



**Louisiana Health Access Program (LA HAP)
For Uninsured LA HAP Members
Prior Authorization for Hepatitis C Treatment Regimens**

RAMSELL TELEPHONE: 1-888-311-7632 RAMSELL FAX: 1-800-848-4241

APPLICATION INFORMATION

Ramsell is the contracted PBM service provider for Louisiana Health Access Program (LA HAP). Requests for prior authorization of Hepatitis C therapy in uninsured clients will be reviewed for the appropriateness of treatment by Clinical Pharmacists in the Ramsell Clinical Department.

Please complete the attached supplemental Prior Authorization Form for Hepatitis C Treatment Regimens and fax it to Ramsell Corporation at **1-800-848-4241**.

The request must include all supporting lab results and chart documentation for approval.

Questions should be directed to Ramsell's Helpdesk at **1-888-311-7632**. **A response will be provided to the pharmacy or prescriber within 24-48 business hours.**

FINANCIAL ELIGIBILITY

Patients must have current, non-temporary eligibility for the Louisiana Health Access Program for uninsured patients. They must maintain program coverage throughout the course of Hepatitis C treatment.

Treatment Approval: Authorization to receive Hepatitis C treatments is dependent upon the genotype, Hepatitis C viral load, prior treatment regimens, and a history of advanced liver disease (cirrhosis).

Limits: Treatment for Hepatitis C regimens are limited by program funding. Approval of this application is dependent on the availability of LA HAP funding.

Approval notification: Pharmacies will be notified of the approval decision via fax within 24 – 48 business hours. Denied claims will be required to provide additional documentation for review.

CLINICAL SCREENING

All supporting laboratory results and chart notes are **REQUIRED:**

- Hepatitis C Genotype
- Baseline Hepatitis C RNA viral load (within the last 12 months)
- Prior treatment regimens
- History of Advanced liver disease (cirrhosis)



Additional information: For the latest Hepatitis C treatment recommendations, consult the American Association for the Study of Liver Diseases (AASLD)/Infectious Diseases Society of America (IDSA) Hepatitis C Treatment Guidelines at www.hcvguidelines.org.

[Link to Pharmacy Locator](#)

Pharmacy Name	Pharmacy Address	City	State	Zip Code	Phone Number	Fax Number
LALLIE KEMP HOSPITAL ¹	52579 HWY 51 SOUTH	INDEPENDENCE	LA	70443	985-878-1317	985-878-1548
UNIVERSITY HOSPITAL & CLINICS OUTPATIENT PHARMACY ¹	2390 WEST CONGRESS ST	LAFAYETTE	LA	70506	337-266-4869	337-261-6263
MOSS MEMORIAL CLINIC PHARMACY	1000 WALTERS	LAKE CHARLES	LA	70607	337-480-8085	337-480-8216
AVITA DRUGS, LLC DBA AVITA PHARMACY (#2) 1040*	5551 CORPORATE BLVD, SUITE 102	BATON ROUGE	LA	70808	225-924-1930	225-924-2620
WINN DIXIE #1577	13002 COURSEY BLVD.	BATON ROUGE	LA	70816	225-756-7110	225-756-7109
RELIANT HEALTHCARE*	1004 NORTH 19 TH STREET	MONROE	LA	71201	318-322-8326	318-322-0998
AVITA DRUGS LLC DBA AVITA PHARMACY 1039*	1631 ELYSIAN FIELDS AVE., STE 200	NEW ORLEANS	LA	70117	504-620-0670	877-226-9742
AVITA DRUG, LLC DBA AVITA (#1) PHARMACY 1037*	2601 TULANE AVE. STE. 445	NEW ORLEANS	LA	70119	504-822-8013	504-822-8141
AVITA DRUG, LLC DBA AVITA PHARMACY 1038* Crescent Care	3308 TULANE AVE. STE 102	NEW ORLEANS	LA	70119	504-309-2557	225-663-2158
KINGS PHARMACY (PARISH PHARMACY DBA KINGS PHARMACY)	3102 LINWOOD AVE.	SHREVEPORT	LA	71103	318-635-8159	318-631-7688

1 = Pharmacy only able to service patients of the facility's hospital clinics for LA HAP

* = Pharmacy provides mail service



**Louisiana Health Access Program (LA HAP) – Uninsured Patients
Supplemental Form for Hepatitis C Treatment Regimens**

RAMSELL TELEPHONE: 1-888-311-7632 RAMSELL FAX: 1-800-848-4241

Please complete the appropriate sections below for determination of treatment authorization.

A response is provided to the pharmacy and/or prescriber within 24-48 business hours.

PA required for LA HAP uninsured member ONLY.

Patient Name _____ Prescribing Physician _____
Last Name First Name
 Prescriber NPI # _____ Specialty _____

Member ID _____ Physician Phone # _____ Fax# _____

DOB _____ Height _____ Weight _____ Pharmacy Name _____

CD4 count _____ HIV viral load _____ NPI# _____ Contact Person _____

Baseline Hepatitis RNA: _____ Pharmacy Phone# _____ Fax# _____

 Signature of pharmacist or physician Date [Click for Uninsured Pharmacy Locator](#)

By signing above, you attest that all statements on this form are true to the best of your knowledge.

Supporting labs are REQUIRED for approval of this request. (HCV genotype and viral load)

REQUIRED DOCUMENTATION - Please submit the following lab results with PA form:

Hepatitis C Genotype Hepatitis C RNA viral load (within the last 12 months)

Does this patient have diagnosis of Chronic Hepatitis C? Yes No

What is the Hepatitis C Genotype? (circle): 1a 1b 2 3 4 5 6

Has this patient been treated for Hepatitis C previously? (Check all that apply)

- None (Treatment naïve)
- If yes, provide drug name, duration of therapy, last treatment date:

What is the planned treatment regimen and duration? (Please select treatment and provide dosing and duration):

- Elbasvir-grazoprevir (**Zepatier®**) Dosing: _____ Duration: _____ weeks
- Glecaprevir-pibrentasvir (**Mavyret®**) Dosing: _____ Duration: _____ weeks
- Ledipasvir-sofosbuvir (**Harvoni®**) Dosing: _____ Duration: _____ weeks
- Ombitasvir-paritaprevir-ritonavir-dasabuvir (**Viekira Pak®**) Dosing: _____ Duration: _____ weeks
- Sofosbuvir (**Sovaldi®**) Dosing: _____ Duration: _____ weeks
- Sofosbuvir-velpatasvir (**Epclusa®**) Dosing: _____ Duration: _____ weeks
- Sofosbuvir-velpatasvir-voxilaprevir (**Vosevi®**) Dosing: _____ Duration: _____ weeks

If the patient has advanced liver disease, please answer the following questions. (Circle)

- Does this patient have a history of cirrhosis? YES NO
- Does this patient have decompensated liver disease? YES NO

Prescriber Acknowledgement

- I agree to submit HCV RNA result from 4 (or 12) weeks after treatment completion for program evaluation purposes (FAX to Ramsell)
- I have reviewed the clinical information on the proposed prescription for possible drug-drug interactions with other medications currently prescribed to the patient