HEALTHTRANS

Prior Authorization Request

Date of Request _____

Pegasys

Pegasys (Interferon alfa-2a) is used to treat chronic hepatitis C and chronic hepatitis B.

Patient must be ≥ 18 years of age and have chronic hepatitis C diagnosis confirmed by liver biopsy, and not have decompensated liver disease.

Patient must have detectable HCV RNA (i.e.- ≥ 100 copies/ml).

Patient genotype 1 or 4- normal duration of therapy is 48 weeks [12-36 weeks]

Patient genotype 2 or 3- normal duration of therapy is 24 weeks [12 weeks]

Reevaluation- Provide baseline and current HCV RNA viral level. Level must be undetectable or decreased by at least 2-log (i.e.- 2 million copies to 20,000 copies).

Member Information

Relationship (Circle)

Subscriber Spouse Dependent

Name _____

Enrollment / Cardholder ID _____

Group / Plan _____

Birth date _____

Gender (Circle)

Male Female

AGE: _____ **Weight (kg):** _____

Address: _____

City State Zip _____

Practitioner Information

Name _____

Agent / Contact Name _____

Specialty _____

Office / Clinic Name _____

Address _____

City State Zip _____

Phone ( ) -

Fax ( ) -

ID Number

Email @

Liver biopsy? Y N

Genotype 1 2 3 4

HCV RNA _____copies/ml

Requested Drug / Pharmaceutical

Pegasys (Interferon alfa-2a)

Strength / Dose

Therapy Start Date

Condition / Diagnosis Related - Reason for Request

Duration of Therapy (Expected)

Type of Request (Circle)

One-Time On-Going

Clinical Drug / Lab History Pertinent to Request

Labs: **Baseline / Ongoing**

Formulary Alternative(s) Attempted YES NO (Circle)

Please List:

Contact Pharmacy? Y N

Pharmacy Phone Number

_____

Practitioner Signature

Date Received:
Reviewed By:
Forwarded To:

FAX Form to:
877-800-5633

HT Clinical Services Phone
866-805-1690