

Hepatitis C Therapy Request Form

Fax to 503-416-8109



CareOregon®

For assistance with the form, you may call CareOregon at 503-416-4100 or 800-224-4840.

Monday through Friday from 8 am - 5 pm. 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 will be processed within 24 hours unless a request for additional information is made.

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

Patient Information

Patient Name: _____ Member ID# _____

Patient DOB: _____ Pharmacy Name: _____ Pharmacy Phone: _____

Prescriber Information

Prescriber Name: _____ NPI#: _____

Clinic Name: _____ Prescriber Office Phone: _____ Prescriber Office Fax: _____

Prescriber Contact Person: _____

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

Frequencies:

Hepatitis C Drugs Requested (include all in regimen including strength)	Frequencies:
Desired Length of Treatment:	Estimated Start Date of Treatment: <input type="checkbox"/> Already Started On:

Past Treatment History

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

If past treatment failed, was adherence with medication a concern? No Yes Not sure

Quantitative HCV RNA: (Test w/in 6 months)	Date:
Patient's HCV Genotype: (Test within 3 years)	Date:
Does the patient have co-morbid HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the patient have co-morbid Hepatitis B? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cirrhosis status: <input type="checkbox"/> Compensated <input type="checkbox"/> Decompensated <input type="checkbox"/> NA (not cirrhotic)	Has the patient had a pregnancy test in the past 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date: _____
Resistance Testing Completed? (Required for Zepatier) <input type="checkbox"/> Yes (please attach) <input type="checkbox"/> 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 case management as required by OHA Our clinic does NOT offer the required case management

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 12 and 24 weeks post-treatment.

Prescribers Signature: _____ Date: _____