GEISINGER HEALTH PLAN



Hepatitis C Virus Direct-acting Antivirals Prior Authorization Request Form

For assistance, call 800-988-4861 or fax completed form to 570-300-2122.

Medical documentation may be requested. This form will be returned if not completed in full.

Member name:	er information			Prescriber information					
				Prescriber name:					
			December on a sink or						
Member ID#:				Prescriber specialty:					
Address:			NPI# (if available): Address:						
Address.			Address.						
City:		State:	City:	City					
Home phone:		Zip:	Office phone #:	Office fax #:	State: Zip:				
Tiome phone.		r			'				
Sex (circle): M F DOB:			Contact person:						
,									
			I medical information						
Medication:		Strength and route of administration:		Frequency:					
☐ New prescription OR		Expected length of therapy:		Qty:					
Date therapy initiated: Height/weight:	Drug allergie	s: Diagnosis:							
r leight weight.	Drug allergie		Diagnosis.						
No. of refills:	Directions fo	r IISE.							
140. of femilia.	Directions to	1 430.							
Prescriber's signature:					Date:				
r recenied e eignatare.					Date.				
		Criteria for init	ial prior authorization						
FORM C	ANNOT BE P		SS ALL INFORMATION	BELOW IS COMPLETE.					
 If resistance testing 	a is recomm	ended by currer	nt AASLD guidelines,	is documentation of	NS5A RAS				
screening attached			,						
, and the second									
What is the member's hepatitis C genotype?									
• what is the member	TYTIAL IS THE MICHIDEL S HEPATITIS O GENELYPE:								
	or o mopanilo	c genotype:			_				
	•		oronic henatitis C? 「	TYes ΠNo	-				
 Has the member b 	een previous	sly treated for cl	nronic hepatitis C? [- sponse (partial				
 Has the member b o If yes, please 	een previous e list previou	sly treated for cl s treatment, dat	nronic hepatitis C? [es, duration of therap		sponse (partial				
 Has the member b If yes, please responder, n 	een previous e list previou	sly treated for cl	es, duration of therap	by, and treatment res					
 Has the member b o If yes, please 	een previous e list previou	sly treated for cl s treatment, dat r, or relapser):		by, and treatment res	sponse (partial				
 Has the member b If yes, please responder, n 	een previous e list previou	sly treated for cl s treatment, dat r, or relapser):	es, duration of therap	by, and treatment res	` ``				
Has the member b If yes, please responder, n Regimen	een previous e list previou onresponde	sly treated for cl s treatment, dat r, or relapser): Dates	Duration of therage	by, and treatment res					
Has the member b If yes, please responder, n Regimen	een previous e list previou onresponde	sly treated for cl s treatment, dat r, or relapser): Dates	es, duration of therap	by, and treatment res	` ``				
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 Has the member b If yes, please responder, n Regimen What is member's I If the member has compared to the	een previouse list previous onresponde	sly treated for cl s treatment, dat r, or relapser): Dates (based on MET	Duration of therage	erapy Treatme	ent response				
Has the member b If yes, please responder, n Regimen What is member's l	een previouse list previous onresponde	sly treated for cl s treatment, dat r, or relapser): Dates (based on MET	Duration of therapy Ouration of the AVIR liver scoring)?	erapy Treatme	ent response				
Has the member b	een previouse list previous onresponde list previous onresponde liver staging cirrhosis, have	sly treated for cl s treatment, dat r, or relapser): Dates (based on MET	Duration of therapy Duration of the AVIR liver scoring)? ar carcinoma screeni	erapy Treatment resonant reson	ent response				
 Has the member b If yes, please responder, n Regimen What is member's I If the member has only yes I No I not not not not not not not not not not	een previouse list previous onresponde list previous onresponde liver staging cirrhosis, hand N/A	sly treated for cl s treatment, dat r, or relapser): Dates (based on MET	Duration of therapy Ouration of the AVIR liver scoring)?	erapy Treatment resonant reson	ent response				
Has the member b	een previouse list previouse list previouse onresponde iver staging cirrhosis, hand N/A actions associated in No	sly treated for cl s treatment, dat r, or relapser): Dates (based on MET s a hepatocellul	Duration of therapy AVIR liver scoring)? ar carcinoma screeni equested hepatitis C	ng been completed?	ent response				
Has the member b	een previouse list previouse list previouse onresponde iver staging cirrhosis, hand N/A actions associated in No	sly treated for cl s treatment, dat r, or relapser): Dates (based on MET s a hepatocellul	Duration of therapy Duration of the AVIR liver scoring)? ar carcinoma screeni	ng been completed?	ent response				
Has the member b	een previouse list previouse list previouse onresponde iver staging cirrhosis, hand N/A actions associated in No	sly treated for cl s treatment, dat r, or relapser): Dates (based on MET s a hepatocellul	Duration of therapy AVIR liver scoring)? ar carcinoma screeni equested hepatitis C	ng been completed?	ent response				
 Has the member b If yes, please responder, n Regimen What is member's I If the member has only es in No in No. Have all drug interaprovider? in Yes What action 	een previouse list previouse list previouse list previouse management of the list previous on responde liver staging cirrhosis, hand liver staging actions associated as have been list have been list previous from the list previou	sly treated for cles treatment, dater, or relapser): Dates (based on MET is a hepatocelluly ciated with the reatment):	Duration of therapy AVIR liver scoring)? ar carcinoma screeni equested hepatitis C	erapy Treatment resonance of the second of t	ent response ed by the				
Has the member b	een previouse list previouse, has actions associated by the list have been sof HIV screens.	sly treated for cl s treatment, dat r, or relapser): Dates (based on MET s a hepatocellul ciated with the r	Duration of therapy AVIR liver scoring)? ar carcinoma screeni equested hepatitis C Ab)? □ Positive □	ng been completed? agent been address Negative Date:	ent response				
Has the member b	een previouse list previouse, have been sof HIV screen HIV-1/HIV	sly treated for cl s treatment, dat r, or relapser): Dates (based on MET s a hepatocellul ciated with the r n taken? eening (HIV Ag/	Duration of therapy AVIR liver scoring)? ar carcinoma screeni equested hepatitis C	ng been completed? agent been address Negative Date: nunoassay, what is t	ent response ed by the he treatment				

•	Has the member of	completed a hepatitis B (F	IBV) imm	unization series	s? □ Yes □ No				
	If member	mber has not completed a hepatitis B immunization series, the following labs are required:							
		Screening		Result	Date				
		Hepatitis B sAb		ve □ Negative					
		Hepatitis B sAg		ve 🗆 Negative					
	HDV/ DNIA	Hepatitis B cAb	☐ Positiv	ve □ Negative IU/mL					
		(only if positive for hepatitis B sAg)	titic R info		tectable HBV DNA, what is the HBV				
		-	אוווים פווווים	cuon with a ue	tectable FIDV DIVA, What is the FIDV				
	treatment r		atitia D int	ination or biotor	v or improvedential value vill				
			auus B ini	ection of histor	y or immunization, when will				
	immunizati	on series begin?							
	A., 1.,1. 6.11. 1								
•	Attach the followin	g labs dated within the pa	ast 3 mon	tns to request:					
		Screening		Date					
		Hepatic function par	nel						
		Complete blood count with o	differential						
		Basic metabolic pan	nel						
		Baseline HCV RNA vira							
•	If using ribavirin a	nd member is of childbea	rina poter	ntial, what are th	ne results of pregnancy screening?				
	☐ Positive ☐ Negative ☐ N/A								
	_ results _ regains _ rev								
•	If using ribavirin a	nd member is male with a	a female p	artner who is o	f childbearing potential, are they				
		ing a pregnancy? ☐ Yes			To a more coming processing, one may				
	h	g p g,							
•	If using ribavirin, h	has the member been ins	tructed to	practice effective	ve contraception during therapy and				
	 If using ribavirin, has the member been instructed to practice effective contraception during therapy and for 6 months following discontinuation of ribavirin? □ Yes □ No □ N/A 								
	101 0 Months following discontinuation of fibavirin: L 163 L 140 L 14/A								
•	Is the member actively abusing alcohol or IV drugs? □ Yes □ No								
		9							
•	Does the membe	r have a history of abusir	ng alcohol	or IV drugs? [⊐ Yes □ No				
		. Have a movery or abuse.	.9						
•	If the member is a	ctively abusing or has a l	history of	abusing, is ther	e documentation of prescriber				
	 If the member is actively abusing or has a history of abusing, is there documentation of prescriber counseling regarding the risks of alcohol and/or IV drug abuse? ☐ Yes ☐ No ☐ N/A 								
	Counseling regarding the name of alcohol and/of it drug abuse: Lifes Life Life A								
•	If the member is a	ctively abusing or has a l	history of	abusing is ther	e documentation of an offer of				
-	 If the member is actively abusing or has a history of abusing, is there documentation of an offer of referral for substance use disorder treatment? ☐ Yes ☐ No ☐ N/A 								
	Totalian of Substance ase disorder treatment: Lines Line Line								
•	■ Has the member received pre-treatment readiness education about benefitie C treatment expectations								
•	 Has the member received pre-treatment readiness education about hepatitis C treatment expectations from a healthcare provider? ☐ Yes ☐ No 								
	nom a neamoure	provider: E res E re	<i>3</i>						
•	Has the member (committed to the docume	ntad nlanı	ned course of tr	eatment including anticipated blood				
•		th during and after treatm			earment including anticipated blood				
	tests and visits bu	and after freath	ient: 🗆	ies Lino					
_	Door the mambar	have a limited life assess	topov of la	on than 10 mai	othe due to pen liver related as				
•	Does the member have a limited life expectancy of less than 12 months due to non-liver related comorbid conditions? ☐ Yes ☐ No								
	mordia conditions	! ☐ Yes ☐ NO							
PLEASE NOTE: If prior authorization is approved, Geisinger Health Plan requires SVR12 viral RNA labs to be submitted 12 weeks after treatment completion. Fax to (570) 300-2122, Attention Hepatitis C Pharmacist.									

Request for expedited review

□ REQUEST FOR EXPEDITED REVIEW [24 HOURS]

→ BY CHECKING THIS BOX AND SIGNING ABOVE, I CERTIFY THAT APPLYING FOR THE 72 HOUR STANDARD REVIEW TIME FRAME MAY SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF THE MEMBER OR THE MEMBER'S ABILITY TO REGAIN MAXIMUM FUNCTION

Instructions for completing the form:

- 1. Submit a separate form for each medication.
- 2. Complete ALL information on the form.

NOTE: The prescribing physician should, in most cases, complete the form.

- 3. Please be sure to provide the physician address in a legible format, as it is required for notification.
- 4. Once form is completed, mail or fax to:

Geisinger Health Plan

Attn: Pharmacy Department 32-45

100 N. Academy Avenue

Danville, PA 17822 Fax: 570-300-2122

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.