

# Hepatitis C therapy prior authorization form



For Intercommunity Health Network no prior **authorization** is required if the patient is treatment naïve and preferred medication is being used (Mavyret or generic Epclusa). Case management is available at **541-768-9768** or email [carecoordinationteam@samhealth.org](mailto:carecoordinationteam@samhealth.org).

**Form must be complete with supporting documentation. Please fax form to 844-611-3831.**

- All indicated areas must be completed.
- Illegible/incomplete requests will slow down the process and may be sent back for clarification.
- Submit any supporting medical documentation.
- If you have any questions, please contact Pharmacy Services at **541-768-5207** or **888-435-2396**.

Patient information (must be completed)		
Last name:	First name:	MI:
Member ID #:	Date of birth:	
Prescriber information		
Prescriber name:	NPI#:	
Clinic name:	Office phone:	Office fax:
Hepatitis C drugs requested: (including strength)		Frequencies:
Desired length of treatment:	Estimated start date of treatment:	
Required information		
Does the patient have a history of past HCV treatment? <input type="checkbox"/> No <input type="checkbox"/> Yes: Drug regimen: _____		
If yes, was prior treatment regimen completed? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If prior treatment stopped, what was the reason?		
Patient's HCV Genotype (if known):		Date:
Cirrhosis status: <input type="checkbox"/> Not cirrhotic <input type="checkbox"/> Compensated <input type="checkbox"/> Decompensated		
Required documentation on case management (must be completed)		
Oregon Medicaid requires all treatment experienced members being treated for hepatitis C be involved in adequate case management to ensure medication compliance and optimal chances for SVR success.		
<b>Select one:</b>		
<input type="checkbox"/> Our clinic offers case management as required by OHA.		
<input type="checkbox"/> Our clinic does NOT offer the required case management.		
Prescriber's signature: _____		Date: _____

**Criteria for expedited review:** If waiting for a decision in the standard timeframe (72 hours) could seriously harm the member's health or ability to regain maximum function, you can ask for an expedited decision (24 hours).

- Check here if you meet the above criteria and are requesting an expedited review.