



**Prescription Drug Coverage Determination Form**

Interferon

Infergen® (interferon alfacon-1)

Please fax the completed form to Mercy Health Plans' Pharmacy Department at 314-214-8201 or 1-800-466-9854.

**Patient Information**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Subscriber ID#: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Physician Information**

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_ Tax ID#: \_\_\_\_\_  
Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person \_\_\_\_\_

Physician Signature (REQUIRED): \_\_\_\_\_ Date \_\_\_\_\_

Medication Information (requests for non-formulary agents will be considered for members having a documented failure or contraindication to preferred agents.)

Medication name: \_\_\_\_\_ J-code: \_\_\_\_\_  
Dose: \_\_\_\_\_ Directions: \_\_\_\_\_  
Expected Duration of Therapy: \_\_\_\_\_

**Prior Authorization Criteria:**

- 1. Is the medication being requested to treat an FDA-approved indication not otherwise excluded from Part D?  Yes  No  
Diagnosis: \_\_\_\_\_ ICD-9 code \_\_\_\_\_
- 2. Does the patient have a diagnosis of chronic hepatitis C infection?  Yes  No
- 3. Does the patient have detectable levels of hepatitis C RNA (a viral load) in the serum?  Yes  No
- 4. Has the patient received at least 6 months of alpha interferon therapy previously?  Yes  No  
If yes:
  - Did the patient have detectable hepatitis C (HCV) RNA (a viral load) in the serum after or at the end of the initial treatment period?  Yes  No
  - Did the patient experience a 2-log decrease in viral load?  Yes  No
- 5. Does the patient have compensated liver disease?  Yes  No

Please provide any additional history or medical information that may support coverage (attach office notes as necessary): \_\_\_\_\_

Note: If approved coverage will be as specified in above criteria or through the end of the year (December 31, 20xx). Some medications may be subject to quantity limitations or restricted to certain pharmacies.