Prescriber Certification
Patient Education for Hepatitis C Treatment

Please sign and fax to Envolve Pharmacy Solutions at 1-866-399-0929 with the Antiviral Agents for Hepatitis C Virus Prior Authorization Form-Initial Request. Please read the Hepatitis C Prior Authorization Criteria and Policy prior to signing this document.

As the prescriber I agree to provide verbal and written educational information about chronic hepatitis C virus (HCV) and current treatment options, including but not limited to the following:

Prevention of HCV re-infection and human immunodeficiency virus (HIV) transmission

- Patients should abstain from injection drug use.
- Other methods of transmission, include needle sharing, sex with infected partners, sharing personal items that might have blood on them such as razors or toothbrushes, or exposure to infected blood and body fluids via cuts or sores on the skin.

Prevention of liver disease progression

- HCV-positive persons should be advised to avoid alcohol because it can accelerate liver disease. Abstinence from alcohol and, when appropriate, interventions to facilitate cessation of alcohol consumption should be advised for all persons with HCV infection.
- The CDC recommends Hepatitis A and B vaccines as well as a yearly influenza vaccine for those with HCV infection. [www.CDC.gov/vaccines/schedules/](http://www.CDC.gov/vaccines/schedules/)
- Cases of hepatitis B virus (HBV) reactivation have been reported in HCV/HBV co-infected patients. Patients should be assessed for HBV reactivation at regular intervals, but no more frequently than every 4 weeks.
- Take only medications approved by a health care professional. Prescription drugs as well as over the counter medications and herbal medicines may cause further damage to the liver.
- A buildup of fat in the liver can cause further liver damage. Eating healthy and working out can help patients lose weight and maintain a healthy weight. HCV infected persons who are overweight or obese should be counseled regarding strategies to reduce weight and improve insulin resistance via diet, exercise or medical therapies.

Drug treatment process

- Patient should provide accurate contact information with a secondary contact for backup.
- Patient is expected to return for laboratory tests at predetermined intervals.
- Adherence to the drug regimen is critical to successful treatment. Medicaid may deny a refill or authorization request due to failure to refill the medication in a timely manner, defined as a refill that is greater than 14 days late. Failure to comply with therapy may result in treatment denial.
- Appropriate education regarding dosage administration, missed doses, food affects, side effects and adverse events related to selected treatment regimen, and therapy duration must be provided prior to treatment initiation.
- Pregnancy is contraindicated during treatment with regimens containing ribavirin. Women of childbearing age should be counseled not to become pregnant while receiving ribavirin-containing regimens, and for up to 6 months after stopping. Two methods of contraception are recommended during drug treatment. Estrogen based therapies may be contraindicated. Estrogen therapy should be replaced with progestin therapy if appropriate.
- HCV infected persons should check with a health care professional before taking any new prescription drug, over the counter drugs, or herbal or nutritional supplements to monitor for potential drug interactions.

Additional information

- Prescriber agrees to provide supporting documentation for any information on the prior authorization form if requested by patient's health plan, provided the request is in compliance with HIPAA.
- Failure to provide required labs or requested documents may result in treatment denial.

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Patient support programs

Patient support programs offer various levels of support throughout HCV treatment and some, after treatment completion. These programs are supported by drug manufacturers, and are run independently of Texas Medicaid. Patients may obtain benefit from enrolling in the program specific to the patient's drug regimen.

- **Abbvie**
  - Website: [www.Viekira.com/proceed-program](http://www.Viekira.com/proceed-program)
  - Phone: 1-844-2proceed (1-844-277-6233)

- **Bristol-Myers Squibb**
  - Website: [www.PatientSupportConnect.bmscustomerconnect.com](http://www.PatientSupportConnect.bmscustomerconnect.com)
  - Phone: 1-844-44-Connect (1-844-442-6663)

- **Gilead**
  - Phone: 1-855-7-MYPATH (1-855-769-7284)

- **Merck**
  - Phone: 1-866-251-6013

Prescriber acknowledgment

By signing below, I agree that I have explained the contents of this document, provided written and verbal education to the patient, and answered any questions the patient may have regarding their Hepatitis C treatment.

Prescriber Signature: ___________________________________________ Date: ____________________________

Prescriber Printed Name: _______________________________________________________________________

Patient acknowledgment

By signing below, I agree that the doctor has explained the contents of this letter and answered any questions I have regarding my Hepatitis C treatment.

Patient Signature: ___________________________________________ Date: ____________________________

Patient Printed Name: _______________________________________________________________________