

**NC Medicaid and NC Health Choice Pharmacy Prior Approval Request
for Mavyret: Continuation PA Form**

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: 84
11. Length of Therapy (in days): ☐ 4 More Weeks ☐ 8 More Weeks

Clinical Information

1. Is the beneficiary treatment-experienced? ☐ Yes ☐ No
2. Does the beneficiary have cirrhosis? ☐ Yes ☐ No
3. What is the genotype? _____
4. Please list the previous treatment regiment:

5. Have HCV RNA labs been collected four (4) or more weeks after the initial prescription fill date?
****Medical documentation with results required**** ☐ Yes ☐ No
6. Do the results of the HCV RNA labs indicate a response to therapy (≥ 2 log reduction in HCV RNA or HCV RNA $< 25\text{IU/ml}$)? ☐ Yes ☐ No
At week 4 of the treatment cycle
HCV RNA (IU/ml): _____
And/or log 10 value: _____
Before treatment documented on original Prior Authorization request
HCV RNA (IU/ml): _____
And/or log 10 value: _____
7. Has the beneficiary exhibited any sign of high-risk behavior (examples: recurring alcoholism, IV drug use)? ☐ Yes ☐ No
8. Has the beneficiary failed to complete HCV disease evaluation appointments or procedures? ☐ Yes ☐ No
9. During the initial course of therapy, was the beneficiary compliant with the prescribed medication regimen? ☐ Yes ☐ No
10. Has the beneficiary's medication fill history been reviewed for compliance? ☐ 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.

Fax this form to **1-800-678-3189** Pharmacy PA Call Center: **1-866-799-5318**