



SPECIAL AUTHORIZATION REQUEST FORM

**The Newfoundland and Labrador Prescription Drug Program (NLPDP)
Request for Coverage of Holkira™ Pak**

Pharmaceutical Services
Department of Health and Community Services
P.O. Box 8700, Confederation Bldg.
St. John's, NL A1B 4J6

Phone: (709) 729-6507
Toll Free Line: 1-888-222-0533
Fax: (709) 729-2851

Patient Information

Patient Name	Date of Birth	NLPDP Drug Card/MCP Number
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Address

Diagnostic Information

For the treatment of Chronic Hepatitis C genotype 1 who meet the following criteria:

- Patient has compensated liver disease (i.e. with no cirrhosis or with compensated cirrhosis). Compensated cirrhosis is defined as cirrhosis with Child Pugh score = A(5-6)
- Genotype 1 has been confirmed and a copy of the genotype report is attached
- Detectable levels of HCV/ RNA value within the last 6 months and a copy of the quantitative HCV RNA report is attached.
- Fibrosis stage F2 or greater (Metavir scale or equivalent) – Based on:
 - Transient Elastography (kPa)_____ (attach copy of report)
 - Liver biopsy confirmed (attach copy of report)

If treatment experienced, past therapies/outcomes include: _____

Duration of Therapy

Genotype 1A Patients

Holkira™ Pak with Ribavirin¹: 12 weeks (Coverage is for a maximum of 12 weeks. No renewals)

- Treatment-naïve or treatment-experienced² and non-cirrhotic
- Treatment-naïve and compensated cirrhosis. Liver biopsy report or transient elastography must be attached.
- Treatment-experienced (previous partial response or relapse to pegINF/RBV) and compensated cirrhosis. Liver biopsy report or transient elastography must be attached.

Holkira™ Pak with Ribavirin¹: 24 weeks (Coverage is for a maximum of 24 weeks. No renewals)

- Treatment-experienced (previous null response to pegINF/RBV) and compensated cirrhosis. Liver biopsy report or transient elastography must be attached.

Genotype 1B Patients

Holkira™ Pak: 12 weeks (Coverage is for a maximum of 12 weeks. No renewals)

- Treatment-naïve or treatment-experienced² and non-cirrhotic

Holkira™ Pak with Ribavirin¹: 12 weeks (Coverage is for a maximum of 12 weeks. No renewals)

- Treatment-naïve or treatment-experienced² and compensated cirrhosis. Liver biopsy report or transient elastography must be attached.

Notes:

1. Ribavirin (Moderiba™) is provided at no cost to the patient through AbbVie Care when prescribed in combination with Holkira™ Pak. Please contact AbbVie for more information. Note that a prescription will be required for the Moderiba™. Moderiba™ is not covered by NLPDP.

2. Treatment-experienced patients are defined as those who have previously treated with PegiNF/RBV and did not receive adequate response.

Other comments:

Prescriber:	<input type="checkbox"/> Gastroenterologist	<input type="checkbox"/> Infectious Disease Specialist	<input type="checkbox"/> Other physician experienced in treating chronic Hepatitis C
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Prescriber Name: (please print)	License Number:
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Address:	Phone Number:	Fax Number:
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Signature:	Date:
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Please note that Special Authorization Requests normally take approximately 10 working days to be processed.