

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 _____ <small>(day/month/year)</small>													
Telephone Number _____	Fax Number _____	Health Services Number _____													
Section 3 – Requested Drug Regimen (see Appendix A for specific EDS criteria)															
<p>Select ONE from the following funded treatment regimens of the following medications:</p> <table style="width:100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> <p><u>Pan-Genotypic Options</u> <u>(Genotype 1, 2, 3, 4, 5, or 6)</u></p> <p><input type="checkbox"/> Epclusa (12 weeks)</p> <p><input type="checkbox"/> Epclusa <u>and</u> Ibavyr (12 weeks)</p> <p><input type="checkbox"/> Maviret (8 weeks)</p> </td> <td style="width: 25%; vertical-align: top;"> <p style="text-align: center;"><u>Genotype 1</u></p> <p><input type="checkbox"/> Harvoni (8 weeks)</p> <p><input type="checkbox"/> Harvoni (12 weeks)</p> <p><input type="checkbox"/> Harvoni <u>and</u> Ibavyr (12 weeks)</p> <p><input type="checkbox"/> Harvoni (24 weeks)</p> <p><input type="checkbox"/> Maviret (12 weeks)</p> <p><input type="checkbox"/> Maviret (16 weeks)</p> <p><input type="checkbox"/> Zepatier (8 weeks)</p> <p><input type="checkbox"/> Zepatier (12 weeks)</p> <p><input type="checkbox"/> Zepatier <u>and</u> Ibavyr (16 weeks)</p> </td> <td style="width: 25%; vertical-align: top;"> <p style="text-align: center;"><u>Genotype 2</u></p> <p><input type="checkbox"/> Maviret (12 weeks)</p> <p><input type="checkbox"/> Sovaldi <u>and</u> Ibavyr (12 weeks)</p> <p style="text-align: center;"><u>Genotype 3</u></p> <p><input type="checkbox"/> Maviret (16 weeks)</p> <p><input type="checkbox"/> Sovaldi <u>and</u> Ibavyr (24 weeks)</p> </td> <td style="width: 25%; vertical-align: top;"> <p style="text-align: center;"><u>Genotype 4</u></p> <p><input type="checkbox"/> Maviret (12 weeks)</p> <p><input type="checkbox"/> Zepatier (12 weeks)</p> <p><input type="checkbox"/> Zepatier and Ibavyr (16 weeks)</p> <p style="text-align: center;"><u>Genotype 5 or 6</u></p> <p><input type="checkbox"/> Maviret (12 weeks)</p> </td> </tr> </table> <p><u>Vosevi (For Treatment-Experienced Patients Only)</u></p> <p><input type="checkbox"/> Vosevi (12 weeks) for genotype 1, 2, 3, 4, 5, or 6</p> <p>Concerning Vosevi, treatment-experienced patients are those who have failed prior therapy with a HCV regimen containing:</p> <ol style="list-style-type: none"> 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 Sofosbuvir (Sovaldi) without an NS5A inhibitor for genotype 1, 2, 3 or 4. <p>Note: Pibrentasvir (part of Maviret) is also in the NS5A inhibitor class.</p> <p><u>Reference generic names:</u></p> <table style="width:100%; border: none;"> <tr> <td>Epclusa (sofosbuvir/velpatasvir)</td> <td>Ibavyr (ribavirin)</td> <td>Sovaldi (sofosbuvir)</td> <td>Vosevi</td> </tr> <tr> <td>Harvoni (ledipasvir/sofosbuvir)</td> <td>Maviret (glecaprevir/pibrentasvir)</td> <td>Zepatier (elbasvir/grazoprevir)</td> <td>(sofosbuvir/velpatasvir/voxilaprevir)</td> </tr> </table>				<p><u>Pan-Genotypic Options</u> <u>(Genotype 1, 2, 3, 4, 5, or 6)</u></p> <p><input type="checkbox"/> Epclusa (12 weeks)</p> <p><input type="checkbox"/> Epclusa <u>and</u> Ibavyr (12 weeks)</p> <p><input type="checkbox"/> Maviret (8 weeks)</p>	<p style="text-align: center;"><u>Genotype 1</u></p> <p><input type="checkbox"/> Harvoni (8 weeks)</p> <p><input type="checkbox"/> Harvoni (12 weeks)</p> <p><input type="checkbox"/> Harvoni <u>and</u> Ibavyr (12 weeks)</p> <p><input type="checkbox"/> Harvoni (24 weeks)</p> <p><input type="checkbox"/> Maviret (12 weeks)</p> <p><input type="checkbox"/> Maviret (16 weeks)</p> <p><input type="checkbox"/> Zepatier (8 weeks)</p> <p><input type="checkbox"/> Zepatier (12 weeks)</p> <p><input type="checkbox"/> Zepatier <u>and</u> Ibavyr (16 weeks)</p>	<p style="text-align: center;"><u>Genotype 2</u></p> <p><input type="checkbox"/> Maviret (12 weeks)</p> <p><input type="checkbox"/> Sovaldi <u>and</u> Ibavyr (12 weeks)</p> <p style="text-align: center;"><u>Genotype 3</u></p> <p><input type="checkbox"/> Maviret (16 weeks)</p> <p><input type="checkbox"/> Sovaldi <u>and</u> Ibavyr (24 weeks)</p>	<p style="text-align: center;"><u>Genotype 4</u></p> <p><input type="checkbox"/> Maviret (12 weeks)</p> <p><input type="checkbox"/> Zepatier (12 weeks)</p> <p><input type="checkbox"/> Zepatier and Ibavyr (16 weeks)</p> <p style="text-align: center;"><u>Genotype 5 or 6</u></p> <p><input type="checkbox"/> Maviret (12 weeks)</p>	Epclusa (sofosbuvir/velpatasvir)	Ibavyr (ribavirin)	Sovaldi (sofosbuvir)	Vosevi	Harvoni (ledipasvir/sofosbuvir)	Maviret (glecaprevir/pibrentasvir)	Zepatier (elbasvir/grazoprevir)	(sofosbuvir/velpatasvir/voxilaprevir)
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Section 4 – Clinical Information															
<p>Confirmed diagnosis of chronic hepatitis C infection with detectable HCV RNA: <input type="checkbox"/> Yes Date HCV RNA obtained: _____ <small>(day/month/year)</small></p> <p>Relevant medical history: <input type="checkbox"/> Non-cirrhotic <input type="checkbox"/> Compensated cirrhosis <input type="checkbox"/> Decompensated cirrhosis <input type="checkbox"/> Liver transplant recipient</p> <p>HCV treatment history: <input type="checkbox"/> Treatment-naïve <input type="checkbox"/> Treatment-experienced</p> <p>If treatment-experienced, list drugs tried and dates of therapy: _____</p> <p>Response to prior treatment: <input type="checkbox"/> Null response <input type="checkbox"/> Intolerance <input type="checkbox"/> Relapse <input type="checkbox"/> Re-infection</p> <p>If re-infection, harm reduction steps taken: _____</p>															
Signature (Required) _____		Date: _____ <small>(day/month/year)</small>													
		DPEBB INTERNAL USE ONLY <input type="checkbox"/> SS <input type="checkbox"/> 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).