

Exception Drug Status Application

HEPATITIS C THERAPY

Drug Plan & Extended Benefits

3475 Albert Street

Regina SK S4S 6X6

PH: 1-800-667-7581

FAX: 306-798-1089

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	Genotype 2	Genotype 3	Genotype 4
<input type="checkbox"/> Epclusa (12 weeks)	<input type="checkbox"/> Epclusa (12 weeks)	<input type="checkbox"/> Daklinza <u>and</u> Sovaldi (12 weeks)	<input type="checkbox"/> Epclusa (12 weeks)
<input type="checkbox"/> Epclusa <u>and</u> Ibavir (12 weeks)	<input type="checkbox"/> Epclusa <u>and</u> Ibavir (12 weeks)	<input type="checkbox"/> Daklinza, Sovaldi <u>and</u> Ibavir (12 weeks)	<input type="checkbox"/> Epclusa <u>and</u> Ibavir (12 weeks)
<input type="checkbox"/> Harvoni (8 weeks)	<input type="checkbox"/> Sovaldi <u>and</u> Ibavir (12 weeks)	<input type="checkbox"/> Epclusa (12 weeks)	<input type="checkbox"/> Zepatier (12 weeks)
<input type="checkbox"/> Harvoni (12 weeks)		<input type="checkbox"/> Epclusa <u>and</u> Ibavir (12 weeks)	<input type="checkbox"/> Zepatier <u>and</u> Ibavir (16 weeks)
<input type="checkbox"/> Harvoni <u>and</u> Ibavir (12 weeks)		<input type="checkbox"/> Sovaldi <u>and</u> Ibavir (24 weeks)	
<input type="checkbox"/> Harvoni (24 weeks)			Genotypes 5 or 6
<input type="checkbox"/> Zepatier (8 weeks)			<input type="checkbox"/> Epclusa (12 weeks)
<input type="checkbox"/> Zepatier (12 weeks)			<input type="checkbox"/> Epclusa <u>and</u> Ibavir (12 weeks)
<input type="checkbox"/> Zepatier <u>and</u> Ibavir (16 weeks)			
Vosevi (For Treatment-Experienced Patients Only)			
<input type="checkbox"/> 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)	Ibavir (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: <input type="checkbox"/> Yes HCV Genotype: _____			
Relevant medical history: <input type="checkbox"/> Non-cirrhotic <input type="checkbox"/> Compensated cirrhosis <input type="checkbox"/> Decompensated cirrhosis <input type="checkbox"/> Liver transplant recipient			
HCV treatment history: <input type="checkbox"/> Treatment-naïve <input type="checkbox"/> Treatment-experienced			
If treatment-experienced, list drugs tried and dates of therapy: _____			
Response to prior treatment: <input type="checkbox"/> Null response <input type="checkbox"/> Relapse <input type="checkbox"/> Virologic breakthrough or rebound <input type="checkbox"/> 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).