AdvancedHealth
Bridging the Future of Healthcare
Coordinated Care Organization
Phone: 541-269-7400 Fax: 541-269-7147

Hepatitis C Ready for Treatment Tool

****Both sides of form must be completed****

The Hepatitis C Ready for Treatment Tool should be used for **asymptomatic** adult patients considering treatment of chronic Hepatitis C Virus (HCV). This completed tool should be submitted with treatment and/or referral requests for out of area gastroenterology or hepatology services. **This tool does not apply to symptomatic patients**. Example symptoms include: jaundice, ascites, hepatic encephalopathy, etc. If patient is symptomatic, please submit referral for out of area GI / Hepatology with chart notes supporting symptoms and need for referral.

Please develop a treatment plan to begin assisting the patient with receiving necessary evaluation, labs, and imaging.

The patient may be referred to the appropriate community resources listed below as needed.

•ADAPT:	(541) 751-0357	•Advantage Dental:	(866) 268-9631
•Coos Health and Wellness:	(541) 266-6700	•Curry Community Health:	(541) 373-8001
•Advanced Health:	(541) 269-7400	•Bay Cities Brokerage:	(541) 266-4323

For out of area GI/Hepatology referrals, please submit a copy of this completed form with your prior authorization referral request for consideration. Asymptomatic patients with no evidence of cirrhosis may be treated locally. If you have questions, please contact our Advanced Health Hepatitis C Care Navigator at (541) 266-6504.

Please note: A separate prior authorization request for medications to treat HCV is required and patient must meet Oregon Medicaid Fee For Service drug use criteria for coverage available at:

http://www.orpdl.org/durm/PA_Docs/HepatitisC_DAAs.pdf

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Member Name: _____
OHP ID#:_____
DOB: ____/____/_____

Before considering treatment please screen asymptomatic HCV patients to ensure the following:

1. **Immunizations**: (Attach documentation)
   Hep A Date: _____ Hep B Date: _____,

2. **Required Labs**: (Attach documentation)
   - ☐ CBC: _____ ☐ HBsAg:_____ ☐ HBcAb:_____ ☐ HBsAB:_____
   - ☐ CMP: _____
   - ☐ Hep A & Hep B Immunity Date: _____
   - ☐ HIV _____
   - ☐ Viral load: HCV PCR RNA Date: _____ (within 6 months)
   - ☐ Genotype Date: _____ (within 3 years)
   - ☐ Pregnancy Test for women of childbearing age: _____ (within 30 days)

3. Does the patient have clinical, radiologic, or laboratory evidence of complications of cirrhosis such as ascites, portal hypertension, hepatic encephalopathy, hepatocellular carcinoma, esophageal varices? Evidence of cirrhosis requires GI/hepatology/Infectious Disease referral or consultation for prescribing.

   YES:_____ NO:_____ Testing performed:_____

   Asymptomatic patients with no evidence of cirrhosis may be treated by local PCP.

4. Does the patient have a history of previous Hepatitis C treatment? Please list treatment regimen, dates of treatment, and outcome.
   _____
   _____
   _____

5. Has the patient engaged with Advanced Health Hepatitis C Care Navigator?
   Please submit Hepatitis C Care Navigator Referral form or call Kristien at (541) 266-6504.

***Please note, HCV RNA should be drawn after 4 weeks treatment, at the end of treatment, and again 12 weeks post treatment. Please send these labs to Kristien via fax at 541-269-7147**

I attest to the above information being accurate to the best of my medical knowledge and expertise. I understand that additional documentation to support the above items may be requested.

Provider Signature: _____ Date: _____

(Rev 9.2019)