

HEPATITIS C PRODUCTS

Prior Authorization Form

- Standard Request (72 hours)
 Expedited Request (24 hours)

If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision. For expedited requests you will receive a decision within 24 hours. You cannot request an expedited coverage determination if you are requesting reimbursement for a drug you already received.

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 cirrhosis? <input type="checkbox"/> Yes <input type="checkbox"/> No **If yes, please submit chart doc. of the biopsy, ultrasound, CT scan, or MRI that confirmed the presence of cirrhosis.	
Is the patient interferon ineligible? <input type="checkbox"/> Yes <input type="checkbox"/> No **If yes, please provide chart documentation of clinical rationale and 1 of the following: decompensated cirrhosis with Child-Pugh greater than 6, platelet count <90,000/mm ³ , ANC <1500/mm ³ , SrCr >1.5xULN, CD4 count <100/mm ³ with HIV co-infection, hemoglobin <10g/dL, retinopathy, autoimmune disease, severe uncontrolled psych disease classified by chart documentation of evaluation by behavioral health specialist, history of preexisting unstable heart disease, side effects to prior interferon treatment leading to discontinuation.	

