



STATE OF MARYLAND

**DHMH**

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Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

**Maryland Medicaid Hepatitis C retreatment synopsis**

**Date:**

**Name of the Patient:**

**Genotype:**

**Metavir Grade:**

**Stage:**

**Fibrosis:**

**Requested Drug therapy:**

**Does patient meet the current Hepatitis C treatment criteria? (Y or N)**

**Should patient be retreated? (Y or N)**

**Please provide brief justification, as to why?**

If retreatment authorized, enhanced adherence documentation criteria will apply (including viral load [1<sup>st</sup> – after 2 weeks, 2<sup>nd</sup> – after 4 weeks] then follow clinical criteria, psychosocial services) and MCO are required to monitor those criterions.

**Amerigroup Community Care  
1-800-454-3730  
Fax form to 1-844-490-4871**