Government of Saskatchewan

Saskatchewan Ministry of Health
Drug Plan and Extended Benefits Branch

Exception Drug Status Request
Hepatitis C Therapy

Please ensure each section is completed to avoid delays.

Section 1 – Prescriber Information		Section 2 – Patient Information
First Name **Last Name**		**First Name** **Last Name**
Mailing Address		**Date of Birth** ______ ______ ______ (day/month/year)
Telephone Number	**Fax Number**	**Health Services Number**

Section 3 – Requested Drug Regimen (see Appendix A for specific EDS criteria)

Select ONE from the following funded treatment regimens of the following medications:

Genotype 1

- ☐ **Epclusa (12 weeks)**
- ☐ **Epclusa and Ibavyr (12 weeks)**
- ☐ **Harvoni (8 weeks)**
- ☐ **Harvoni (12 weeks)**
- ☐ **Harvoni and Ibavyr (12 weeks)**
- ☐ **Harvoni (24 weeks)**
- ☐ **Zepatier (8 weeks)**
- ☐ **Zepatier (12 weeks)**
- ☐ **Zepatier and Ibavyr (16 weeks)**

Genotype 2

- ☐ **Epclusa (12 weeks)**
- ☐ **Epclusa and Ibavyr (12 weeks)**
- ☐ **Sovaldi and Ibavyr (12 weeks)**

Genotype 3

- ☐ **Daklinza and Sovaldi (12 weeks)**
- ☐ **Daklinza, Sovaldi and Ibavyr (12 weeks)**
- ☐ **Epclusa (12 weeks)**
- ☐ **Epclusa and Ibavyr (12 weeks)**
- ☐ **Sovaldi and Ibavyr (24 weeks)**

Genotype 4

- ☐ **Epclusa (12 weeks)**
- ☐ **Epclusa and Ibavyr (12 weeks)**
- ☐ **Zepatier (12 weeks)**
- ☐ **Zepatier and Ibavyr (16 weeks)**

Genotypes 5 or 6

- ☐ **Epclusa (12 weeks)**
- ☐ **Epclusa and Ibavyr (12 weeks)**

Vosevi (For Treatment-Experienced Patients Only)

☐ **Vosevi (12 weeks) for all genotypes**

Concerning Vosevi, treatment-experienced patients are those who have failed prior therapy with a HCV regimen containing:

1. NS5A inhibitor (daclatasvir (Daklinza), elbasvir (part of Zepatier), ledipasvir (part of Harvoni), ombitasvir (part of Holkira Pak), velpatasvir (part of Epclusa)) for genotype 1, 2, 3, 4, 5 or 6; OR
2. Sofosbuvir (Sovaldi) without an NS5A inhibitor for genotype 1, 2, 3 or 4.

Reference generic names:

Daklinza (daclatasvir)	Harvoni (ledipasvir/sofosbuvir)	Sovaldi (sofosbuvir)	Zepatier (elbasvir/grazoprevir)
Epclusa (sofosbuvir/velpatasvir)	Ibavyr (ribavirin)	Vosevi (sofosbuvir/velpatasvir/voxilaprevir)	

Section 4 – Clinical Information

Confirmed diagnosis of chronic hepatitis C infection with detectable HCV RNA in the last six months: ☐ Yes **HCV Genotype:** ______________

Relevant medical history: ☐ Non-cirrhotic ☐ Compensated cirrhosis ☐ Decompensated cirrhosis ☐ Liver transplant recipient

HCV treatment history: ☐ Treatment-naïve ☐ Treatment-experienced

If treatment-experienced, list drugs tried and dates of therapy:______________________________

Response to prior treatment: ☐ Null response ☐ Relapse ☐ Virologic breakthrough or rebound ☐ Intolerance

Signature (Required)	**Date:** (day/month/year)

DPEB INTERNAL USE ONLY ☐ SS ☐ P2

Please submit the completed form by:

- Fax to 306-798-1089; or
- Email to DPEB@health.gov.sk.ca; or
- Mail to the Drug Plan and Extended Benefits Branch, 2nd floor, 3475 Albert Street, Regina, SK S4S 6X6

Designated Prescribers or authorized clinic staff may also submit a request by phone to: 306-787-8744 (in Regina) or 1-800-667-2549 (toll-free).