

HEPATITIS C PRODUCTS

Prior Authorization Form

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- Standard Request
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- Expedited Request

If you or your prescriber believe that waiting for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision.

For state exchanges only: The above disclaimer applies for exigent circumstances. Expedited review may also be requested when you are undergoing a current course of treatment using a non-formulary drug.

Demographics

Patient Information		Prescriber Information	
Patient Name:		Prescriber Name:	
DOB:	Age:	NPI#:	Specialty:
Health Plan ID#:		Phone:	Fax:
Pharmacy Name:	Pharmacy Phone:	Office Contact:	Direct Phone # or Ext:

Medication Information

Drug Requested:	Strength:	Directions:
Quantity Dispensed:	Day Supply:	<input type="checkbox"/> Generic <input type="checkbox"/> Brand Necessary
<i>Generic equivalent drugs will be substituted for Brand name drugs unless you specifically indicate otherwise.</i>		
<input type="checkbox"/> New medication <input type="checkbox"/> Continuation of therapy	Start Date:	If this is continuation of therapy, please provide CHART DOCUMENTATION indicating the member showed improvement while on therapy.

Clinical Information

Diagnosis:	Date Diagnosed:
Does the member have a diagnosis of chronic Hepatitis C? <input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate genotype: _____ <i>Please submit chart documentation of the laboratory test which confirmed the genotype.</i>	
Does the member have compensated cirrhosis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please submit chart documentation of the ultrasound, CT scan, or MRI that confirmed the presence of cirrhosis.	
Does the member have decompensated cirrhosis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate Child-Pugh Score and/or Class: _____	
Does the member have advanced liver disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide fibrosis score: _____ <i>Please submit chart documentation of a liver biopsy or fibrosis assessment from within the past 3 years.</i>	
Is member currently using any of the following products? <input type="checkbox"/> Yes <input type="checkbox"/> No • Amiodarone, H2RA such as famotidine, PPI such as omeprazole, anticonvulsants, rifabutin, rifampin, rifapentine, tipranavir/ritonavir, simeprevir, St. John's Wort If yes, which product(s) and what dose? _____	

