

HEPATITIS C THERAPY PRIOR AUTHORIZATION FORM

Incomplete forms will be returned

Please attach copies of the patient's medical history summary, lab and genetic test reports, and signed treatment agreement form(optional) and treatment plan.

****Please review our clinical criteria before submitting this form. ****

Patient Information

Recipient: _____ MA#: _____
Date of Birth: ____/____/____ Phone #: (____) _____ - _____ Body Weight: _____ kg

Treatment

If requesting a non-preferred treatment, please specify why preferred treatments are not appropriate

- Mavyret (Preferred for all genotypes): Take _____ daily for _____ weeks
- Sofosbuvir-Velpatasvir (Preferred for all genotypes): Take _____ daily for _____ weeks
- Vosevi (Retreatment only): Take _____ daily for _____ weeks
- Ledipasvir-Sofosbuvir (Preferred for genotype 1,4,5,6): Take _____ daily for _____ weeks
- _____: Take _____ daily for _____ weeks
- _____: Take _____ daily for _____ weeks

Adherence with prescribed therapy is a condition for payment of therapy for up to the allowed timeframe for each HCV genotype.

Has a treatment plan been developed and discussed with patient? No Yes

Diagnosis

- Acute Hep C
- Chronic Hep C (Hep C present for ≥ 6 months as established by (please select one)
 - Lab testing such as an HCV antibody or HCV RNA test completed 6 months apart
 - HCV diagnosis documented in prescribers note from the past office visit(s)
 - Exposure risk history documented in prescribers notes from the past office visit(s)
- Liver transplant recipient: Genotype of pre-transplant liver: _____
Genotype of post-transplant liver: _____

Other: _____

What is the patient's HCV genotype and subtype? _____

Has a liver biopsy been performed? No Yes; Test date: ____/____/____

Has a fibrosis test been performed: No Yes; Test used: _____; Test date: ____/____/____

Metavir Grade: _____; Metavir Stage: _____

Child Pugh Score (required for treatment of some patients with cirrhosis): _____

What best describes this patient's liver disease? (Check all that apply):

- No cirrhosis
- Compensated cirrhosis
- Decompensated liver disease

****Please provide a copy of the results of the biopsy, genotype, and any other fibrosis tests for this patient. ****

