



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

APPLICATION INFORMATION

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

Please complete the attached supplemental form for Hepatitis C Treatment Regimens and fax to LA HAP at 504-568-3157. The request must include all of the supporting lab results and chart documentation for approval. For questions regarding services, call LA HAP at 504-568-7474.

FINANCIAL ELIGIBILITY

Patients must have current, non-temporary eligibility for the Louisiana Health Access Program for uninsured patients and LA HAP eligible Medicaid patients. They must maintain program coverage throughout the course of Hepatitis C treatment. If LA HAP has not confirmed eligibility, the application will be denied.

Approval Period: Authorization to receive Hepatitis C treatments are dependent upon the genotype, prior treatment regimens and/or 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 availability of LA HAP funding.

Approval notification: Clinicians will be notified of the approval decision via fax.

MEDICAL ELIGIBILITY

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

- Baseline Complete Blood Count
- Hepatitis C Genotype
- Baseline Hepatitis C RNA viral load (within the last 3 months)
- CD4 count (within the last 6 months)
- HIV viral load (within the last 6 months)

If the patient has cirrhosis, please provide documentation to support the diagnosis of cirrhosis. Some examples include fibrosis staging, liver biopsy results and Child Pugh scoring:

- Fibrosis staging (METAVIR, FibroSure, etc)
- Liver biopsy results
- Child Pugh Score

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.



Pharmacy Name	Pharmacy Address	City	State	Zip Code	Phone Number	Fax Number
OUR LADY OF THE ANGELS HOSPITAL PHARMACY	400 MEMPHIS STREET	BOGALUSA	LA	70427	985-730-7219	985-730-7220
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
UNIVERSITY HEALTH CONWAY ²	4864 JACKSON ST., RM 1-161-B	MONROE	LA	71210	318-330-7143	318-330-7760
UNIVERSITY HEALTH SHREVEPORT ²	1606 KINGS HIGHWAY	SHREVEPORT	LA	71103	318-813-1304	318-675-5181
AFFORDABLE PHARMACY	1718 N. FOSTER, SUITE B	BATON ROUGE	LA	70806	225-771-8134	225-771-8197
AVITA DRUGS #2	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
AVITA DRUGS #3*	219 SUNSET AVENUE, STE 118A	DALLAS	TX	75208	225-236-1540	225-924-3217
RELIANT HEALTHCARE*	1004 NORTH 19 TH STREET	MONROE	LA	71201	318-322-8326	318-322-0998
AVITA DRUGS #1*	2601 TULANE AVE. STE. 445	NEW ORLEANS	LA	70119	504-822-8013	504-822-8141
AVITA DRUGS – Crescent Care	3308 TULANE AVE. STE 102	NEW ORLEANS	LA	70119		225-663-2158
RITE CARE PHARMACY*	3102 LINEWOOD 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 and LA HAP Medicaid

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

* = Pharmacy provides mail service