

Georgia ADAP Prior Approval Application

Hepatitis C Medications

DATE OF REQUEST:

CLIENT INFORMATION:

Client Name (Last, First, M):

District/Clinic where the client is seen:

Client/Caregiver:

1) Patient is willing to take (or caregiver to administer) medications as directed. ☐ Yes ☐ No

2) Patient has prior evidence of adherence to therapy and medical care; and prescriber has reasonable expectation that adherent behavior will continue. ☐ Yes ☐ No

3) Patient's home has sufficient storage at the proper temperature. ☐ Yes ☐ No

DRUGS REQUESTED & REQUIRED INFORMATION:

Please complete the sections below by checking the appropriate boxes, and supplying the requested responses/supporting documentation.

Please select requested regimen from the options listed below:

☐ Harvoni™ (Ledipasvir 90mg/ Sofosbuvir 400mg)

☐ Epclusa™ (Velpatasvir 100mg/ Sofosbuvir 400mg)

☐ Zepatier™ (Elbasvir 50mg/ Grazoprevir 100mg)

☐ Mavyret™ (Glecaprevir 100mg/ Pibrentasvir 40mg)

☐ Other regimen. Please specify:

☐ Requesting the State Medical Advisor to make treatment recommendation.

Requested Course of Therapy: ☐ 8 weeks (only Mavyret), ☐ 12 weeks, ☐ 16 weeks

1) Client is an active and stable ADAP client. (**Requirement**) ☐ Yes ☐ No

2) Client Weight:

3) Client Age:

4) Client Sex:

5) Current antiretroviral regimen:

6) List of current non-HIV medications:

7) Does the client have a history of the following?

☐ Allergies

- What medications?

- Describe the reaction:

Georgia ADAP Prior Approval Application

Hepatitis C Medications

☐ Intolerances

- What medications?

- Describe the reaction:

8) Please check and attach copies of the following lab work:

- Conducted in the past two (2) months:

☐ CMP (including albumin, bilirubin, ALT, AST)

☐ CBC

☐ PT/INR

- Conducted at any time prior to starting therapy:

☐ HIV Viral Load

☐ CD4 Count

☐ Hepatitis A (HAV) Total Antibody

☐ Hepatitis C (HCV) Antibody

☐ HCV Viral Load

☐ HCV Genotype/Subtype

☐ HBV Coinfection: HBsAg, anti-HBs, and anti-HBc

☐ If prior HCV treatment, include HCV genotypic resistance test.

- Conducted before starting therapy:

☐ Pregnancy Test (if woman of childbearing age)

- If available:

☐ Liver Biopsy Results

☐ FibroSure

☐ FibroScan

☐ Enhanced Liver Fibrosis Test

☐ Recent right upper quadrant ultrasound or computer tomography of abdomen and pelvis

9) Does the client have cirrhosis?

☐ Yes ☐ No

- If yes, which stage?

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ compensated ☐ decompensated

10) Does the client have a history of Hepatitis C treatment?

☐ Yes ☐ No

- If yes, what treatment?

- Length of treatment?

- Outcome of treatment?

Georgia ADAP Prior Approval Application

Hepatitis C Medications

NOTE: Providers must submit results of the test of cure Hepatitis C Viral Load at treatment culmination and again at 12-weeks following treatment completion.

Prescriber Information:

Provider Name (Last, First, M): Phone:

Email: Signature:

Please provide details for the **administering provider** if different from the prescribing provider. The administering provider will be contacted for follow up **12 weeks** after treatment completion to document cure/failure/non-adherence, etc.

Provider Name (Last, First, M): Phone:

Email:

Clinical Request Determination:

Date Received: Date of Decision:

☐ Request approved ☐ Request Denied

Medical Advisor (Last, First, M):

Phone: Email:

Medical Advisor/ Prescriber Signature:

Comments/Additional Information or Instructions:

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Provider/Prescriber Guidelines:

Patient must have a repeat HIV viral load within 2-8 weeks from medication initiation and If the HIV RNA is detectable at 2-8 weeks, repeat testing every 4-8 weeks until viral load is suppressed to <200 copies/mL.

If CD4 and/or viral load have not improved, clinical improvement (or clinically stable if condition was worsening before) must be documented for continuation of the new regimen.

The prescriber must review the state guidelines and/or restrictions concerning the use of these medications to determine that the patient qualifies.

The prescriber should be an experienced HIV/AIDS provider or should consult with a specialist and must have sufficient office/clinic capability to provide patient education and monitoring.

Guidelines: <https://clinicalinfo.hiv.gov/en/guidelines>

Hepatitis C Guidelines: <http://www.hcvguidelines.org/>

Georgia Department of Public Health [Hepatitis C Testing Toolkit](#)