



Hepatitis C PA Request Form

Fax Completed Form To:
(866) 249-6155
Customer Service Phone: (866) 814-5506

PATIENT INFORMATION:

Patient's Name: _____
DOB: _____ Gender: _____ Weight: _____
NHP ID: _____ Phone: _____
Secondary Insurance: _____
Secondary Insurance Phone: _____

PRESCRIBER INFORMATION:

Prescriber's Name: _____ Specialty: _____
DEA: _____ NPI: _____
Group/Hospital: _____
Address: _____
City, State, ZIP: _____
Fax: _____
Office Contact: _____ Phone: _____

CLINICAL INFORMATION:

Diagnosis: _____ Diagnosis Code: _____ HCV Genotype: _____
Treatment History: ☐ Naïve ☐ Relapsed ☐ Partial Responder ☐ Null Responder If treatment experienced, list previous therapies: _____
HCV Viral Load: _____ Date Drawn: _____ HIV Status: ☐ Positive ☐ Negative
Contraindication to Ribavirin Therapy: ☐ Pregnancy ☐ Hemoglobinopathy ☐ No Contraindication
Evaluation and Staging of Liver Fibrosis: ☐ F0 ☐ F1 ☐ F2 ☐ F3 ☐ F4
Please attach one of the following for documentation of stage of hepatic fibrosis:
☐ Liver biopsy confirming a Metavir stage
☐ Transient elastography (FibroScan®) score
☐ Fibrotest (such as FibroSure™) score
☐ AST to Platelet Ratio Index (APRI) score
For APRI, please provide: AST Level: _____ Reference Range: _____ Date Drawn: _____ Platelet Count: _____ Date Drawn: _____
Does the patient have cirrhosis? ☐ Yes ☐ No
Child-Pugh Class (Please see attached Child-Pugh Calculator): ☐ A (compensated) ☐ B (decompensated) ☐ C (decompensated)
If Child-Pugh B or C (decompensated), has the patient been seen or guided by a highly experienced Hepatitis C clinician (ideally in a liver transplant center)? ☐ Yes ☐ No
Patient Displays Severe Extra-Hepatic Manifestations or Symptoms: ☐ Yes (please provide explanation) ☐ No
Baseline NS5A Polymorphisms: ☐ Yes ☐ No ☐ Unknown NS3 Q80K: ☐ Yes ☐ No ☐ Unknown
Does the patient have a past or current history of excessive alcohol use/abuse or substance use? ☐ Yes ☐ No
Is the patient participating in supportive care and has documented abstinence from substance use and/or alcohol use? ☐ Yes ☐ No
Has the patient demonstrated understanding of the proposed treatment and displayed the ability to adhere to medications and clinical appointments?: ☐ Yes ☐ No

Please attach all relevant clinic notes, test results, and lab data for clinical review.

Additional Clinical Information:

PRESCRIPTION INFORMATION:

Requested Treatment Regimen (check all that apply): ☐ Harvoni ☐ Zepatier ☐ Epclusa ☐ Ribavirin, dosage: _____
Requested Treatment Duration: _____ ☐ Sovaldi ☐ Daklinza ☐ Olysio ☐ Viekira Pak ☐ Technivie

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber Signature: _____ Date: _____

CONFIDENTIALITY STATEMENT: This communication is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient or the employee or agent responsible for delivery of the communication, you are hereby notified that any dissemination, distribution, or copying of the communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone.



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CHILD-PUGH CALCULATOR:

Please select the correct response for each heading, add the total points, then use the point total to determine Child-Pugh class.

Encephalopathy:

- ☐ None (1 point)
- ☐ Grade 1: Altered mood/confusion (2 points)
- ☐ Grade 2: Inappropriate behavior, impending stupor, somnolence (2 points)
- ☐ Grade 3: Markedly confused, stuporous but arousable (3 points)
- ☐ Grade 4: Comatose/unresponsive (3 points)

Ascites:

- ☐ Absent (1 point)
- ☐ Slight (2 points)
- ☐ Moderate (3 points)

Bilirubin:

- ☐ < 2 mg/dL (1 point)
- ☐ 2-3 mg/dL (2 points)
- ☐ > 3 mg/dL (3 points)

Albumin:

- ☐ > 3.5 g/dL (1 point)
- ☐ 2.8-3.5 g/dL (2 points)
- ☐ < 2.8 g/dL (3 points)

Prothrombin time prolongation :

- ☐ Less than 4 seconds above control/INR < 1.7 (1 point)
- ☐ 4-6 seconds above control/INR 1.7-2.3 (2 points)
- ☐ More than 6 seconds above control/INR > 2.3 (3 points)

Total Point Count: _____

Child-Pugh Score Interpretation:

- ☐ 5-6 Points - Child class A
- ☐ 7-9 Points - Child class B
- ☐ 10-15 Points - Child Class C

