Wyoming Medicaid Client Disclosure and Commitment to Take Hepatitis C Medications

Please initial each statement that you have read and discussed the "Disclosure and Commitment to Take Hepatitis C Medications" form with your healthcare provider.

___ I understand that I will be taking very potent and expensive Hepatitis C medication(s). After discussion of the nature, alternatives, risks and benefits of these medications with my prescriber, I agree to take them as instructed. I understand that this combination of medication is to manage my Hepatitis C and has shown a high chance of a successful response in the treatment of Hepatitis C when taken appropriately.

___ I understand that there are risks to not treating chronic Hepatitis C, including disease progression, developing cirrhosis, liver cancer and liver failure. I also understand there are risks and hazards related to the use of these medications. The risks and benefits have been reviewed and discussed with me by my prescriber.

___ I will commit to the following processes to help make this treatment successful:
□ Daily adherence to medication unless told by prescriber/pharmacy to stop medication
□ Timely laboratory monitoring per prescriber's request
□ Medication counseling, education and training regarding administration and side effects
□ Telephone follow-ups with prescriber, pharmacy, Medicaid and the Pharmacy Care Management program
□ No missed follow-up appointments with prescriber during this treatment

___ I understand that if I am not committed to this regimen that I put myself in jeopardy with treatment failure and denial of medication coverage for this particular regimen by Wyoming Medicaid. I understand that only one course of therapy is allowed in my Wyoming Medicaid lifetime.
___ I have been given an opportunity to ask questions about my condition, alternative treatment options and risks of treatment, and I believe that I have sufficient information to understand the content of this disclosure and commitment to this treatment option.
___ I understand no warranty of guarantee has been made to me as a result of using this drug of the possibility of curing my condition. I acknowledge that I have been given a copy of this completed commitment form. I willingly give commitment to the following regimen.

□ **Harvoni 90/400 mg** by mouth once daily
□ **Epclusa 400/100 mg** by mouth once daily
□ **Mavyret 100/40 mg** three tablets by mouth once daily
□ **Other: _____**
*Please note:
Zepatier requires testing for NS5A polymorphism
Harvoni & Olysio require documentation of cirrhosis

□ Projected start date if regimen is approved by insurance: _____ Duration: _____ weeks

Client Name: _____ Client Signature: _____ Date: _____ Client Phone Number: _____

I, the undersigned prescriber, do hereby affirm that I have disclosed all of the above statements with full explanation to the client. I have specifically explained that Wyoming Medicaid will only cover one such treatment for the client, and non-compliance with the prescribed Hepatitis C regimen may put the client in jeopardy for denial of coverage in the future.

Prescriber Signature: _____ Date: _____
**** Prescriber's original signature required; copied, stamped, or e-signatures are not allowed. By signature, the prescriber confirms the criteria information above is accurate and verifiable in client records.***

Please fax completed form with the prior authorization request to Change Healthcare: 866-964-3472. For any other questions, please call the Change Healthcare Help Desk at 877-209-1264.