



Connecticut Department of Public Health AIDS Drug Assistance Program

Provider Certification Prior Authorization Form – Hepatitis C

A request for the patient identified below has been made for the dispensing of hepatitis C medication. The Department of Public Health requires more information before this prescription can be paid by the Connecticut AIDS Drug Assistance Program (CADAP).

Please complete and return via fax to: 855-461-2759

Patient Information:

Last Name:

Grid for last name input

First Name:

Grid for first name input

CADAP ID Number:

Grid for CADAP ID number input

Date of Birth:

Grid for date of birth input (MM/DD/YYYY)

Address:

Grid for address input

City:

Grid for city input

State:

Grid for state input

Home Phone:

Grid for home phone input (XXX-XXX-XXXX)

Cell Phone:

Grid for cell phone input (XXX-XXX-XXXX)

Healthcare Provider Information:

Last Name:

Grid for last name input

First Name:

Grid for first name input

National Provider Identification (NPI) Number:

Grid for NPI number input

Address:

Grid for address input

City:

Grid for city input

State:

Grid for state input

Phone Number:

Grid for phone number input (XXX-XXX-XXXX)

Fax Number:

Grid for fax number input (XXX-XXX-XXXX)

(Form continued on next page.)



Provider Certification Prior Authorization Form – Hepatitis C

Patient's Last Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Patient's First Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Prescription Information:

1. Drug name:

- Mavyret® 100/40 mg (3 tablets daily) preferred regimen
- Harvoni® 90/400 mg (1 tablet daily) preferred regimen
- Epclusa® 100/40 mg (1 tablet daily) preferred regimen
- Vosevi® 400/100/100 mg (1 tablet daily) for treatment failure requests only

2. Requested duration of therapy:

- 8 weeks
- 12 weeks
- 24 weeks
- 48 weeks
- Other: \_\_\_\_\_

3. Requested treatment start date: \_\_\_\_\_

Clinical Requirements:

4. Does the patient have chronic hepatitis C?  Yes  No

a. Date of initial diagnosis: \_\_\_\_\_

b. HCV genotype: \_\_\_\_\_

c. Fibrosis score: \_\_\_\_\_

d. Pre-treatment quantitative HCV RNA result taken within the last year (provide documentation):  
\_\_\_\_\_

5. Is the patient treatment naïve?  Yes  No

6. Has the patient received harm-reduction counseling?  Yes  No

7. Has the patient received screening for hepatitis A and B? (If Yes, answer questions below.)  Yes  No

If negative, has patient received vaccination?  Yes  No

If positive, list suppressive therapy: \_\_\_\_\_

(Form continued on next page.)



Provider Certification Prior Authorization Form – Hepatitis C

Patient's Last Name:

Grid for Patient's Last Name (13 columns)

Patient's First Name:

Grid for Patient's First Name (13 columns)

For Vosevi® Requests Only:

- 8. Has the patient failed treatment previously?
9. What are the previous therapies and dates of treatment?

For Clients with Primary Insurance:

- 10. Is the primary insurance's prior authorization denial or approval attached to this request?
11. Do you agree to submit HCV RNA results from 12 weeks after treatment completion for program evaluation purposes?
If negative, has patient received vaccination?
If positive, list suppressive therapy:

HEALTHCARE PROVIDER'S CERTIFICATION: I certify that I am a licensed healthcare provider with prescriptive authority and the information provided on this form is true, accurate, and complete.

Healthcare Provider's Signature

NPI Number

Date of Request

Time of Request



---

Clinical Requirements for Serostim®\* under the CADAP [Somatropin (rDNA origin) for injection]

**FOR REFERENCE ONLY\* PLEASE DO NOT FAX THIS PAGE**

**INFORMATION ON THE PREVENTION OF HEPATITIS C RE-INFECTION:**

Successful treatment of hepatitis C does not prevent hepatitis C reinfection. Clinicians should educate their patients on ways to avoid hepatitis C reinfection, including safer sex practices and not sharing needles or any equipment used in the preparation of illicit injection drugs.

For information related to hepatitis C reinfection, visit the U.S. Department of Veterans Affairs – Frequently Asked Questions page at: <http://www.hepatitis.va.gov/patient/faqs/reinfection.asp>, or the Centers for Disease Control and Prevention Hepatitis C FAQs for the Public at: <http://www.cdc.gov/hepatitis/hcv/cfaq.htm>.

**ADDITIONAL INFORMATION:**

If the planned hepatitis C treatment regimen includes ribavirin, please note the following:

- Due to the risk of fetal malformations and fetal death with ribavirin, all women being considered for treatment with ribavirin should have a negative pregnancy test before treatment. Women of childbearing potential should use effective contraception during treatment and for 6 months after treatment. Men with female partners who are pregnant or who may become pregnant should use barrier contraception during treatment and for 6 months after treatment.

For patients with moderate to severe hepatic impairment, Mavyret and Vosevi are not indicated. Per an update from the FDA on 08/28/2019, it has been noted that there have been some cases of worsening liver function in patients started on Mavyret and Vosevi who had moderate to severe liver disease before starting these medications. There were also cases of severe liver impairment in patients who had no cirrhosis or compensated cirrhosis but had risk factors for liver impairment (e.g., decreased platelet count, portal hypertension). For more information regarding this safety update, you can visit: <https://www.fda.gov/drugs/drug-safety-and-availability/fda-warns-about-rare-occurrence-serious-liver-injury-use-hepatitis-c-medicines-mavyret-zepatier-and>.

For patients with cirrhosis, hepatocellular carcinoma screening by ultrasound is recommended every 6 months.

For the latest HCV treatment recommendations consult the American Association for the Study of Liver Diseases (AASLD)/Infectious Diseases Society of America (IDSA) Hepatitis C Treatment Guidelines at [www.hcvguidelines.org](http://www.hcvguidelines.org).

**UPON COMPLETION, RETURN FORM VIA FAX TO: 855-461-2759**

**The fax machine is in a secured location as required by HIPAA regulations.**

**Any questions, please call Magellan Rx Management Pharmacy Unit at: 800-424-3310**