

Office of the Medical Director
PO Box 44321
Olympia WA 98504-4321

How to submit your request:

- State Fund: Fax completed form along with supportive medical documentation to 360-902-6315 Attention: Drug Review Program.
- Self-Insurance: Contact the self-insurer or their third-party administrator.

Injured Worker	Claim Number	
Pharmacy Name	Telephone Number	Fax Number
Prescriber	Telephone Number	Fax Number

Select a Treatment Regimen for Patient

Severity of Liver Disease	Fibrosis Score: <input type="checkbox"/> F0 <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> F3		
	Treat as compensated cirrhosis: <input type="checkbox"/> F4 (well compensated)		
Treatment Regimen	Treat as decompensated cirrhosis: <input type="checkbox"/> F4 (previously decompensated, now compensated with medication)		
	<input type="checkbox"/> F4 (chronically decompensated)		
	<input type="checkbox"/> Mavyret <input type="checkbox"/> Epclusa (for decompensated cirrhosis) <input type="checkbox"/> Vosevi (for FDA-approved indications) <input type="checkbox"/> Other:		
Treatment Duration	<input type="checkbox"/> 8 weeks	<input type="checkbox"/> 12 weeks	<input type="checkbox"/> Other:

1. Patient's genotype:	Date of lab:
2. Date of patient's initial positive test for HCV antibody:	3. Date of patient's initial HCV RNA viral load:
4. Patient's current HCV RNA viral load:	Date of lab:
5. What were past transmission risk factors?	During what time periods?
6. Has the patient previously been treated for Hepatitis C? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what was the treatment?	Treatment dates:
Was the treatment completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
7. Has patient had NS5A or NS3 resistance-associated variant (RAV) testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Provide the following for APRI scoring:		
AST level:	Date taken:	Upper normal:
Platelet count:	Date taken:	
9. Provide the following for CPT scoring:		
Ascites:	<input type="checkbox"/> Absent <input type="checkbox"/> Slight <input type="checkbox"/> Moderate	Date determined:
Encephalopathy:	<input type="checkbox"/> None <input type="checkbox"/> Grade 1—2 <input type="checkbox"/> Grade 3—4	Date determined:
Albumin level:		Date taken:
Total bilirubin level:		Date taken:
INR value:		Date taken:
10. What is patient's creatinine clearance (CrCl or eGFR)?		
11. Has patient had an organ transplant or is awaiting an organ transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Are there any possible drug interactions, including prescription and OTC drugs, which could hinder successful hepatitis C treatment (proton pump inhibitors, amiodarone, statins, HIV antivirals, anticonvulsants, antifungals, antimycobacterials, or other CYP substrates/inducers/inhibitors)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your plan?		
13. Does patient have any contraindications to ribavirin, such as pregnancy or planning on becoming pregnant, sickle cell anemia, thalassemia major or anemia? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Does patient have any condition that would prevent them from receiving long term clinical benefit from HCV treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
15. Has patient been told of the risks and benefits of antiviral therapy, told the importance of adherence to treatment, and evaluated for psychosocial readiness for treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Are you a participant in Project ECHO? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy of the consultation notes.		

Please provide the following documentation for your patient:

- Chart notes
- Fibrosis documentation
- Oldest HCV RNA viral load
- Current HCV RNA viral load
- HCV antibody test
- Genotype lab
- RAV testing
- Albumin, total bilirubin, INR
- Project ECHO consultation notes

Prescriber Signature	Prescriber Specialty	Date
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