P.O. Box 30192
Salt Lake City, UT 84130-0192
801-442-4912 or 800-442-3219
Fax 801-442-3006

selecthealth℠

PREAUTHORIZATION FORM

Pegasys™ (preferred) and Peg-Intron™ (non-preferred)
for the Treatment of Hepatitis B

Therapeutic use: Treatment of chronic Hepatitis B

Authorization Period: Initial authorization will be for 24 weeks, may be extended based on seroconversion.

Patient's name _____

Patient's ID# | | | | | | | | | DOB | | / | | / | | | | |

ICD-9 | | | | | | | | | | | _____

Physician's name_____

Physician's Ph# (| | |) | | | - | | | | | Fax# | | | - | | | | |

Physician's signature_____ Date signed | | / | | / | | | | |

Supervising Physician's name_____ (Required if requesting provider is a nurse practitioner or physician assistant)

Please check "Yes" or "No" or answer the following questions:			
1.	Is the prescribing physician a gastroenterologist or an infectious disease physician (or has a GI or ID specialist been consulted)?	❑ Yes	❑ No
2.	Which drug is being requested? ❑ Peg-Intron (S0148) ❑ Pegasys (S0145) **Note: Pegasys is the preferred pegylated interferon-alfa product, letter of medical necessity is required when requesting Peg-Intron**		
3.	Is the patient diagnosed with chronic **hepatitis B** virus (HBV) with compensated liver disease?	❑ Yes	❑ No
	a. Are the patient's pre-treatment HBV DNA levels >20,000 IU/mL? (**please attach chart & lab notes)**	❑ Yes	❑ No
	b. Will this be used as monotherapy? ▪ Therapy will be authorized for 26 weeks initially (includes 2 weeks for lab results) ▪ Therapy will be extended for 48 weeks after documented HBeAg seroconversion	❑ Yes	❑ No
Alpha interferons may cause or aggravate fatal or life-threatening neuropsychiatric, autoimmune, ischemic, and infectious disorders. Therapy should be withdrawn in patients with persistently severe or worsening signs or symptoms of these conditions.			

This form is intended for SelectHealth members only. All requests for preauthorization should be sent via fax to 1-801-442-3006. Missing, inaccurate, or incomplete information may cause a delay or denial of authorization.

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