

NC Medicaid and NC Health Choice  
Pharmacy Prior Approval Request for  
**Zepatier**



**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  16 weeks

**Clinical Information**

- 12 weeks** = Genotype 1a and treatment naïve or PegIFN/RBV-experienced without baseline NS5A polymorphisms; genotype 1b and treatment naïve or PegIFN/RBV-experienced; Genotype 1a or 1b and PegIFN/RBV/PI-experienced; or Genotype 4 and treatment-naïve.
- 16 weeks** = Genotype 1a and treatment-naïve or PegIFN/RBV-experienced with baseline NS5A polymorphisms; or Genotype 4 and PegIFN/RBV-experienced.

1. Is the beneficiary 18 years of age or older with a diagnosis of chronic hepatitis C (CHC) with genotype 1 or genotype 4?  
 Yes  No **Genotype is:** \_\_\_\_\_
2. Are medical records documenting the diagnosis of chronic hepatitis C with genotype and subtype being submitted with this request?  
 Yes  No **\*\*Lab test results MUST be attached to the PA to be approved.\*\***
3. Is the beneficiary being prescribed Zepatier in conjunction with ribavirin if he/she has a genotype 1a baseline NS5A polymorphisms, genotype 1a or 1b who are treatment experienced with Peginterferon alfa + ribavirin + HCV NS3/4A protease inhibitor or genotype 4 who are treatment experienced with Peginterferon alfa + ribavirin?  Yes  No
4. Does the beneficiary have a documented quantitative HCV RNA at baseline that was tested within the past 6 months (medical documentation required)?  Yes  No **HCN RNA (IU/ml):** \_\_\_\_\_ **and/or log10 value:** \_\_\_\_\_
5. As the provider, are you reasonably certain that treatment will improve the beneficiary's overall health status?  
 Yes  No
6. Does the beneficiary have FDA labeled contraindications to Zepatier?  Yes  No
7. Does the Beneficiary have moderate to severe hepatic impairment (child-pugh B or C) or any history of prior hepatic decompensation?  
 Yes  No
8. Is Zepatier being co administered with organic anion transporting polypeptides 1B1/3 (OATP1B1/3) inhibitors, strong inducers of cytochrome P450 3A (CYP3A), or efavirenz.  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.