SPECIAL AUTHORIZATION REQUEST FORM
The Newfoundland and Labrador Prescription Drug Program (NLPDP)
Request for Coverage Hepatitis C Treatments

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**

Address

Diagnostic Information

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

Hepatitis C virus RNA value:___________________________(IU/ml) Date:____

Fibrosis Score:______________________ Date (mm/dd/yyyy):_________________ Method:________________________

Please provide genotype report, HCV RNA report and report confirming fibrosis stage. For treatment experienced patients, genotype must be from post-treatment course.

Cirrhosis: ☐ Yes ☐ No If yes provide: Child-Turcotte Score (CTP): ☐ A(5-6) ☐ B (7-9) ☐ C (10-15)

Requested 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?**
Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi)	☐ 12	Asunaprevir **(Sunvepra)**	☐ 12	☐ **Yes** ☐ **No**
Sofosbuvir/Ledipasvir **(Harvoni)**	☐ 8 ☐ 12 ☐ 24	Elbasvir/Grazoprevir **(Zepatier)**	☐ 8 ☐ 12 ☐ 18	**Dose:**_________ ________________

Previous Hepatitis C Therapies

Drug(s)	Start date	End date	Response to treatment(s)
			☐ Intolerance ☐ Lack of efficacy (e.g. null responder, partial responder, on-treatment virologic failure, relapse, etc.) Describe:____
			☐ Intolerance ☐ Lack of efficacy (e.g. null responder, partial responder, on-treatment virologic failure, relapse, etc.) Describe:____ ____

Prescriber:	☐ **Gastroenterologist**	☐ **Infectious Disease Specialist**	☐ **Other physician experienced in treating chronic Hepatitis C**

Prescriber Name:
(please print) License Number:

Address: Phone Number: Fax Number:

Signature: Date:

Please note that Special Authorization Requests normally take approximately 10 working days to be processed.

Version January 2019 – Replaces previous for