Washington State Health Care Authority

Clear Form

Hepatitis C

Please fax responses to: 1-866-668-1214

Drug Utilization Review Team

Form 13-835A must be submitted as a coversheet

For more information on authorization criteria go to:

http://www.hca.wa.gov/billers-providers/programs-and-services/apple-health-medicaid-drug-coverage-criteria

Patient		Date of birth	ProviderOne client ID
Pharmacy name	Pharmacy NPI	Telephone number	Fax number
Prescriber		Telephone number	Fax number

Select a Treatment Regimen For Patient

SEVERITY OF LIVER DISEASE

Treat as no cirrhosis:
☐ F0 ☐ F1 ☐ F2 ☐ F3

Treat as compensated cirrhosis:
☐ F4 (never previously decompensated)

Treat as decompensated cirrhosis:
☐ F4 (any history of decompensation)
Has patient been referred/evaluated by a transplant hepatologist? ☐ Yes ☐ No

REQUESTED TREATMENT REGIMEN

☐ Mavyret 8 weeks ☐ Epclusa 12 weeks ☐ Epclusa + RBV 12 weeks

☐ Vosevi 12 weeks ☐ Vosevi + RBV 12 weeks

☐ Other regimen:
What medication(s) and duration requested:

Reason for selecting a non-preferred regimen:

☐ Patient has contraindications to ribavirin. List all contraindications:

PREVIOUS TREATMENT

☐ No prior HCV treatment

☐ Relapse after prior HCV treatment. Specify:

☐ PEG/RBV
☐ Victrelis
☐ Incivek
☐ Olysio + PEG/RBV
☐ Sovaldi + PEG/RBV
☐ Sovaldi + RBV
☐ Olysio + Sovaldi
☐ Harvoni
☐ Epclusa
☐ Zepatier
☐ Viekira
☐ Daklinza + Sovaldi
☐ Mavyret
☐ Vosevi

Previous treatment dates and duration:

Was treatment completed? ☐ Yes ☐ No
If no, why not?

1. List dates of all HCV antibody labs attached:

2. What is patient's genotype? List dates of all genotype lab(s) attached:

3. Current HCV RNA viral load: List dates of all HCV RNA viral loads attached:

4. What and when were past transmission risk factors?

5. List dates of all resistance-associated substitution (RAS) tests attached:
Does RAS test show Y93 mutation? ☐ Yes ☐ No

6. List dates of all Fibrosure, Fibroscan, and imaging attached:

7. Please provide the following for APRI scoring:

AST level: Date taken: Upper normal:

Platelet count: Date taken:

8. Please provide the following for CPT scoring (values indicated should be when liver was at worst):

Ascites	☐ Absent	☐ Slight	☐ Moderate	date determined:
Encephalopathy	☐ None	☐ Grade 1-2	☐ Grade 3-4	date determined:

Albumin level: Date taken:

Total bilirubin level: Date taken:

INR value: Date taken:

9. What is patient's creatinine clearance (CrCl)? or eGFR?

10. Has patient had an organ transplant or is awaiting an organ transplant? ☐ Yes ☐ No

If yes, what organ?

11. Does patient have any condition that would prevent long term clinical benefit from HCV treatment? ☐ Yes ☐ No

If yes, please explain:

12. Has patient been told of the risks and benefits of antiviral therapy, told the importance of adherence to treatment, and evaluated for psychosocial readiness for treatment? ☐ Yes ☐ No

If no, please explain:

13. Are you a weekly participant in Project ECHO webinars? ☐ Yes ☐ No

Please provide the following documentation for your patient:

All fibrosis staging results	All HCV antibody tests and genotype labs
All HCV RNA viral loads taken	NS5A/NS3 resistance/mutation test results
Project ECHO recommendation	Albumin, total bilirubin, INR, AST, platelet count
Most current progress notes	Transplant hepatologist evaluation

Prescriber signature	Prescriber specialty	Date

Washington State Health Care Authority

Requesting Hepatitis C Drug Treatment

Prescribers

Authorization is required for Washington Apple Health clients to receive hepatitis C drug treatment. Please see **FFS Drug Coverage Criteria** at **http://www.hca.wa.gov/billers-providers/programs-and-services/apple-health-medicaid-drug-coverage-criteria** for authorization requirements. To request authorization for your patient:

- Go to **FFS Drug Coverage Criteria** at **http://www.hca.wa.gov/billers-providers/programs-and-services/apple-health-medicaid-drug-coverage-criteria**
- Read Washington Apple Health Hepatitis C Clinical Policy**.** Please familiarize yourself with HCA's requirements for Hepatitis C treatment.
- Fax the pharmacy that will be filling the prescription the completed *Hepatitis C request form (13-830A)* as well as all required supporting documentation as listed on the Hepatitis C request form. Incomplete forms or requests without all necessary supporting documentation will delay review.

Pharmacies

To submit a request for hepatitis C drug treatment:

- Complete the agency's *Pharmacy Information Authorization* (13-835A) form as you would for any other authorization request.
- As supporting documentation to the *Pharmacy Information Authorization* (13-835A):
    - Attach *Hepatitis C request form (13-830A)* completed by the prescriber; and
    - All other required documents as listed on the Hepatitis C request form.
- Fax all documents to HCA at: (866) 668-1214. The *Pharmacy Information Authorization* 13-835A must be the first document in the fax transmission.

Incomplete requests, incorrectly completed forms, or failure to include supporting documentation will result in treatment delays. If a request for authorization is submitted without the required Hepatitis C request form and supporting documents, the Agency will contact the prescriber to request these documents, extending the time to complete the authorization process.

Hepatitis C (13-830A) and Pharmacy Information Authorization (13-835A) form can be found at:
http://www.hca.wa.gov/billers-providers/forms-and-publications