



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.

Visit [go.covermymeds.com/OptumRx](http://go.covermymeds.com/OptumRx) to begin using this free service.

Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

## Hepatitis C Prior Authorization Request Form (Page 1 of 2)

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Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:
Medication Information (required)					
Medication Name:			Strength:		Dosage Form:
<input type="checkbox"/> Check if requesting <b>brand</b>			Directions for Use:		
<input type="checkbox"/> Check if request is for <b>continuation of therapy</b>					
Clinical Information (required)					
<b>Select the diagnosis below:</b>					
<input type="checkbox"/> Chronic hepatitis C virus (HCV)					
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
<b>Clinical Information:</b>					
Document the hepatitis C virus genotype: _____					
Document the baseline hepatitis C virus-RNA level: _____					
Is laboratory testing consistent with current AASLD/IDSA guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Select if the patient has been evaluated by the following acceptable fibrosis test:					
<input type="checkbox"/> METAVIR					
<input type="checkbox"/> Fibrotest					
<input type="checkbox"/> Fibrosure					
<input type="checkbox"/> Flexi test					
<input type="checkbox"/> Fibroscan					
<input type="checkbox"/> APRI					
For new patients: is this request for continuation of prior therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Medication History:</b>					
<b>For Daklinza, Eplclusa, Harvoni, Olysio, Sovaldi, Technivie, Viekira Pak, and/or Zepatier requests only:</b>					
Will documentation be provided confirming the patient has a contraindication, intolerance to, or a failure of Mavyret (unless Mavyret is not indicated)?* <input type="checkbox"/> Yes <input type="checkbox"/> No					
*Documentation must be provided.					
<b>Patient Readiness and Adherence:</b>					
Has the patient been evaluated for readiness to initiate treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the patient able and willing to strictly adhere to treatment protocols as prescribed by the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Will caution be exercised if the patient has a history of treatment failure with prior hepatitis C treatment due to non-adherence with treatment regimen and appointments? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Will the patient be educated regarding potential risks and benefits of hepatitis C virus therapy, as well as the potential for resistance and failed therapy if medication is not taken as prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No					

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

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## Hepatitis C Prior Authorization Request Form (Page 2 of 2)

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### Reauthorization/Continuation of Therapy or Retreatment:

Have all initial criteria (from above) been met?  Yes  No

Is there evidence of lack of adherence?  Yes  No

Does the patient have missed medical appointments related to the hepatitis C virus?  Yes  No

If applicable, is there evidence that retreatment will improve patient outcomes?  Yes  No

### Populations Unlikely to Benefit from Hepatitis C Virus Treatment:

Does the patient have a life expectancy less than 12 months?  Yes  No

According to AASLD/IDSA hepatitis C virus Guidelines, "patients with limited life expectancy for whom hepatitis C virus therapy would not improve symptoms or prognosis do not require treatment. Chronic hepatitis C is associated with a wide range of comorbid conditions. Little evidence exists to support initiation of hepatitis C virus treatment in patients with limited life expectancy (less than 12 months) due to non-liver-related comorbid conditions. For these patients, the benefits of hepatitis C virus treatment are unlikely to be realized, and palliative care strategies should take precedence."

### Criteria for Coverage of Investigational Services:

Investigational services are not covered except when it is clearly documented that all of the following apply:

- Conventional therapy will not adequately treat the intended patient's condition
- Conventional therapy will not prevent progressive disability or premature death
- The provider of the proposed service has a record of safety and success with it equivalent or superior to that of other providers of the investigational service
- The investigational service is the lowest cost item or service that meets the patient's medical needs and is less costly than all conventional alternatives
- The service is not being performed as a part of a research study protocol
- There is a reasonable expectation that the investigational service will significantly prolong the intended patient's life or will maintain or restore a range of physical and social function suited to activities of daily living
- All investigational services require prior authorization. Payment will not be authorized for investigational services that do not meet the above criteria or for associated inpatient care when a beneficiary needs to be in the hospital primarily because she/he is receiving such non-approved investigational services.

### Unlabeled use of medication:

Is there reference to current medical literature for the requested unlabeled use?  Yes  No

Is the medication being used for an unlabeled use and therapy has been consulted with provider organizations, academic and professional specialists?  Yes  No

### Quantity Limit Requests:

What is the quantity requested per DAY? \_\_\_\_\_

### What is the reason for exceeding the plan limitations?

- Titration or loading dose purposes
- Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime)
- Requested strength/dose is not commercially available
- Other: \_\_\_\_\_

### For continuation of existing therapy, also answer the following:

Would sudden discontinuation of the dose trigger withdrawal symptoms?  Yes  No

Would discontinuation of the dose be unsafe for the patient and their condition may worsen or exacerbate?  Yes  No

Is the prescribing provider attempting to taper or reduce the dose necessary?  Yes  No

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

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### Please note:

This request may be denied unless all required information is received.

For urgent or expedited requests please call 1-800-711-4555.

This form may be used for non-urgent requests and faxed to 1-800-527-0531.

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