**Chronic Hepatitis C (CHC) Infection Check List for Prior Authorization**

**Requests**

□ Patient Information

□ Provider identified as an eligible prescriber

□ verified utilizing the DOH provider list or provider completed and submitted additional attestation form:

http://www.health.ny.gov/health\_care/medicaid/program/dur/hepa\_c\_virus.htm

□ Confirmation of CHC diagnosis and Medical History

□ HCV genotype testing results received

□ Baseline HCV RNA results received documenting testing occurred within 3 months of initiating therapy

□ Evaluation of liver fibrosis (recommended for all patients with HCV to assist in determining the HCV treatment strategy)

□ Consideration of extra-hepatic manifestations and concomitant conditions/comorbidities (to determine possible contraindications or drug interactions with specific treatment strategies)

□ Screening for current or prior Hepatitis B infection completed

□ Negative pregnancy test obtained as appropriate

□ Treatment History

□ HCV treatment status

□ HCV treatment history provided

□ Treatment Readiness

□ Provider utilized scales/assessment tools to evaluate the readiness of the patient; SAMHSA

HRSA Center for Integrated Health Solutions‐ Drug & Alcohol Screening Tools‐ available at:

http://www.integration.samhsa.gov/clinical‐practice/screening‐tools#drugs or Psychosocial

Readiness Evaluation and Preparation for Hepatitis C Treatment (PREP‐C) available at:

http://prepc.org/

□ Continuation Therapy

□ Patients receiving 12 week of therapy:

HCV RNA viral load results received to confirm no detectable HCV RNA levels or a ≥ 2 log

reduction in HCV RNA for authorization of continuation (conducted between week 2 and

4 and submitted prior to additional approval)

□ Patients receiving >12 week of therapy:

HCV RNA viral load results received to confirm no detectable HCV RNA levels or a ≥ 2

log reduction in HCV RNA for authorization of continuation (conducted prior to week 12

and submitted prior to additional approval)

□ Current Treatment Regimen Provided

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