



**Please attach copies of the patient's medical history summary, lab and genetic test reports to the State.**

**\*\*Please review our clinical criteria before submitting this form. \*\***

**Patient Information**

Recipient: \_\_\_\_\_ MA#: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #: ( ) \_\_\_\_ - \_\_\_\_ Body Weight: \_\_\_\_\_ kg

**Treatment**

\_\_\_\_\_ : Take \_\_\_\_\_ daily for \_\_\_\_\_ weeks  
 \_\_\_\_\_ : Take \_\_\_\_\_ daily for \_\_\_\_\_ weeks  
 \_\_\_\_\_ : Take \_\_\_\_\_ daily for \_\_\_\_\_ weeks

**Adherence with prescribed therapy is a condition for payment of therapy for up to the allowed timeframe for each HCV genotype.**

Has a treatment plan been developed and discussed with patient?  No  Yes  
 Does the patient have any history of medication non-adherence?  No  Yes; If yes, please explain below:  
 \_\_\_\_\_

**Diagnosis**

Acute Hep C  Chronic Hep C  Hepatocellular Carcinoma  
 Liver transplant recipient: Genotype of pre-transplant liver: \_\_\_\_\_  
 Genotype of post-transplant liver: \_\_\_\_\_  
 Other: \_\_\_\_\_

What is the patient's HCV genotype and subtype? \_\_\_\_\_

Has a liver biopsy been performed?  No  Yes; Test date : \_\_\_\_/\_\_\_\_/\_\_\_\_

Has a fibrosis test been performed:  No  
 Yes; Test used: \_\_\_\_\_; Test date : \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Metavir Grade: \_\_\_\_\_; Metavir Stage: \_\_\_\_\_

What best describes this patient's liver disease? (Check all that apply):  
 No cirrhosis  Compensated cirrhosis  Decompensated liver disease

**\*\*Please provide a copy of the results of the biopsy, genotype and any other fibrosis tests for this patient. \*\***

