

**Prescriber Criteria Form**

Vosevi 2026 PA Fax 2177-A v1 010126.docx  
Vosevi (sofosbuvir/velpatasvir/voxilaprevir)  
Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations.  
Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Vosevi (sofosbuvir/velpatasvir/voxilaprevir).

Drug Name:  
Vosevi (sofosbuvir/velpatasvir/voxilaprevir)

**Patient Name:**

**Patient ID:**

**Patient DOB:**

**Patient Phone:**

**Prescriber Name:**

**Prescriber Address:**

**City:**

**State:**

**Zip:**

**Prescriber Phone:**

**Prescriber Fax:**

**Diagnosis:**

**ICD Code(s):**

**Please circle the appropriate answer for each question.**

1	Does the patient have a diagnosis of hepatitis C virus (HCV) infection? [If no, then no further questions.]	Yes	No
2	Prior to initiating therapy, has hepatitis C virus (HCV) infection been confirmed by the presence of hepatitis C virus ribonucleic acid (HCV RNA) in serum? [If no, then no further questions.]	Yes	No
3	Is the requested drug being prescribed for use alone (i.e., without any other antiviral for hepatitis C)? [If no, then skip to question 21.]	Yes	No
4	Is the request for a patient with recurrent hepatitis C virus (HCV) infection post liver transplantation or a patient who is a kidney transplant recipient? [If no, then skip to question 7.]	Yes	No
5	Does the patient have genotype 1, 2, 3, 4, 5 or 6? [If no, then no further questions.]	Yes	No
6	Is the request for a patient who failed prior treatment with any direct-acting antiviral regimen? [If yes, then skip to question 33.] [If no, then no further questions.]	Yes	No

7	Is the request for a patient who failed prior treatment with glecaprevir/pibrentasvir (Mavyret)? [If no, then skip to question 10.]	Yes	No
8	Does the patient have genotype 1a, 1b, 2, 3, 4, 5 or 6? [If no, then no further questions.]	Yes	No
9	Does the patient have cirrhosis? [If yes, then no further questions.] [If no, then skip to question 33.]	Yes	No
10	Does the patient have genotype 1a, 1b, or 2 infection? [If no, then skip to question 13.]	Yes	No
11	Is the request for a patient who failed prior treatment with a nonstructural protein 5A (NS5A) inhibitor-containing regimen other than glecaprevir/pibrentasvir (Mavyret)? [If yes, then skip to question 33.]	Yes	No
12	Is the request for a patient who failed prior treatment with a sofosbuvir (Sovaldi)-containing regimen? [If yes, then skip to question 33.] [If no, then no further questions.]	Yes	No
13	Does the patient have genotype 4, 5 or 6 infection? [If no, then skip to question 15.]	Yes	No
14	Is the request for a patient who failed prior treatment with a direct-acting antiviral (DAA) regimen other than glecaprevir/pibrentasvir (Mavyret)? [If yes, then skip to question 33.] [If no, then no further questions.]	Yes	No
15	Does the patient have genotype 3 infection? [If no, then no further questions.]	Yes	No
16	Does the patient meet both of the following: A) the request is for a patient who failed prior treatment with a direct-acting antiviral (DAA) regimen, including glecaprevir/pibrentasvir (Mavyret) B) the patient does not have cirrhosis? [If yes, then skip to question 33.]	Yes	No
17	Is the request for a treatment-naïve patient? [If no, then no further questions.]	Yes	No
18	Does the patient have compensated cirrhosis (Child Turcotte Pugh class A)? [If no, then no further questions.]	Yes	No
19	Has laboratory testing for the presence of nonstructural protein 5A (NS5A) inhibitor resistance-associated substitutions been performed? [If no, then no further questions.]	Yes	No

20	Was the Y93H substitution associated with velpatasvir resistance detected? [If yes, then skip to question 33.] [If no, then no further questions.]	Yes	No
21	Is the requested drug being requested for use in combination with ribavirin? [If no, then no further questions.]	Yes	No
22	Is the request for a patient with recurrent hepatitis C virus (HCV) infection post liver transplantation or a patient who is a kidney transplant recipient? [If no, then skip to question 25.]	Yes	No
23	Does the patient have genotype 1, 2, 3, 4, 5 or 6? [If no, then no further questions.]	Yes	No
24	Is the request for a patient who failed prior treatment with any direct-acting antiviral regimen? [If yes, then skip to question 33.] [If no, then no further questions.]	Yes	No
25	Is the request for a patient who failed prior treatment with glecaprevir/pibrentasvir (Mavyret)? [If no, then skip to question 28.]	Yes	No
26	Does the patient have genotype 1, 2, 3, 4, 5 or 6? [If no, then no further questions.]	Yes	No
27	Does the patient have compensated cirrhosis? [If yes, then skip to question 33.] [If no, then no further questions.]	Yes	No
28	Is the request for a patient who failed prior treatment with sofosbuvir/velpatasvir/voxilaprevir (Vosevi)? [If no, then skip to question 30.]	Yes	No
29	Does the patient have genotype 1, 2, 3, 4, 5 or 6? [If yes, then skip to question 35.] [If no, then no further questions.]	Yes	No
30	Does the patient have genotype 3 infection? [If no, then no further questions.]	Yes	No
31	Is the request for a patient who failed prior treatment with any direct-acting antiviral regimen? [If no, then no further questions.]	Yes	No
32	Does the patient have compensated cirrhosis (Child Turcotte Pugh class A)? [If no, then no further questions.]	Yes	No
33	Does the patient have decompensated cirrhosis or moderate or severe hepatic impairment (Child Turcotte Pugh [CTP] class B or C)? Note: The requested drug is not indicated in patients with moderate or severe hepatic	Yes	No

	impairment (Child Turcotte Pugh [CTP] class B or C). [If yes, then no further questions.]		
34	Has the patient received greater than or equal to 12 weeks of treatment with the requested drug? [No further questions.]	Yes	No
35	Does the patient have decompensated cirrhosis or moderate or severe hepatic impairment (Child Turcotte Pugh [CTP] class B or C)? Note: The requested drug is not indicated in patients with moderate or severe hepatic impairment (Child Turcotte Pugh [CTP] class B or C). [If yes, then no further questions.]	Yes	No
36	Has the patient received greater than or equal to 24 weeks of treatment with the requested drug?	Yes	No

Comments:	
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By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.

**Prescriber (or Authorized) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_