UMPQUA HEALTH ALLIANCE

Hepatitis C Prior Authorization and Case Management Referral Form

Fax this completed form to 541.677.5881

**** Required Field***

Date of Request: _____/_____/_____

MEMBER INFORMATION		
*Member Name:	*Member ID:	*Member DOB:
PROVIDER INFORMATION		
*Provider Name: MD ☐ DO ☐ FNP ☐ NP ☐ PA ☐		*NPI:
*Office Contact Person:	*Phone #:	*Fax #:
MEDICATION INFORMATION		
*Drug name, strength, and form:	*Directions:	*Qty per Day:
*Expected Length of Treatment:		
DIAGNOSIS INFORMATION		
*Diagnosis Code(s):		
DOCUMENTATION		
Please provide the following information and all related documents:		
*Is expected survival from non-HCV-associated morbidities more than 1 year? ☐ Yes ☐ No Date: _____		
*Does the patient have a history of HCV Treatment? ☐ Yes ☐ No Drug Regimen: _____ - If past treatment was failed, was adherence with medication a concern: ☐ Yes ☐ No ☐ Not sure		
HCV Genotype (drawn <3 years, if applicable to regimen)	Date:	Result:
*HBV Status	Date:	Result:
HIV Status	Date:	Result:
Baseline NS5a resistance test (if applicable to regimen)	Date:	Result:
*Cirrhosis Status: Present (☐ Compensated ☐ Decompensated) ☐ Absent (Non-cirrhotic) *Does the patient have complications of cirrhosis, or other hepatic manifestations? ☐ Yes ☐ No - If yes, explain:_____ Child-Pugh Score (if applicable to regimen):_____		
Stage of Fibrosis Method of testing (i.e., biopsy, etc.):	Date:	Result:
Does the patient have any drug interactions that have been addressed? ☐ Yes ☐ No - If yes, explain: _____		
***UHA Case Management:** Is there attestation that the patient and provider will comply with UHA case management to promote the best possible outcome for the patient and adhere to monitoring requirements required by the Oregon Health Authority, including measuring and reporting of a post-treatment viral load OR is there attestation from the patient and provider that they have opted out of UHA case management? ☐ Yes ☐ No		

Questions? For assistance with this form, call UHA Clinical Pharmacy Services at 541-672-1685 or UHA Case Management at 541.229.7037