



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 MO HEALTHNET DIVISION  
**HEPATITIS C TREATMENT PRIOR AUTHORIZATION**

RETURN TO: ATTN: DRUG PRIOR AUTHORIZATION  
 MO HEALTHNET DIVISION  
 PO BOX 4900  
 JEFFERSON CITY, MO 65102-4900

**PLEASE PRINT OR TYPE. ALL INFORMATION MUST BE SUPPLIED OR THE REQUEST WILL NOT BE PROCESSED.**

PHONE: (800) 392-8030 FAX: (573) 636-6470

MO HealthNet partnered with AbbVie in a modified subscription model from July 2021 to June 2024 to utilize the medication Mavyret with a goal to eliminate HCV in the MO HealthNet population over the next 3 years. This partnership allows MO HealthNet to remove the prior authorization requirement for Mavyret and ensure access to Mavyret for all MO HealthNet participants infected with HCV.

Mavyret does not require a prior authorization, and therefore this form is not needed for Mavyret prescriptions.

This form should be completed for all other HCV agents. Please see our full Hepatitis C Agents PDL Edit for more information:

<https://dss.mo.gov/mhd/cs/pharmacy/pdf/hepatitis-c-therapy.pdf>.

Participant Name	Date of Birth	Participant MO HealthNet Number
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What is the requested drug name, strength, dosing form and directions?

Diagnosis Including ICD-10 Code (must provide diagnosis consistent with medically accepted use)

Is the patient currently taking the requested drug?  YES  NO

If yes, date drug was first used: \_\_\_\_\_

Duration of need:

- To complete a review of the Hepatitis C treatment regimen, the following documentation must also be submitted:**
- Clinical documentation for why Mavyret cannot be utilized for the participant.
  - Baseline viral load lab report.
  - Baseline fibrosis score.
    - Please note: a fibrosis score of F4 also requires a Child-Pugh score to be submitted.
  - For Zepatier: NS5A RAV polymorphism report.

Prescriber name and specialty	Prescriber Provider NPI
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Prescriber Telephone Number	Prescriber Fax Number	Prescriber Other contact info
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Name, title and credentials of person completing form

Telephone Number of person completing form	Fax number of person completing form	Other contact info of person completing form
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Signature of person completing form	Date
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