Hep C Protease Inhibitor Coverage Determination

HEALTHSPRING
More from Medicare. More from life.

bravo HEALTH
a HEALTHSPRING company

For HealthSpring Coverage Determinations please fax requests to: 866-845-7267
For Bravo Health Coverage Determinations please fax requests to: 866-464-0709

Office Contact:	**Provider Specialty:**	
Provider First Name:	**Provider Last Name:**	
Provider Phone:	**Provider Fax:**	
Provider Address:		
License Number:	**DEA Number:**	**NPI Number:**

Member Name:	
Member Address:	
Member Phone:(H)	**(C)**
Member ID:	**DOB:**

Rx	**Prescription Information**		
Drug:	**Dosage:**	**Frequency:**	**Quantity:**
□ **Brand** □ **Generic**	□ **New Medication**	□ **Continuation (Provide Start Date)**	**Refills:**

Select Diagnosis: □ Hepatitis C - Naïve □ Hepatitis C - Relapsed □ Hepatitis C - Previous Failure

List Genotype: _____

Is patient receiving concomitant therapy with Peginterferon Alfa AND Ribavirin? Yes No

Does patient have compensated cirrhosis? Yes No

Victrelis Requests

• For treatment naïve patients who are poor interferon responders: Documentation of HCV-RNA levels at treatment week 4 is required for 44 weeks of therapy.

• For previously treated patients: Documentation of HCV-RNA level decline at week 12 during prior treatment is required for 44 weeks of therapy.

Administration Site: Patient's home: _____ Home infusion: _____ Skilled nursing: _____
Physician's office: _____ Long Term Care: _____ Other: _____

Drug Supplied By: **Pharmacy:** ☐ **Physician's supply:** ☐ **Other:** _____

Additional information must be submitted to support medical necessity (office visit notes, lab values, etc.). Quantity limits may apply to this medication.

☐ ***Request for expedited review [24 hours]. By checking this box, I certify that applying 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.***

Provider Signature: **Date:**

*For specialty medications, I authorize HealthSpring as my designated agent to forward the above prescription to the preferred specialty pharmacy

A Coordinated Care plan with a Medicare Advantage contract

HS_12_0049