maximum 8 weeks/168 tablets), **OR**
- ❑ Treatment of adults and adolescents (age 12-18 years) with treatment-naïve chronic hepatitis C (CHC) infection (128302006) with cirrhosis (Maximum 8 weeks/168 tablets)

Epclusa

- ❑ Treatment of adults and pediatric patients ≥ 12 years of age and weighing ≥ 30 kg with chronic hepatitis C (CHC) infection (128302006) with **AND** has **one** of the following:
  - ❑ Patients with compensated cirrhosis (Maximum 12 weeks/84 tablets), **OR**
  - ❑ Non-cirrhotic patients in whom glecaprevir/pibrentasvir is contraindicated **AND**
    - ❑ Fibrosis stage F2 (without cirrhosis) or greater status (Metavir scale or equivalent) who were previously treated with either a regimen of NS5A inhibitor or with a NS3/4A protease inhibitor but not both classes of inhibitors (Maximum 12 weeks/84 tablets), **OR**
    - ❑ Fibrosis stage F1 or F0 and at least one of the following: Co-infection with HIV or Hepatitis B, Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis), Post organ transplant (liver and/or non-liver transplant), Extra-hepatic manifestations, Chronic Kidney Disease (stage 3,4 or 5), Diabetes receiving treatment with anti-diabetic drugs, or Woman of childbearing age planning pregnancy within the next 12 months (Maximum 12 weeks/84 tablets); OR
- ❑ Treatment of adults with chronic hepatitis C (CHC) infection (128302006) with decompensated cirrhosis (Maximum 24 weeks/168 tablets)

Vosevi

- ❑ Treatment of adults with chronic hepatitis C (CHC) infection (128302006) with fibrosis stage F2 or greater status (Metavir scale or equivalent), without decompensated cirrhosis, who have previously been treated with an HCV regimen containing an NS5A inhibitor (Maximum 12 weeks/84 tablets), **OR**
- ❑ Treatment of adults with chronic hepatitis C (CHC) infection (128302006) with Fibrosis stage F1 or F0 and at least one of the following: Co-infection with HIV or Hepatitis B, Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis), Post organ transplant (liver and/or non-liver

Eligibility Criteria

transplant), Extra-hepatic manifestations, Chronic Kidney Disease (stage 3,4 or 5), Diabetes receiving treatment with anti-diabetic drugs, or Woman of childbearing age planning pregnancy within the next 12 months; AND who have previously been treated with an HCV regimen containing an NS5A inhibitor (Maximum 12 weeks/84 tablets).

Genotype 1

Maviret

- ❑ Treatment of patients 3 years of age and older and weighing ≥ 12 kg with treatment-experienced genotype 1 chronic hepatitis C (CHC) infection (128302006) with:
  - ❑ Fibrosis stage F2 (without cirrhosis) or greater status (Metavir scale or equivalent) who were previously treated with a NS3/4A protease inhibitor (Maximum 12 weeks/252 tablets), **OR**
  - ❑ Fibrosis stage F1 or F0 and at least one of the following: Co-infection with HIV or Hepatitis B, Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis), Post organ transplant (liver and/or non-liver transplant), Extra-hepatic manifestations, Chronic Kidney Disease (stage 3,4 or 5), Diabetes receiving treatment with anti-diabetic drugs, or Woman of childbearing age planning pregnancy within the next 12 months who were previously treated with a NS3/4A protease inhibitor (Maximum 12 weeks/252 tablets), **OR**
  - ❑ Fibrosis stage F2 (without cirrhosis) or greater status (Metavir scale or equivalent) who were previously treated with (peg)interferon/ribavirin+sofosbuvir (Maximum 8 weeks/168 tablets), **OR**
  - ❑ Fibrosis stage F1 or F0 and at least one of the following: Co-infection with HIV or Hepatitis B, Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis), Post organ transplant (liver and/or non-liver transplant), Extra-hepatic manifestations, Chronic Kidney Disease (stage 3,4 or 5), Diabetes receiving treatment with anti-diabetic drugs, or Woman of childbearing age planning pregnancy within the next 12 months who were previously treated with (peg)interferon/ribavirin+sofosbuvir (Maximum 8 weeks/168 tablets), **OR**
  - ❑ Compensated cirrhosis who were previously treated with (peg)interferon/ribavirin+sofosbuvir (Maximum 12 weeks/252 tablets), **OR**
  - ❑ With or without compensated cirrhosis who were previously treated with a regimen of a NS5A inhibitor (NS3/4A inhibitor naïve) in whom sofosbuvir/velpatasvir/voxilaprevir is contraindicated (Maximum 16 weeks/336 tablets)

Harvoni

- ❑ Treatment of adults with genotype 1 chronic hepatitis C (CHC) infection (128302006)
  - ❑ Treatment-naïve patients without cirrhosis who have pre-treatment Hepatitis C Virus (HCV) RNA < 6 million IU/mL **AND** one of the following:
    - ❑ Fibrosis stage F2 or greater status (Metavir scale or equivalent) without cirrhosis (Maximum 8 weeks/56 tablets), **OR**
    - ❑ Fibrosis stage F1 or F0 and at least one of the following: Co-infection with HIV or Hepatitis B, Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis), Post organ transplant (liver and/or non-liver transplant), Extra-hepatic manifestations, Chronic Kidney Disease (stage 3,4 or 5), Diabetes receiving treatment with anti-diabetic drugs, or Woman of childbearing age planning pregnancy within the next 12 months (Maximum 8 weeks/56 tablets)
    - ❑

Vosevi

- ❑ Treatment of adults with genotype 1 chronic hepatitis C (CHC) infection (128302006) without decompensated cirrhosis, who have previously been treated with or an HCV regimen containing sofosbuvir without an NS5A inhibitor, **AND** one of the following:
  - ❑ Fibrosis stage F2 or greater status (Metavir scale or equivalent) (Maximum 12 weeks/84 tablets), **OR**
  - ❑ Fibrosis stage F1 or F0 and at least one of the following: Co-infection with HIV or Hepatitis B, Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis), Post

Eligibility Criteria

organ transplant (liver and/or non-liver transplant), Extra-hepatic manifestations, Chronic Kidney Disease (stage 3,4 or 5), Diabetes receiving treatment with anti-diabetic drugs, or Woman of childbearing age planning pregnancy within the next 12 months (Maximum 12 weeks/84 tablets)

Non-preferred agents due to the availability of more cost-effective agents:

- *Holkira Pak*
- *Harvoni (for high viral loads)*
- *Sovaldi*

Genotype 2

Maviret

- ❑ Treatment of patients 3 years of age and older and weighing ≥ 12 kg with treatment-experienced genotype 2 chronic hepatitis C (CHC) infection (128302006) with fibrosis stage F2 or greater status (Metavir scale or equivalent) without cirrhosis who were previously treated with (peg)interferon+sofosbuvir (Maximum 8 weeks/168 tablets), **OR**
- ❑ Treatment of adults and adolescents (age 12-18 years) with treatment-experienced genotype 2 chronic hepatitis C (CHC) infection (128302006) with Fibrosis stage F1 or F0 and at least one of the following: Co-infection with HIV or Hepatitis B, Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis), Post organ transplant (liver and/or non-liver transplant), Extra-hepatic manifestations, Chronic Kidney Disease (stage 3,4 or 5), Diabetes receiving treatment with anti-diabetic drugs, or Woman of childbearing age planning pregnancy within the next 12 months, **AND**
  - ❑ Who were previously treated with (peg)interferon+sofosbuvir (Maximum 8 weeks/168 tablets), **OR**
- ❑ Treatment of adults and adolescents (age 12-18 years) with treatment-experienced genotype 2 chronic hepatitis C (CHC) infection (128302006) with with cirrhosis who were previously treated with (peg)interferon+sofosbuvir (Maximum 12 weeks/252 tablets).

Vosevi

- ❑ Treatment of adults with genotype 2 chronic hepatitis C (CHC) infection (128302006) without decompensated cirrhosis, who have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor, **AND** one of the following:
  - ❑ Fibrosis stage F2 or greater status (Metavir scale or equivalent) without cirrhosis (Maximum 12 weeks/84 tablets), **OR**
  - ❑ Fibrosis stage F1 or F0 and at least one of the following: Co-infection with HIV or Hepatitis B, Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis), Post organ transplant (liver and/or non-liver transplant), Extra-hepatic manifestations, Chronic Kidney Disease (stage 3,4 or 5), Diabetes receiving treatment with anti-diabetic drugs, or Woman of childbearing age planning pregnancy within the next 12 months (Maximum 12 weeks/84 tablets)

Non-preferred agent due to the availability of more cost-effective agents:

- *Sovaldi*

Genotype 3

Maviret

- ❑ Treatment of patients 3 years of age and older and weighing ≥ 12 kg with treatment-experienced genotype 3 chronic hepatitis C (CHC) infection (128302006) with or without compensated cirrhosis who were previously treated with a regimen (peg)interferon/ribavirin plus sofosbuvir in whom sofosbuvir/velpatasvir/voxilaprevir is contraindicated (Maximum 16 weeks/336 tablets)

Vosevi

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Eligibility Criteria

- ❑ Treatment of adults with genotype 3 chronic hepatitis C (CHC) infection (128302006) without decompensated cirrhosis, who have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor, **AND** one of the following:
  - ❑ Fibrosis stage F2 or greater status (Metavir scale or equivalent) without cirrhosis (Maximum 12 weeks/84 tablets), **OR**
  - ❑ Fibrosis stage F1 or F0 and at least one of the following: Co-infection with HIV or Hepatitis B, Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis), Post organ transplant (liver and/or non-liver transplant), Extra-hepatic manifestations, Chronic Kidney Disease (stage 3,4 or 5), Diabetes receiving treatment with anti-diabetic drugs, or Woman of childbearing age planning pregnancy within the next 12 months (Maximum 12 weeks/84 tablets)

Non-preferred agents due to the availability of more cost-effective agents:

- *Sovaldi*
- *Harvoni*

Genotype 4

Maviret

- ❑ Treatment of patients 3 years of age and older and weighing ≥ 12 kg with treatment-experienced genotype 4 chronic hepatitis C (CHC) infection (128302006) with fibrosis stage F2 or greater status (Metavir scale or equivalent) without cirrhosis who were previously treated with (peg)interferon+sofosbuvir (Maximum 8 weeks/168 tablets), **OR**
- ❑ Treatment of adults and adolescents (age 12-18 years) with treatment-experienced genotype 4 chronic hepatitis C (CHC) infection (128302006) with Fibrosis stage F1 or F0 and at least one of the following: Co-infection with HIV or Hepatitis B, Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis), Post organ transplant (liver and/or non-liver transplant), Extra-hepatic manifestations, Chronic Kidney Disease (stage 3,4 or 5), Diabetes receiving treatment with anti-diabetic drugs, or Woman of childbearing age planning pregnancy within the next 12 months, **AND**
  - ❑ Who were previously treated with (peg)interferon+sofosbuvir (Maximum 8 weeks/168 tablets), **OR**
- ❑ Treatment of adults and adolescents (age 12-18 years) with treatment-experienced chronic hepatitis C (CHC) infection (128302006) with with cirrhosis who were previously treated with (peg)interferon+sofosbuvir (Maximum 12 weeks/252 tablets).

Technivie

- ❑ Treatment of adults with genotype 4 chronic hepatitis C virus (CHC) infection (128302006) with fibrosis stage F2 or greater status without cirrhosis who are either treatment naïve or previously treated with peginterferon (pegIFN) and ribavirin, **AND** satisfies **all** of the following (Maximum 12 weeks/168 tablets):
  - ❑ Child-Pugh score of A, **AND**
  - ❑ No previous HCV regimens containing a protease inhibitor (eg. Incivek, Victrelis, Galexos), **AND**
  - ❑ Non-cirrhotic patients in whom glecaprevir/pibrentasvir is contraindicated, **AND**
    - ❑ Fibrosis stage F2 or greater status (Metavir scale or equivalent) without cirrhosis, **OR**
    - ❑ Fibrosis stage F1 or F0 and at least one of the following: Co-infection with HIV or Hepatitis B, Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis), Post organ transplant (liver and/or non-liver transplant), Extra-hepatic manifestations, Chronic Kidney Disease (stage 3,4 or 5), Diabetes receiving treatment with anti-diabetic drugs, or Woman of childbearing age planning pregnancy within the next 12 months

Vosevi

- ❑ Treatment of adults with genotype 4 chronic hepatitis C (CHC) infection (128302006) without decompensated cirrhosis, who have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor, **AND** one of the following:

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- ❑ Fibrosis stage F2 or greater status (Metavir scale or equivalent) without cirrhosis (Maximum 12 weeks/84 tablets), **OR**
- ❑ Fibrosis stage F1 or F0 and at least one of the following: Co-infection with HIV or Hepatitis B, Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis), Post organ transplant (liver and/or non-liver transplant), Extra-hepatic manifestations, Chronic Kidney Disease (stage 3,4 or 5), Diabetes receiving treatment with anti-diabetic drugs, or Woman of childbearing age planning pregnancy within the next 12 months (Maximum 12 weeks/84 tablets)

Non-preferred agents due to the availability of more cost-effective agents:

- *Sovaldi*

Genotypes 5 and 6

Maviret

- ❑ Treatment of patients 3 years of age and older and weighing ≥ 12 kg with treatment-experienced genotype 5 or 6 chronic hepatitis C (CHC) infection (128302006) with fibrosis stage F2 or greater status (Metavir scale or equivalent) without cirrhosis who were previously treated with (peg)interferon+sofosbuvir (Maximum 8 weeks/168 tablets), OR
- ❑ Treatment of adults and adolescents (age 12-18 years) with treatment-experienced genotype 5 or 6 chronic hepatitis C (CHC) infection (128302006) with Fibrosis stage F1 or F0 and at least one of the following: Co-infection with HIV or Hepatitis B, Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis), Post organ transplant (liver and/or non-liver transplant), Extra-hepatic manifestations, Chronic Kidney Disease (stage 3,4 or 5), Diabetes receiving treatment with anti-diabetic drugs, or Woman of childbearing age planning pregnancy within the next 12 months (Maximum 8 weeks/168 tablets), AND
  - ❑ Who were previously treated with (peg)interferon+sofosbuvir (Maximum 8 weeks/168 tablets), OR
- ❑ Treatment of adults and adolescents (age 12-18 years) with treatment-experienced genotype 5 or 6 chronic hepatitis C (CHC) infection (128302006) with cirrhosis who were previously treated with (peg)interferon+sofosbuvir (Maximum 12 weeks/252 tablets).

OR

- ❑ None of the above criteria applies.

Additional Information: _____

Physician Information

Physician's Name	License Number	Telephone Number	Fax Number

Address	City	Province	Postal Code

Physician's Signature	Date: (DD/MMM/YYYY)

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Eligibility Criteria	
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