

All fields are mandatory and failure to complete will result in the requesting being canceled					
Patient Name:		Prescriber Name:			
Member ID #:		Prescriber NPI #:			
Patient DOB:		Clinic Name:			
Pharmacy Name:		Office #:		Fax#:	
Pharmacy Phone:		Prescriber Contact Person:			
Hepatitis C Drug Requested:			Treatment Length:		
<u>Past Treatment History</u> Dose the patient have a history of HCV treatment? <input type="checkbox"/> No <input type="checkbox"/> Yes Drug Regimen: If past treatment failed, was adherence with medication a concern? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure					
Patient's HCV Genotype (drawn <3 years):		HCV RNA Quant (drawn <6 months):		Date:	
Does the patient have HIV? <input type="checkbox"/> No <input type="checkbox"/> Yes		Does the patient have Hepatitis B? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the patient have Type II Diabetes? <input type="checkbox"/> No <input type="checkbox"/> Yes		Other Extra Hepatitic Manifestations?			
Stage of Fibrosis and method of testing (ie Biopsy, Fibroscan, Fibrosure, Fibrospect, Clinical Diagnosis):				Date:	
Cirrhosis Status: <input type="checkbox"/> Compensated <input type="checkbox"/> Decompensated <input type="checkbox"/> Non-Cirrhotic			Related to Liver Transplant? <input type="checkbox"/> NO <input type="checkbox"/> Yes		
Alcohol and/or Drug Abuse (documentation required)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Enrolled in a Treatment Program			Resistance Testing Completed? (Zepatier only) <input type="checkbox"/> No <input type="checkbox"/> Yes (please attach)		
<u>Case Management:</u> Oregon Medicaid requires all members being treated for Hepatitis C to be involved in adequate case management to ensure medication compliance and optimal chances for SVR success. Does your patient agree to be followed by Umpqua Health Alliance Case Management? <input type="checkbox"/> No <input type="checkbox"/> Yes					
** Umpqua Health Alliance recommends all prior authorizations to be submitted with supporting medical records for a faster and more thorough review.**					