



**Beneficiary Psychosocial Readiness**

**Beneficiary Readiness Evaluation:**

Beneficiary psychosocial readiness is a critical component for Hepatitis C treatment success. It is important that any potential impediments to the effectiveness of treatment have been identified and that a plan for dealing with these impediments has been developed. The beneficiary must be educated that abuse of alcohol may cause further liver damage and that abuse of IV injectable drugs will increase the risk of re-infection of Hepatitis C if the virus is cleared. Both the provider and the beneficiary should feel that the beneficiary is committed to effectively start and successfully adhere to treatment. Attach additional explanations on separate sheet if needed.

**Please discuss the following questions with your beneficiary, document their responses, and have beneficiary sign:**

**1. Does beneficiary have a history of alcohol abuse? Yes No**

If yes, how long has it been since beneficiary last used alcohol? \_\_\_\_\_

If yes, is beneficiary attending a support group or receiving counseling? Yes No

**2. Does beneficiary have a history of injectable drug abuse? Yes No**

If yes, how long has it been since beneficiary last used an injectable drug? \_\_\_\_\_

If yes, is beneficiary attending a support group or receiving counseling? Yes No

**3. Does beneficiary have a history of any other controlled-substance abuse? Yes No**

If yes, how long has it been since beneficiary last used this substance? \_\_\_\_\_

If yes, is beneficiary attending a support group or receiving counseling? Yes No

**4. Does beneficiary have difficulties with medication compliance and/or showing up for appointments? Yes No**

If yes, how will compliance/ involvement be improved? \_\_\_\_\_

**5. Does beneficiary have mental health conditions that are not being adequately treated? Yes No**

If yes, please explain, and state the plan for treatment: \_\_\_\_\_

**6. Does beneficiary have adequate social support? Yes No**

If not, please state a plan to improve support: \_\_\_\_\_

**Hepatitis C Beneficiary Readiness Criteria:**

1. For beneficiaries with a history of alcohol abuse or IV drug use, a commitment to abstinence is required. For beneficiaries with a recent history of alcohol abuse or IV drug use (within the past year) enrollment in a treatment program, and/or counseling, and/ or an active support group is also required. Beneficiaries must agree to toxicology and/or alcohol screens as needed.

2. Beneficiary must be reasonably compliant with all current medications that are being prescribed for all disease states/conditions to be considered eligible for Hepatitis C treatment.

3. Beneficiary must have a history of showing up for scheduled appointments/labs leading up to the prescribing of Hepatitis C treatment.

4. If beneficiary has mental health conditions, beneficiary must be compliant with mental health medications and/or psychotherapy. If beneficiary has mental health conditions that are not currently being treated, then a mental health consult to assess for beneficiary readiness will be required before Hepatitis C treatment can begin.

**Beneficiary signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Mandatory

**Fax this form to: (800) 678-3189**

**Pharmacy PA Call Center: (866) 799-5318**