

HCV PRIOR AUTHORIZATION VLIST

1.	FIBROSIS DOCUMENTATION – (NEED 1, 2 AND 3)				
	1.		Fibrosis		
			☐ May be serologic – FibroTest, FibroSure, FibroMeter OR		
			☐ May be Imaging – FibroScan or Biopsy		
	2.		Labs taken within 3 months from PA date		
			□Genotype	□CBC □Negative HBV screening	
			☐Baseline Quant RNA (w/in 1 year of PA request)	□GFR □INR, albumin, and	
			□ALT and AST	bilirubin (STAGE 4 ONLY)	
	3.		Specialist Consult Letter		
2.	LE'	ГТЕІ	R OF COMMITTMENT		
	Letter, signed by patient, indicating that they are capable to complete treatment as prescribed Sample commitment letter HERE				
3.	AD	DDRESSING DRUG INTERACTIONS – CLICK HERE FOR LIVERPOOL HEP WEBSITE			
		The	HEP Drug Interactions website ind	icates the following information on DDI:	
4.	OP'	TIONAL LETTERS/SCENARIOS, WHERE APPROPRIATE			
		Sub	estance Use Disorder:		
Note may discuss: patient's diagnosis; drug history; and current treatment plan (may) in meetings (AA, NA, MA), SMART recovery meetings, harm reduction methods, medical therapy (MAT), in/out-patient treatment, mental health therapy, psychopharmacology, petc. The current treatment plan includes in-person visits (x visits/month) and phone call. Should the patient be lost to care, an outreach plan has been developed that includes (na emergency contact, address, friends, noticeable features, hangouts, etc.)			very meetings, harm reduction methods, medication assisted a, mental health therapy, psychopharmacology, peer support, in-person visits (x visits/month) and phone calls (x # of calls). treach plan has been developed that includes (name,		
		Pric	or treatment b/c of non-adherence:		
		circ		s action planning, support networks and changes in patient's addiction, transportation, etc.) may contribute to increased	
			ould the patient be lost to care, an our ergency contact, address, friends, no	treach plan has been developed that includes (name, ticeable features, hangouts, etc.)	

	Submit HCV RNA:					
	**if at any point the viral load is undetectable, prescriber not required to submit subsequent RNA test*					
	☐ START of treatment	DATE:				
	☐ w/in 8 weeks of starting treatment	DATE:				
	☐ 12 weeks post-treatment	DATE:				
	☐ 24 weeks post-treatment	DATE:				