

If the following information is not complete, correct, or legible, the SA process can be delayed. Please use one form per member.

MEMBER INFORMATION

Last Name:	First Name:	
Medicaid ID Number:	Date of Birth:	
Gender: Male Female	Member Age:	
PRESCRIBER INFORMATION		
Last Name:	First Name:	
NPI Number:		
Phone Number:	Fax Number:	
Prescriber Specialty: Non-preferred hepatitis C medication must be prescribed by one of the following specialty physicians below or be in consultation with one of the following:		
Gastroenterologist Hepatologist	Transplant specialist Infectious disease	
Other:		
DRUG INFORMATION		
Drug Name/Form:		
Strength:		
Dosing Frequency:		
Length of Therapy:		
Quantity per Day:		
(Form continued on next page.)		

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MCC SA Form: Hepatitis C Antivirals

Member's Last Name:	Member's First Name:	
DIAGNOSIS (you may check more than one box)		
Acute or chronic hepatitis C Compensated cirrhosis Hepatocellular carcinoma		
Decompensated cirrhosis (Child-Pugh score class B or C)		
Severe renal impairment (eGFR < 30 mL/min/1.73 m ²) or end stage renal disease requiring hemodialysis		
HCV Genotype:		
Choose One: Treatment initiation Continuation of therapy, current week: PREVIOUS HEPATITIS C TREATMENTS		
Treatment naïve		
Treatment experienced with (check all that apply):		
Daklinza [®] (daclatasvir)	Epclusa [®] (sofosbuvir/velpatasvir)	
Harvoni [®] (ledipasvir-sofosbuvir)	Incivek [®] (telaprevir)	
Interferon	ledipasvir-sofosbuvir	
Olysio [®] (simeprevir)	peginterferon	
🗌 ribavirin	sofosbuvir/velpatasvir	
Sovaldi [®] (sofosbuvir)] Technivie [®] (ombitasvir/paritaprevir/ritonavir)	
Viekira Pak [®] (ombitasvir/paritaprevir/ritonavir) with dasabuvir		
Viekira XR™ (ombitasvir/paritaprevir/ritonavir; dasabuvir)		
Zepatier [®] (elbasvir and grazoprevir)		
Document dates received:		

Prescriber Signature (Required)

Date

By signature, the physician confirms the above information is accurate and verifiable by member records.

Please include ALL requested information; incomplete forms will delay the SA process. Submission of documentation does NOT guarantee coverage by Molina Complete Care.

The completed form may be **FAXED to 1-844-278-5731**, or you may call the number below.

CCC Plus: 1-800-424-4524 (TTY 711) **Medallion 4.0:** 1-800-424-4518 (TTY 711)

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