



Office of Vermont Health Access
 312 Hurricane Lane, Suite 201
 Williston, Vermont 05495

Agency of Human Services

~ HEPATITIS C MEDICATIONS ~

Prior Authorization Request Form

Vermont Medicaid has established coverage limits and criteria for prior authorization of Hepatitis C medications. These limits and criteria are based on concerns about safety when used with other medications, and efficacy. In order for beneficiaries to receive Medicaid coverage for medications that require prior authorization, the prescriber must telephone or complete and fax this form to MedMetrics Health Partners. Please complete this form in its entirety and sign and date below. Incomplete requests will be returned for additional information.

Use this form for Hepatitis C medication prior authorization requests only.

Submit request via: Fax: 1-866-767-2649 or Phone: 1-800-918-7549

Prescribing physician:

Name: _____
 Phone #: _____
 Fax #: _____
 Address: _____
 Specialty: _____
 Contact Person at Office: _____

Beneficiary:

Name: _____
 Medicaid ID #: _____
 Date of Birth: _____ Sex: _____
 Diagnosis: _____
 Genotype: _____

If requesting prescriber is not a Hepatologist, Gastroenterologist or ID Specialist, has one of these specialties been consulted on this case?: **Yes** **No**

Specialist name: _____ Specialist Type: _____

Preferred Drug(s) Requested:

- Pegasys
- Pegasys convenience Pack
- Ribavirin

For any other Non-Preferred Drug(s) Requested:

Other _____

If other, please explain medical necessity for non-preferred agent:

Strength, Route & Frequency: _____

Length of therapy: _____

Prescriber comments:

Prescriber Signature: _____

Date of this request: _____