

NC Medicaid  
Pharmacy Prior Approval Request for



**Epclusa**

**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: 28  
11. Length of Therapy (in days):  12 Weeks  24 Weeks

**Clinical Information**

Total Length of Therapy (Check ONE):

- 12 weeks = Genotype 1, 2, 3, 4, 5, or 6 treatment naïve and treatment experienced without cirrhosis and with compensated cirrhosis (Child Pugh A) or treatment-naïve and treatment-experienced liver transplant recipients without cirrhosis or with compensated cirrhosis (Child-Pugh A)
- 12 weeks with ribavirin = Genotypes 1,2,3,4,5, or 6 treatment- naïve and treatment -experienced with decompensated cirrhosis (Child-Pugh B and C)
- 24 weeks = Genotypes 1,2,3,4,5 or 6 treatment- naïve and treatment -experienced with decompensated cirrhosis (Child-Pugh B and C) and are ribavirin ineligible

1. What is the beneficiary's Genotype? \_\_\_\_\_
2. Is the beneficiary 3 years of age or older with a diagnosis of chronic hepatitis C (CHC) infection with genotype 1, 2, 3, 4, 5 or genotype 6 without cirrhosis or with compensated cirrhosis or with decompensated cirrhosis?  Yes  No
3. As the provider, are you reasonably certain that treatment will improve the beneficiary's overall health status?  Yes  No
4. Does the beneficiary have FDA labeled contraindications to Epclusa?  Yes  No
5. Is Epclusa is being used in combination with other drugs containing sofosbuvir?  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.