CREATING HEALTHCARE SOLUTIONS

Hepatitis C
Prior Authorization Checklist

Please fax this completed form to the Alliance Pharmacy Department at (831) 430-5851 along with the Prior Authorization Form. Please include copies of all relevant chart notes and laboratory results.
Contact the Alliance Pharmacy department with any questions at (831) 430-5507.

DIAGNOSIS

Generic Epclusa is preferred for all genotypes in treatment of naïve patients

DURATION OF THERAPY IS BASED ON AASLD/IDSA GUIDELINES

Member Name:_____ Date of Birth_____ ID#:_____

Diagnosis Code:_____ Date of Diagnosis:_____ HCV RNA Viral Load: _____IU/ml Date: _____

Genotype: ❑1a ❑1b ❑2 ❑3 ❑4 ❑5 ❑6 (Lab documentation required)

Fibrosis Level: ❑0 ❑1 ❑2 ❑3 ❑4 Cirrhosis: ❑None ❑Compensated ❑Decompensated

❑Treatment Naive

❑Treatment Experienced

If prior course of therapy, what was prior response? ❑Relapser ❑Non-Responder

When was prior course of therapy? _____

What drugs were part of prior course(s)? _____

Reason for treatment failure:_____

IDENTIFYING TREATMENT CANDIDATES

❑ Patient does not have short life expectancy (that cannot be remediated by HCV therapy, liver transplantation, or another directed therapy).

PLEASE NOTE

Medications are advised to be prescribed by or in consultation with a provider who has extensive experience treating Hepatitis C. Patient must understand potential risks and benefit of HCV therapy, as well as the potential for resistance and failed therapy if medication is not taken as prescribed. Treatment candidate must be at least the minimum age approved by the FDA for the use of medication.

Criteria for Reauthorization/Continuation of Therapy

- Initial authorization criteria have been met.
- Lost medications will not be replaced and may result in denial of treatment authorization. Replacement of stolen medications will require documentation and will be adjudicated on a case-by-case basis.
- Evidence of lack of adherence may result in denial of treatment reauthorization.
- Missed medical and lab appointments related to Hepatitis C may result in denial of treatment authorization.

Quantity Limits and Laboratory Requirements

- Initial treatment shall be approved for 8 or 12 weeks depending on AASLD/IDSA guidelines.
- A maximum of 28 days of therapy will be dispensed with each fill.
- Laboratory testing and monitoring should be consistent with current AASLD/IDSA guidelines.
- After completion of treatment: HCV RNA levels should be assessed at 12 weeks, after the end of treatment, to determine if SVR was achieved.

_____ _____ _____

Prescribing Physician Signature | Printed Name of Prescriber | Date

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