Mountain-Pacific Quality Health
Partnering within our communities to provide solutions for better health
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# Montana Healthcare Programs Prior Authorization Request for Hepatitis C Treatment

| | |
|---|---|
| Member's Name: | Member ID#: |
| Member's DOB: | Today's Date: |
| Provider's Name: | Provider NPI#: |
| Provider's Phone #: | Provider's Fax #: |
| Regimen Requested (Mavyret® preferred): | |

## I. ATTESTATIONS

**Provider, please attest to the following:**

1. I have discussed the medication and treatment plan with the member, including:
   - Necessity of adherence and follow-up
   - Expected outcome and duration of treatment
   - Possible side effects
   - Monitoring requirements
2. I have performed a psychosocial readiness evaluation for this member and have worked with the member to identify and eliminate barriers to successful treatment. Psychosocial readiness evaluations should include but are not limited to:
   - Assessment of motivation
   - Social support and stability
   - Medication adherence
   - Alcohol and substance use
   - Psychiatric stability
3. I have evaluated the member's treatment regimen for possible drug interactions and have made any necessary adjustments.
4. I will test for current or prior HBV infection before initiation of HCV treatment. If HCV/HBV coinfected, I will monitor for HBV reactivation and hepatitis flare during HCV treatment and post-treatment follow-up.
5. I will continue to engage with member throughout treatment and follow-up.
6. Quantitative HCV-RNA testing has been performed to document active HCV infection.
7. HCV-RNA viral quantification will be drawn 12 weeks post HCV treatment completion (SVR12) to document treatment results.

**Provider signature**: _____ **Date:** _____

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**Member, please attest to understanding of the following:**

1. I understand not taking my medication every day may result in treatment failure.
2. I understand I must return to my provider 12 weeks after completing treatment for a lab test that will ensure treatment was successful. If I fail to return to my provider, I will not be eligible for retreatment.

3. For some hepatitis C treatment regimens, there are currently no U. S. Food and Drug Administration (FDA)-approved retreatment options for individuals who fail hepatitis C treatment. I understand I may not be eligible for retreatment.

**Member signature:** _____ **Date:** _____
(or guardian signature if member is a minor)

## II. Provider to review and complete the following:

Mavyret® is Montana Healthcare Programs' preferred Hepatitis C treatment for most individuals, because it is appropriate for all genotypes and most stages of liver disease and may only require eight weeks of treatment.

✓ Check if applicable:

| | |
|---|---|
| | **Treatment Naive** |
| | **Liver Fibrosis Stage F0, F1, F2, F3 or F4 (cirrhosis-*compensated*).**<br>See Liver Assessment Tool below to calculate compensated vs. decompensated status. |
| **If both checked, Mavyret® x 8 weeks will be approved. If member does not meet both criteria, or Mavyret® is not appropriate (e.g., drug interactions), please complete section III below.** | |

**If member is less than 12 years old, please provide member's age and weight:**
Member's age: _____ Member's weight: _____kg

**Recommended Dosage in Pediatric Patients 3 Years of Age and Older (per Mavryet® package insert)**

| Body Weight (kg) or Age (yrs) | Daily Dose of Glecaprevir/pibrentasvir | Dosing of Mavyret® |
|---|---|---|
| Less than 20kg | 150mg/60mg per day | Three 50mg/20mg packets of oral pellets once daily |
| 20kg to less than 30kg | 200mg/80mg per day | Four 50mg/20mg packets of oral pellets once daily |
| 30kg to less than 45kg | 250mg/100mg per day | Five 50mg/20mg packets of oral pellets once daily |
| 45kg and greater<br>OR<br>12 years of age and older | 300mg/120mg per day | Three 100mg/40mg **tablets** once daily[1] (Adult dosing) |

[1] Pediatric patients weighing 45kg and greater who are unable to swallow tablets may take six 50mg/20mg packets of oral pellets once daily. Dosing with oral pellets has not been studied for pediatric patients weighing greater than 45kg.

## III. Only complete the following if the above criteria are not met:

1. Treatment experience:
   - ☐ Treatment naive
   - ☐ Treatment experienced (please indicate regimen[s]): _____
2. Liver fibrosis stage:
   ☐ F0 ☐ F1 ☐ F2 ☐ F3 ☐ F4-Compensated (Child Pugh A) ☐ F4-Decompensated (Child Pugh B or C)
3. HCV genotype: _____
4. Requested drug regimen and treatment duration: _____
5. Provide rationale supporting use of alternative non-preferred drug: _____
   _____
   _____

**LIVER ASSESSMENT TOOL**

If **F4** (cirrhotic), determine compensated (Child Pugh A) vs. decompensated (B,C):

| Assessment Parameter | Possible Points | | | Points Assigned |
|---|---|---|---|---|
| | 1 | 2 | 3 | |
| 1. Ascites | Absent | Slight | Moderate | |
| 2. Bilirubin, total (mg/dL) | 1.0-2.0 | 2.0-3.0 | >3.0 | |
| 3. Albumin (g/dL) | >3.5 | 2.8-3.5 | <2.8 | |
| 4. Prothrombin Time<br>- Seconds prolonged OR<br>- International normalized ratio (INR) | <br>1.0-4.0<br><1.7 | <br>4.0-6.0<br>1.7-2.3 | <br>>6.0<br>>2.3 | |
| 5. Encephalopathy Grade<br>0 - no abnormality detected<br>1 - shortened attention span, impaired addition and subtraction skills, mild euphoria/anxiety<br>2 - Lethargy, apathy, disoriented to time, personality change, inappropriate behavior<br>3 - Somnolence, semi-stupor, responsive to stimuli, confused when awake, gross disorientation<br>4 - Coma, little or no response to stimuli, mental state not testable | None | Grade 1-2 | Grade 3-4 | |
| | | | **Total** | |

Adapted from: Pugh RN, Murray-Lyon IM, Dawson JL, Pietroni MC, Williams R. Transection of the oesophagus for bleeding oesophageal varices. Br J Surg. 1973 Aug;60(8):646-9. PMID.

**Child Pugh Grade** (as determined from total points**):**

Child Pugh A (Mild; **Compensated cirrhosis** = 5-6)
Child Pugh B (Moderate; Significant functional compromise; **Decompensated cirrhosis** = 7-9)
Child Pugh C (Severe; **Decompensated cirrhosis** = 10-15)

**Please complete form and fax to Drug Prior Authorization Unit at 1-800-294-1350.**

08/2022