



# Hepatitis B Drug Prior Authorization Request Form

Phone: (888) 665-4621 Fax: (866) 508-6445

**Date:** \_\_\_\_\_ **Request type:**  Urgent  Standard  
Standard request: Allow 24 hours or 1 business day to process

### PATIENT INFORMATION:

Member Name (Last, First, MI):		Contact Phone Number:		
Molina Identification Number:	Date of Birth:	Gender:	Height:	Weight:

### PRESCRIBER INFORMATION:

Prescriber Name & Specialty:		NPI number:		
Phone Number:		Fax Number:		
Prescriber's email address (if you would like to receive a response via secure email):				

### PHARMACY INFORMATION:

Pharmacy Name:		Pharmacy NPI:		
Phone Number:		Fax Number:		

### MEDICATION REQUESTED: (LIMIT ONE MEDICATION REQUEST PER FORM)

Drug name, strength, quantity, and dosing directions (**GENERIC EQUIVALENT IS MANDATORY UNLESS OTHERWISE INDICATED**)

<input type="checkbox"/> <b>Baraclude</b> <input type="checkbox"/> 0.5mg <input type="checkbox"/> 1mg <input type="checkbox"/> 0.05mg/mL	<input type="checkbox"/> <b>Epivir HBV</b> <input type="checkbox"/> 100mg <input type="checkbox"/> 5mg/mL	<input type="checkbox"/> <b>Hepsera</b> 10mg
Directions & Quantity:		Duration of Treatment:

\*please note: Viread, Truvada, and Tyzeka should be billed to Medi-Cal FFS.

### DIAGNOSIS:

- Chronic Hepatitis B (HBV)
- Pre-Core mutant Hepatitis B (HBV)

Is this member therapy naive? Yes  No

Is the member currently receiving the requested medication? Yes  No

If no, is this member receiving another Hepatitis B agent? Yes  No

If yes, list the medication: \_\_\_\_\_

### REQUIRED LAB:

Lab Value	Baseline (pre-treatment)	24 -week (6 month)	48-week (12 month)	72-week (18 month)	96-week (24 month)	____-week (____ month)
Date Labs Drawn						
HBsAg (+/-)						
HBeAb (+/-)						
HbeAg (+/-)						
HBV DNA (iu/mL)						
ALT						
Anti-viral resistant HBV (Y/N)						

- Yes  No Liver Biopsy Results: \_\_\_\_\_
- Yes  No Member is listed for liver transplant
- Yes  No Member has decompensated cirrhosis
- Yes  No Member has a family history of cirrhosis
- Yes  No Request is for combination therapy with \_\_\_\_\_ and \_\_\_\_\_

\* The Molina Formulary is available to download onto your PDA at [www.ePocrates.com](http://www.ePocrates.com) or [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com)

**Completed by (print name/title):** \_\_\_\_\_  Prescriber's Office  Pharmacy

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