



Iowa Department of Human Services
Request for Prior Authorization – Addendum
Post Hepatitis C Treatment Information
Sustained Virologic Response (SVR) Reporting

FAX Completed Form To
1 (800) 574-2515
Provider Help Desk
1 (877) 776-1567

(PLEASE PRINT – ACCURACY IS IMPORTANT)

IA Medicaid Member ID # 	Patient name	DOB
Patient address		
Provider NPI 	Prescriber name	Phone
Prescriber address		Fax
Pharmacy name	Address	Phone
Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.		
Pharmacy NPI 	Pharmacy fax	NDC

Prior authorization (PA) is required for hepatitis C treatments. PA criteria require the prescriber to submit viral load data 12 weeks after the completion of therapy (SVR12).

Post-treatment viral load (**attach results**): _____ Date Obtained: _____

Did patient achieve cure?

Yes No, provide reasoning for failure to achieve cure: _____

Did patient experience any adverse events during treatment? No Yes, provide a description of adverse events experienced by the patient: _____

Rationale for not obtaining required data or anticipated date of completion: _____

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.)	Date of submission
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IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.