Arkansas Medicaid Prescription Drug Program

Hepatitis C Virus (HCV) Medication Therapy Request Sheet

Fax completed form and required documentation   to the

5. Does patient have HIV/HCV or HBV/HCV co-infection?   YES   NO   HIV   HBV If YES, treatment of HIC/HCV-co-infected patients requires continued awareness and attention to the complex drug interactions that can occur between DAAs and antiretroviral medications. Please refer to the AASLD HCV guidelines or the DHHS HIV treatment guidelines.[4]
6   **1a   1b   2   3   4   5   6   (circle one)**
7. If patient is GT-1a, submit lab results from NS5A resistance-associated polymorphism testing. ****This information is mandatory for all GT-1a requests****
8. Submit current documentation for all liver function lab test results, such as Platelets, INR, ALT, AST, etc.
9. What is the Metavir Score? 0   1   2   3   4 (circle one)
10. Does the patient have a diagnosis of cirrhosis?   YES   NO
11. If YES for cirrhosis, has a liver biopsy been performed?   YES   NO   *IF YES, INCLUDE COPY OF BIOPSY RESULTS*

12. If patient has cirrhosis and liver biopsy has *not* been performed, submit definitive documentation from 2 modalities to confirm cirrhosis:
  1. Submit results from a   simplified ELF index) *AND*
  2. Submit results from a   or Magnetic Resonance Elastography (MRE)