

Medicaid Managed Care Prior Authorization Form- Refill Request

Antiviral Agents for Hepatitis C Virus

Please complete all fields and **fax to (888) 766-6341** for hepatitis C virus (HCV) treatment refills. Initial prior authorization (PA) requests should be completed using the *Prior Approval Initial Request Form*. **Prior authorization must be requested every 6 weeks for therapy continuation.** Labs are required for weeks 4, and 12 of therapy. Please review Section 3 for timelines. Failure to provide documentation of labs may result in PA denial.

1. Patient Information

Name (Last, First):	Medicaid ID #:	Date of Birth: (mm/dd/ccyy)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Current Weight: <input type="checkbox"/> lbs. <input type="checkbox"/> kg.	Therapy start date:

2. Prescriber Information

Prescriber Information (Accepted specialties include gastroenterology, hepatology, and infectious disease)		
Prescriber Name:	NPI #:	State license #:
Phone:	Fax:	Prescriber Specialty:
Consulting/Supervising Physician (if applicable):	Name:	Phone:

3. Treatment Information

- a. Please indicate requested approval period:
 Weeks 6 - 12 (**week 4 labs due**) Weeks 13 - 18 Weeks 19 - 24 (**week 12 labs due**)
- b. Is the patient compliant with HCV treatment? Yes No
- c. Professional judgment should be used by the prescriber to determine if alcohol or drug tests are needed.
- d. In the table below, specify all drug(s) being requested in the hepatitis C regimen and indicate the total duration of the drug regimen in weeks.

Requested Drug Name(s)	Duration of drug regimen (weeks)
1.	
2.	
3.	

4. Laboratory*

Laboratory Test	Value	Date	Critical values
ALT			> 10 x ULN (400 U/L)
SCr			> 2 mg/dl
CrCl			< 30 ml/min/1.73m ²
Hgb			< 8.5 g/dl
WBC			< 1,000 cells/μL
ANC			< 500 cells/μL
Plt			< 25,000 cells/μL
HCV RNA level week 4			
HCV RNA level week 12			

**In certain cases additional labs may be requested.*

5. Signature

Provider signature: _____

Date: _____

*Provider signature indicates provider attests to all information outlined in the **Antiviral Agents for Hepatitis C Virus Prior Authorization Form, Prior Authorization Criteria and Policy, and Patient Education for Hepatitis C Treatment Prescriber Certification** documents.*

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