BRITISH COLUMBIA | Ministry of Health

SPECIAL AUTHORITY REQUEST

SOFOSBUVIR PLUS VELPATASVIR PLUS VOXILAPREVIR FOR CHRONIC HEPATITIS C

HLTH 5486 Rev. 2020/01/24

For up to date criteria and forms, please check: www.gov.bc.ca/pharmacarespecialauthority

Fax requests to 1 800 609-4884 (toll free) OR mail requests to: PharmaCare, Box 9652 Stn Prov Govt, Victoria, BC V8W 9P4

This facsimile is Doctor-Patient privileged and contains confidential information intended only for PharmaCare. Any other distribution, copying or disclosure is strictly prohibited. If you have received this fax in error, please write "MIS-DIRECTED" across the front of the form and fax toll-free to 1 800 609-4884, then destroy the pages received in error.

If PharmaCare approves this Special Authority request, approval is granted solely for the purpose of covering prescription costs. PharmaCare approval does not indicate that the requested medication is, or is not, suitable for any specific patient or condition.

Forms with information missing will be returned for completion. If no prescriber fax or mailing address is provided, PharmaCare will be unable to return a response.

Restricted to:

☐ **Gastroenterologist** ☐ **Infectious Disease Specialist** ☐ **Other prescriber experienced with treating chronic Hepatitis C**

SECTION 1 – PRESCRIBER INFORMATION

Name and Mailing Address ☐ Mail Confirmation	
☐ CPSBC **OR** ☒ CRNBC License# **(not MSP#)**	Phone Number (include area code)
CRITICAL FOR A TIMELY RESPONSE →	Prescriber's Fax Number

SECTION 2 – PATIENT INFORMATION

Patient (Family) Name	
Patient (Given) Name(s)	
Date of Birth (YYYY / MM / DD)	Date of Application (YYYY / MM / DD)
CRITICAL FOR PROCESSING →	Personal Health Number (PHN)

SOFOSBUVIR +VELPATASVIR + VOXILAPREVIR: 9901- 0300

SECTION 3 – BACKGROUND DIAGNOSTIC INFORMATION

For the treatment of direct acting antivirals (DAA)-experienced adult patients with Chronic Hepatitis C genotype 1,2,3,4,5,6 who meet all the following criteria:

- ☐ Genotype has been confirmed and a copy of the genotype report is attached. Genotype report must be from post-treatment course.
- ☐ Patient has compensated liver disease (i.e. with no cirrhosis or with compensated cirrhosis). Compensated cirrhosis is defined as cirrhosis with a Child Pugh score = A (5-6)
- ☐ Detectable levels of hepatitis C virus (HCV RNA) in the last twelve months at SVR12 or SVR24 and a copy of the quantitative HCV RNA report is attached.
- ☐ Stage of fibrosis has been evaluated within ONE year by one of the following methods:
  - ☐ Transient elastography (kPa) _____
  - ☐ APRI score _____
  - ☐ Liver biopsy confirmed
- ☐ Copy of most recent bloodwork (i.e. CBC, AST, ALT, bilirubin, albumin) and report confirming fibrosis stage (if applicable) is attached.

Not eligible for coverage:

1. **Patients who are at high risk for non-compliance.**
2. **Patients who are currently being treated with another HCV direct-acting antiviral agent**

PharmaCare may request additional documentation to support this Special Authority request.
Actual reimbursement is subject to the rules of a patient's PharmaCare plan, including any annual deductible requirement, and to any other applicable PharmaCare pricing policy.

PHARMACARE USE ONLY

STATUS	EFFECTIVE DATE (YYYY / MM / DD)	DURATION OF APPROVAL

PATIENT NAME	PHN	DATE (YYYY / MM / DD)

SECTION 4

For treatment-experienced adult patients who have relapsed or not responded to direct acting antivirals (DAA) treatment as indicated below:

A. GENOTYPE 1, 2, 3 or 4:

Sofosbuvir plus Velpatasvir plus Voxilaprevir *(Coverage is up to a maximum of 12 weeks. No renewals)*

- ☐ Previously treated with an NS5A Inhibitor-containing regimen
- ☐ Previously treated with sofosbuvir-containing regimen without an NS5A inhibitor

B. GENOTYPE 5 or 6:

Sofosbuvir plus Velpatasvir plus Voxilaprevir *(Coverage is up to a maximum of 12 weeks. No renewals)*

- ☐ Previously treated with an NS5A Inhibitor-containing regimen

SECTION 5 – ADDITIONAL COMMENTS

Personal information on this form is collected, used and disclosed under the authority of, and in accordance with, the *British Columbia Pharmaceutical Services Act* and *Freedom of Information and Protection of Privacy Act*. It will not be disclosed to any persons without the patient's consent.The information you provide will be relevant to and used solely to (a) provide PharmaCare benefits for the medication requested, (b) to implement, monitor and evaluate this and other Ministry programs, and (c) to manage and plan for the health system generally. If you have any questions about the collection or use of this information, call Health Insurance BC from Vancouver at 1-604-683-7151 or from elsewhere in BC toll free at 1-800-663-7100 and ask to consult a pharmacist concerning the Special Authority process.

I have discussed with the patient that the purpose of releasing their information to PharmaCare is to obtain Special Authority for prescription coverage and for the purposes set out here.

Prescriber's Signature (Mandatory)

Print Clear Form