NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

Request for Coverage of Hepatitis C Treatments

Please refer to the Nova Scotia Formulary for the full criteria: https://novascotia.ca/dhw/pharmacare/documents/formulary.pdf

PATIENT INFORMATION

PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH

PATIENT ADDRESS

DIAGNOSTIC INFORMATION

Lab-confirmed Hepatitis C, Genotype(s): ☐ 1a ☐ 1b ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Evidence of HCV viremia (e.g., HCV viral load) within 6 months of this request? ☐ Yes ☐ No

Please indicate ALL that apply:

1. **CIRRHOSIS STATUS:** ☐ None ☐ Compensated ☐ De-compensated
2. **TRANSPLANT:** ☐ Post liver transplant
3. **CO-INFECTION:** ☐ HCV/HIV

DRUG(S) AND DURATION OF THERAPY

Drug	Duration (weeks)	Drug	Duration (weeks)	Regimen
Sofosbuvir/Velpatasvir (***Epclusa***)	☐ 12	Sofosbuvir (***Sovaldi***)	☐ 12 ☐ 24	In combination with ribavirin†? ☐ Yes ☐ No
Sofosbuvir/Ledipasvir (***Harvoni***)*	☐ 8* ☐ 12* ☐ 24	Sofosbuvir/Velpatasvir/ Voxilaprevir (**Vosevi**)	☐ 12	
Elbasvir/Grazoprevir (***Zepatier***)	☐ 8 ☐ 12 ☐ 16	Glecaprevir/Pibrentasvir (**Maviret**)	☐ 8 ☐ 12 ☐ 16	

*Genotype 1, treatment-naïve patients without cirrhosis, who have a pre-treatment HCV RNA level less than 6 million IU/mL and are mono-HCV infected only are eligible for 8 weeks of coverage. Genotype 1, treatment-naïve patients without cirrhosis, who have a pre-treatment HCV RNA level greater than or equal to 6 million IU/mL are eligible for 12 weeks of coverage. Please refer to Formulary for complete criteria. †Requests for ribavirin will be considered on a case by case basis and will require a completed form for adjudication.

PREVIOUS HEPATITIS C THERAPIES

☐ Treatment-Naïve

☐ Treatment-Experienced (please provide details below)

Treatment(s)/Date(s)	Response to treatment(s)		
	☐ Intolerance	☐ Null responder	☐ Partial responder
	☐ Relapse	☐ On-treatment virologic failure	☐ Other _____
	☐ Intolerance	☐ Null responder	☐ Partial responder
	☐ Relapse	☐ On-treatment virologic failure	☐ Other _____

PRESCRIBER NAME & ADDRESS

_____
LICENCE #

_____
PRESCRIBER SIGNATURE

_____
DATE

If you need assistance, please contact the Pharmacare Office at (902) 496-7001 or 1-800-305-5026

Please return form to: Nova Scotia Pharmacare Programs
P.O. Box 500, Halifax, NS B3J 2S1
Fax: (902) 496-4440

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