

From: [MFC ProviderRelations](#)
To: [Tambascio, Darin A](#)
Subject: Hepatitis C Therapy Prior Authorization Form
Date: Friday, August 20, 2021 6:34:42 PM
Attachments: [Hep-C-PA-form_Aug2021_fillable_08202021.pdf](#)

Dear MedStar Family Choice Maryland HealthChoice Provider,

The Maryland Department of Health has implemented changes to its Hepatitis C Therapy Prior Authorization Form for Maryland Medicaid recipients.

Be sure to use a copy of attached updated MedStar Family Choice Hepatitis C Therapy Prior Authorization Form when submitting an authorization request for Hepatitis C Therapy.

It is important to note: Forms must be completed in its entirety and signed by the prescribing physician. Failure to do so will result in a delay of the authorization process.