HEPATITIS C THERAPY

Request Form FAX to 503-416-8109

Revised 05/25/2017

315 SW Fifth Avenue, Suite 900
Portland, Oregon 97204
503-416-4100 or 800-224-4840
800-735-2900 (TTY/TDD)
www.careoregon.org

For assistance with this form, you may call CareOregon at 503.416.4100 or 800.224.4840 - Monday through Friday from 8 am - 5 pm. CareOregon requests careful selection when checking urgent as it delays review of other requests that may seriously jeopardize the health of another member, please mark URGENT only as necessary. To view our drug policies, search through the **PA Criteria Document**.

**** All fields are mandatory and failure to complete will result in the request being cancelled****

A standard request may take up to 3 days to process, but the average process time is less than 24 hours.

☐ **URGENT REQUEST Initial response within 24 hours (Should be reserved for those actively on treatment or in transplant setting)**

Patient Name:	Prescriber Name:
Member ID #:	NPI#:
Patient DOB:	Clinic Name:
Pharmacy Name:	Prescriber Office Phone: / Prescriber Office Fax:
Pharmacy Phone:	Prescriber Contact Person:

Hepatitis C Drugs Requested (include all in regimen including strength)	**Frequencies:**

Desired Length of Treatment:

Estimated Start Date of Treatment: ☐ Already Started on:

Past Treatment History

Does the patient have a history of HCV treatment? ☐ No ☐ Yes; Drug Regimen: ____________________

Outcome?: ☐ Relapse ☐ Non-Response ☐ Adverse Event

Patient's HCV Genotype:	Quantitative HCV RNA:
Does the patient have co-morbid HIV? ☐ Yes ☐ No	Does the patient have co-morbid Hepatitis B? ☐ Yes ☐ No
Stage of fibrosis and method of testing (ie Biopsy, FibroScan, SW Elastography, FibroMeter, Clinical Diagnosis):	Date:
Cirrhosis status: ☐ Compensated ☐ Decompensated ☐ NA (not cirrhotic)	Related to Liver Transplant? ☐ Yes ☐ No
Alcohol and Drug Abuse (clinical records documentation required)? ☐ Yes ☐ No ☐ Recovery Program	Resistance Testing Completed? (Required for Zepatier) ☐ Yes (please attach) ☐ No

Required Documentation on Case Management: Oregon Medicaid (The State) requires all members being treated for Hepatitis C be involved in adequate case management to ensure medication compliance and optimal chances for SVR success.

Select One: ☐ Our Clinic Offers the Required Case Management

☐ We Need Assistance Understanding What This Is or Help Performing it

CareOregon recommends all prior authorizations be submitted with supporting medical records to help for a faster and more thorough review (include resistance testing if applicable)

By signing below, I agree if treatment is authorized that our clinic will provide data elements as required by the Oregon Health Authority (OHA) including the ultimate result of therapy including HCV RNA labs at week 4 of treatment, 12 and 24 weeks post-treatment.

Prescribers Signature:	**Date**:

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