

Pharmacy Pre-authorization Form: Hepatitis C Medications

Today's Date: _____ Physician Name: _____
 Member Name: _____ Physician Specialty: _____
 Member ID Number: _____ Physician Address: _____
 Member DOB: _____ Physician Telephone: _____
 Physician Fax: _____

PLEASE Indicate Requested Drug (s) and Genotype

GENOTYPE	RECOMMENDED OPTIONS	GENOTYPE	RECOMMENDED OPTIONS
Genotype 1	Zepatier <input type="checkbox"/>	Genotype 5	Epclusa <input type="checkbox"/>
Genotype 2	Epclusa <input type="checkbox"/>	Genotype 6	Epclusa <input type="checkbox"/>
Genotype 3	Epclusa <input type="checkbox"/>		
Genotype 4	Zepatier <input type="checkbox"/>	OTHER	_____ <input type="checkbox"/>

Dose/expected duration of treatment: _____

ADDITIONAL QUESTIONS:

- Are these medications being prescribed by a specialist (a Gastroenterologist or Infectious Disease specialist)?
 YES NO
- Has the patient been previously treated for Hepatitis C? YES NO
 - Which drugs were used? _____
 - What was the outcome? _____
- What is the patient's current Viral Load? _____
 (Please provide lab documentation of viral load and genotype; viral load must be obtained within the last 3 mos.)

4. What is the patient's Liver Stage and/or Fibrosis score and date obtained? _____
5. Is there a signed patient-provider agreement, or chart notes, documenting readiness and ability to adhere to regimen, and addressing substance abuse and alcohol use?
YES NO
6. (If female of childbearing age:) Has the patient had a negative pregnancy test (if regimen contains ribavirin)?
YES NO N/A
7. Does this patient have a history of illicit drug use putting him/her at risk of Hepatitis C transmission? **If Yes, please submit urine toxicology screen obtained within the last 30 days.**
YES NO
8. If this request is for any medication other than Zepatier, for Genotype 1 or 4, please clarify why Zepatier cannot be used?
9. If this request is for **Zepatier, for Genotype 1A**, please submit results of NS5A polymorphism testing.

Pharmacy Preauthorization Overview

Drug Type	Partner	ePA	Fax	Phone
Traditional pharmacy	ESI	Yes	Commercial:	Commercial:
Medical drug, non-chemo	Care Continuum (an ESI company), ESI	Yes	<ul style="list-style-type: none"> • Pharmacy: 1-877-251-5896 • Medical: 1-888-631-8817 Medicare: <ul style="list-style-type: none"> • Pharmacy: 1-877-251-5896 • Medical: 1-888-631-8817 	<ul style="list-style-type: none"> • Pharmacy: 1-877-417-5383, 24/7/365 • Medical: 1-877-391-7821, 8 a.m. to 7 p.m., Monday through Friday Medicare: <ul style="list-style-type: none"> • Pharmacy: 1-877-954-2282, 24/7/365 • Medical: 1-877-391-7821, 8 a.m. to 7 p.m., Monday through Friday
Chemo regimen, including oral drugs	NCH	Online at my.newcenturyhealth.com	1-877-624-8602	1-888-999-7713, option 8 , 8 a.m. to 8 p.m., Monday through Friday, and 9 a.m. to 6 p.m. on Saturday.

This is confidential information. If you receive this form in error, please notify Provider Services immediately at 1-800-828-3407. The information in this document does not apply to ConnectiCare VIP Medicare plan members.

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