



**Baraclude® (entecavir) Supplemental Prior Authorization Application
Washington State Early Intervention Program (EIP)**

PATIENT INFORMATION

Name of Patient: _____ DOB: _____

Early Intervention Program # or Social Security #: _____

APPLICATION INFORMATION

Approval Period: Authorization for treatment is issued for the duration of treatment with Baraclude as long as client remains eligible for the Washington State Early Intervention Program (EIP). The pharmacy provider will be required to submit the prescription PA form with each fill for clients with other coverage.

MEDICAL ELIGIBILITY (To be completed by the patient's clinician)

1. This patient has experienced Hepatitis treatment failure while on treatment with lamivudine and tenofovir.
2. This patient has experienced hepatitis B treatment failure while on treatment with lamivudine only and was unable to take tenofovir for the following reason:

3. Hepatitis treatment failure was documented by a (+) Heb B DNA and a (+) HepBeAG (Hepatitis B envelope antigen).

CLINICIAN INFORMATION

Printed name of clinician completing this form: _____

Clinician Signature: _____ Date: _____

Phone Number: _____ Fax Number: _____

FAX THIS APPLICATION TO Ramsell Public Health Rx 1.800.848.4241 Ramsell Public Health Rx is the pharmacy benefit manager for the Washington State Early Intervention Program (EIP) (EIP) Clinicians will be notified of approval or denial following review of this application.