SoonerCare
Oklahoma Health Care Authority

State of Oklahoma
Oklahoma Health Care Authority
Viekira Pak™ (Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir) Initiation Prior Authorization Form

Member Name: _____ ***Date of Birth:***_____ ***Member ID#:***_____
Pharmacy NPI:_____ ***Pharmacy Phone:*** _____ ***Pharmacy Fax:***_____
Pharmacy Name:_____ ***Pharmacist Name:***_____
Prescriber NPI: _____ ***Prescriber Name:*** _____ ***Specialty:*** _____
Prescriber Phone:_____ ***Prescriber Fax:*** _____ ***Drug Name:*** _____
NDC:_____ ***Start Date:***_____

Clinical Information

1. Diagnosis: _____ HCV Genotype (**including subtype**):_____
2. METAVIR Fibrosis Stage: _____ Date Determined:_____
3. Pre-Treatment Viral Load (HCV RNA): _____ Date Determined:_____
4. Does member have decompensated hepatic disease (CTP class B or C)? Yes___ No___
5. Has the member been evaluated by a gastroenterologist, infectious disease specialist, or a transplant Specialist for hepatitis C therapy within the past 3 months? Yes___ No___
6. If yes, please include name of specialist recommending hepatitis C treatment: _____
7. Has the member been previously treated for hepatitis C? Yes___ No___
8. If yes, please indicate previous treatment regimen and reason for failure: _____
   _____
9. Please indicate requested regimen below:
   - ☐ Genotype 1a, without cirrhosis: Viekira Pak™ with weight-based ribavirin x 84 days (12 weeks)
   - ☐ Genotype 1a with cirrhosis: Viekira Pak™ with weight-based ribavirin x 168 days (24 weeks)
   - ☐ Genotype 1b without cirrhosis: Viekira Pak™ x 84 days (12 weeks)
   - ☐ Genotype 1b with cirrhosis: Viekira Pak™ with weight-based ribavirin X 84 days (12 weeks)
   - ☐ Other:_____**

   ***Please supply reference citation to support requested therapy.*
10. Has the member signed the intent to treat contract**? Yes___ No___
    ***Required for processing of prior authorization request*
11. Has the member had illicit IV drug use or alcohol abuse in the last 6 months? Yes___ No___
12. Has the member initiated immunization with the hepatitis A and B vaccines? Yes___ No___
13. 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
    - ☐ Agreement that partners will use two forms of effective non-hormonal contraception during treatment and for at least 6 months after completing treatment
      Please list non-hormonal birth control options discussed with member_____
    - ☐ Verification that monthly pregnancy tests will be performed throughout treatment
14. Is the member taking any of the following medications: alfuzosin, carbamazepine, phenytoin, phenobarbital, gemfibrozil, rifampin, ergotamine, dihydroergotamine, ergonovine, methylergonovine, ethinyl estradiol, St. John's wort, lovastatin, simvastatin, pimozide, efavirenz, sildenafil, triazolam, midazolam? Yes____ No____
15. Have all other clinically significant issues been addressed prior to starting therapy? Yes____ No____
16. Will the member's ALT levels be monitored during the first four weeks of starting treatment and as clinically indicated thereafter? Yes____ No____

❑ I recommend this patient be followed by an OHCA Care Management Nurse.

Members must be adherent for continued approval. Treatment gaps of therapy longer than 3 days will result in denial of payment for subsequent requests for continued therapy. Refills must be prior authorized.

Prescriber Signature: _____ **Date:** _____
Has the member been counseled on appropriate use of Viekira Pak™ therapy? Yes___ No___
Pharmacist Signature: _____ **Date:** _____
Please do not send in chart notes. Specific information/documentation will be requested if necessary.

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:	CONFIDENTIALITY NOTICE
University of Oklahoma College of Pharmacy Pharmacy Management Consultants Product Based Prior Authorization Unit Fax: 1-800-224-4014 Phone: 1-800-522-0114 Option 4	*This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.*