COMMONWEALTH OF VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Service Authorization (SA) Form

HEPATITIS C ANTIVIRALS

If the following information is not complete, correct, or legible, the SA process can be delayed.
Please use one form per member.

MEMBER INFORMATION

Last Name:

First Name:

Medicaid ID Number:

Date of Birth: ☐☐ – ☐☐ – ☐☐☐☐

Gender: ☐ **Male** ☐ **Female**

Member Age: _____

PRESCRIBER INFORMATION

Last Name:

First Name:

NPI Number:

Phone Number: ☐☐☐ – ☐☐☐ – ☐☐☐☐

Fax Number: ☐☐☐ – ☐☐☐ – ☐☐☐☐

Prescriber Specialty: Indicate the prescriber's specialty or in consultation with:

☐ Gastroenterologist ☐ Hepatologist ☐ Transplant Specialist ☐ Infectious Disease

☐ Other: _____

DRUG INFORMATION

Drug Name/Form: _____

Strength: _____

Dosing Frequency: _____

Length of Therapy: _____

Quantity per Day: _____

(Form continued on next page.)

 Revised: 05/23/2019 | Effective: 07/01/2019

Member's Last Name:

Member's First Name:

DIAGNOSIS

☐ Chronic Hepatitis C ☐ Compensated cirrhosis ☐ Hepatocellular carcinoma

☐ Decompensated cirrhosis (Child-Pugh score class B or C) ☐ Status post-liver transplant

HCV Genotype:

☐ 1a with polymorphism (*submit test results*) ☐ 1a without polymorphism (*submit test results*)

☐ 1b ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Choose One: ☐ Treatment initiation ☐ Continuation of therapy, current week: _____

ADHERENCE

1. Has the prescriber assessed the member for adherence with medical and pharmacological treatment?
   ☐ Yes ☐ No

SUBSTANCE USE DISORDER SCREENING

2. Has the prescriber evaluated the member for current substance use disorder including alcohol use disorder?
   - Members identified with a substance use disorder should be referred for treatment.
   - **Members cannot be denied Hepatitis C treatment for sole reason of substance use.**
   - Testing for illicit drug and/or alcohol use is not required.

   ☐ Yes ☐ No

OTHER CO-MORBID CONDITION(S)

3. Decompensated cirrhosis (Child-Pugh score greater than 6 [class B or C])?
   ☐ Yes ☐ No
4. Hx severe renal impairment (eGFR <30 mL/min/1.73m^2) or end stage renal disease requiring hemodialysis?
   ☐ Yes ☐ No
5. If Yes to any, provide details: _____

   _____

   _____

(Form continued on next page.)

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Member's Last Name:

Member's First Name:

LAB VALUES

6. Original Baseline: _____ HCV RNA value: _____ Date Drawn: _____
7. Current Baseline: _____ HCV RNA value: _____ Date Drawn: _____
   (within past 4 weeks)
8. Tx Week 4: _____ HCV RNA value: _____ Date Drawn: _____
9. Tx Week Other: _____ HCV RNA value: _____ Date Drawn: _____

If HCV RNA is detectable at week 4 of treatment, repeat quantitative HCV RNA viral load testing is recommended after 2 additional weeks of treatment (treatment week 6). If quantitative HCV viral load has increased by greater than 10-fold (>1 log10 IU/mL) on repeat testing at week 6 (or thereafter), then discontinuation of HCV treatment is recommended.

PREVIOUS HEPATITIS C TREATMENTS

☐ **Treatment naïve**

☐ **Treatment experienced with (check all that apply):**

- ☐ Daklinza™ (daclatasvir)
- ☐ Epclusa® (sofosbuvir/velpatasvir)
- ☐ Harvoni® (ledipasvir-sofosbuvir)
- ☐ Incivek® (telaprevir)
- ☐ Interferon
- ☐ ledipasvir-sofosbuvir
- ☐ Olysio™ (simeprevir)
- ☐ peginterferon
- ☐ ribavirin
- ☐ sofosbuvir/velpatasvir
- ☐ Sovaldi® (sofosbuvir)
- ☐ Technivie® (ombitasvir/paritaprevir/ritonavir)
- ☐ Viekira Pak™ (ombitasvir/paritaprevir/ritonavir) with dasabuvir
- ☐ Viekira XR™ (ombitasvir/paritaprevir/ritonavir; dasabuvir)
- ☐ Zepatier™ (elbasvir and grazoprevir)

Document dates received: _____

_____ _____

Prescriber Signature (Required) **Date**

By signature, the Physician confirms the above information is accurate and verifiable by member records.

Please include ALL requested information; Incomplete forms will delay the SA process.
Submission of documentation does NOT guarantee coverage by the Department of Medical Assistance Services.

The completed form may be: **FAXED TO 800-932-6651**, phoned to 800-932-6648, or mailed to:
Magellan Medicaid Administration / ATTN: MAP
11013 W. Broad Street, Glen Allen, VA 23060

Virginia Medicaid Pharmacy Services Portal: http://www.virginiamedicaidpharmacyservices.com

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