

National Hepatitis C Treatment Programme - Individual Funding Application to PCRS for Reimbursement of Preferred Regimen of Direct Acting Antiviral Treatment for Hepatitis C

Patient Name	Patient Address	Patient DOB	PPS / Medical Card / HAA / DPS / LTI (Please provide one of the above)
Treatment Site	Confirmation that patient is enrolled in the HCV registry & outcome data will be provided to the Registry		Unique Registry Number (ICORN)
	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Please Circle/Tick Treatment Option/Duration AND Genotype Below:

	Harvoni® Sof/Led	Epclusa® Sof/Vel	Maviret® Glec/Pib - (PI)	Vosevi® Sof/Vel/Vox - (PI)
GT1 Non Cirrhotic	<input type="checkbox"/> 8 Weeks <input type="checkbox"/> 12 weeks <input type="checkbox"/> Treatment naïve 1a <input type="checkbox"/> Treatment naïve 1b <input type="checkbox"/> Experienced 1b	12 weeks (Treatment experienced 1a) 12 weeks (Clinical Lead Approval Required)	8 weeks (Clinical Lead Approval Required)	12 weeks (CAG Approval Required)
GT1 Cirrhotic	12 weeks <input type="checkbox"/> Treatment naïve 1a <input type="checkbox"/> Treatment naïve 1b <input type="checkbox"/> Experienced 1b	12 weeks (Treatment experienced 1a) 12 weeks (Clinical Lead Approval Required)	12 weeks (Clinical Lead Approval Required)	12 weeks (CAG Approval Required)
GT2 Non Cirrhotic		12 weeks	8 weeks	12 weeks (CAG Approval Required)
GT2 Cirrhotic		12 weeks	12 weeks	12 weeks (CAG Approval Required)
GT3 Non Cirrhotic		12 weeks	<input type="checkbox"/> 8 weeks <input type="checkbox"/> 12 weeks (Clinical Lead Approval Required)	12 weeks (CAG Approval Required)
GT3 Cirrhotic			12 weeks (Treatment naïve) 16 weeks (Treatment Experienced)	12 weeks (CAG Approval Required)
GT4 Non Cirrhotic	12 weeks (Treatment naïve)	12 weeks	8 weeks	12 weeks (CAG Approval Required)
GT4 Cirrhotic	12 weeks (Treatment naïve)	12 weeks	12 weeks	12 weeks (CAG Approval Required)
GT5/6 Non Cirrhotic	12 weeks (Treatment naïve)	12 weeks	8 weeks	12 weeks (CAG Approval Required)
GT5/6 Cirrhotic	12 weeks (Treatment naïve)	12 weeks	12 weeks	12 weeks (CAG Approval Required)

The NHCTP Treatment Guidelines outline that Clinical Lead approval is automatically granted for patients fulfilling the below criteria and suitable for 8 week treatment with Maviret (tick one). No additional paperwork required by PCRS.

- ☐ 8 week treatment required for Patient receiving treatment in Prison setting
- ☐ 8 week treatment required for Patient with a chaotic or disorganised lifestyle who has difficulty attending clinic or complying with treatment as a result of on-going psychiatric or substance abuse challenges

I wish to apply for individual funding of reimbursement of the specified first line regimen for the above patient. I confirm that the information provided in this form is correct.

Prescriber Signature: _____

Print Name & Medical Council Number: _____