



Epclusa

Express Scripts  
Prior Authorization  
Phone 1-844-424-8886  
Fax 1-877-251-5896

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: [medicarepartdparequests@express-scripts.com](mailto:medicarepartdparequests@express-scripts.com)

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
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**SECTION A**

Please answer the following questions

1.  Yes  No Is the indication or diagnosis for the treatment of chronic hepatitis C in HCV genotype 1a, 1b, 2, 3, 4, 5, or 6 infected patients?
2.  Yes  No Has the member's HCV infection been confirmed via detectable serum hepatitis C virus RNA by quantitative assay?
3. Please document the HCV RNA Level: \_\_\_\_\_
4.  Yes  No Will Epclusa be used concomitantly with P-gp inducers or moderate to potent CYP inducers (e.g., rifampin, St. John's wort, carbamazepine, etc.)?
5.  Yes  No Is the prescription written or recommended by an Infectious Disease Specialist, Gastroenterologist, or Hepatologist?

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6. What is the member's hepatitis C virus genotype?
- Yes  No Genotype 1a or 1b
  - Yes  No Genotype 2
  - Yes  No Genotype 3
  - Yes  No Genotype 4
  - Yes  No Genotype 5
  - Yes  No Genotype 6
7.  Yes  No Does the member have decompensated cirrhosis (Child-Pugh B or C)?
8.  Yes  No Will Eplclusa be used in combination with ribavirin?
9.  Yes  No Has the member failed prior sofosbuvir- or NS5A-based treatment prior to the initiation of Eplclusa?
10.  Yes  No Is the member ineligible for ribavirin?

***Please document the symptoms and/or any other information important to this review:***

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**SECTION B** Physician Signature

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PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE

**FAX COMPLETED FORM TO: 1-877-251-5896**

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.scanhealthplan.com>