

Hepatitis C Prescription Referral Form

1403 Highway 6 Suite 700A, Sugar Land, TX 77478

Phone: 832.944.6112

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Patient Information			
Patient Name: _____	Birthdate: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height: _____ Weight: _____ lbs. _____ kg.
Soc. Sec. #: _____	Preferred Phone: _____	Known Allergies: _____	
Address: _____	City: _____	State: _____	Zip: _____
Alternate Caregiver Name: _____	Preferred Phone: _____		

Insurance Information: Please fax FRONT and BACK copy of ALL Insurance cards (prescription and medical)

Prescriber Information			
Name: _____	DEA#: _____	NPI#: _____	Tax ID#: _____
Address: _____	Phone: (____) _____ - _____	Fax: (____) _____ - _____	
City: _____	State: _____	Zip: _____	Key Contact: _____ Phone: (____) _____ - _____

Diagnosis/Clinical Information			
Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization			
Diagnosis: _____	ICD-9: _____	Genotype: _____	Subtype: _____ Viral Load: _____
NS Q80k Polymorphism Results: _____	Prior Treatment Date: _____		
Response Status: <input type="checkbox"/> Naive <input type="checkbox"/> Null <input type="checkbox"/> Partial <input type="checkbox"/> Relapse	Compensated Cirrhosis: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fibrosis Score: _____	

Prescription Information				
Medication	Dose/Strength	Sig	Qty.	Refills
<input type="checkbox"/> Daklinza® (daclatasvir)	<input type="checkbox"/> 60mg <input type="checkbox"/> 30mg	Take 1 tablet by mouth daily with or without food in combination with sofosbuvir	28 day supply	
<input type="checkbox"/> Harvoni™ (ledipasvir/sofosbuvir)	<input type="checkbox"/> 90mg/400mg	Take 1 tablet by mouth daily with or without food	28 day supply	
<input type="checkbox"/> Sovaldi™	<input type="checkbox"/> 400mg	Take 1 tablet by mouth daily with or without food	28 day supply	
<input type="checkbox"/> Olysio™	<input type="checkbox"/> 150mg	Take 1 capsule by mouth daily with food (<i>Olysio is FDA approved for use with ribavirin and pegylated interferon, also approved in combination with Sovaldi</i>)	28 day supply	2
<input type="checkbox"/> Epclusa® (sofosbuvir/velpatasvir)	<input type="checkbox"/> 400/100mg	Take one tablet by mouth daily, with or without food	28	
<input type="checkbox"/> RibaPak® <input type="checkbox"/> Moderiba®	<input type="checkbox"/> 600mg <input type="checkbox"/> 800mg <input type="checkbox"/> 1000mg <input type="checkbox"/> 1200mg	<input type="checkbox"/> 200 mg every morning, 400 mg every evening <input type="checkbox"/> 400 mg every morning, 400 mg every evening <input type="checkbox"/> 600 mg every morning, 400 mg every evening <input type="checkbox"/> 600 mg every morning, 600 mg every evening	28 day supply	
<input type="checkbox"/> RibaSphere® (generic ribavirin)	<input type="checkbox"/> 200mg			
<input type="checkbox"/> Sovaldi™	<input type="checkbox"/> 400mg	Take 1 tablet by mouth daily with or without food	28 day supply	
<input type="checkbox"/> Technivie™ (ombitasvir, paritaprevir, and ritonavir tablets)	<input type="checkbox"/> 12.5mg/75mg/50mg	Take 2 ombitasvir, paritaprevir, ritonavir tablets by mouth once daily in the morning with a meal without regard to fat or calorie content (Technivie is FDA approved for use with ribavirin)	28 day supply	
<input type="checkbox"/> Viekira Pak™ (ombitasvir, paritaprevir, ritonavir tablets copackaged with dasabuvir tablets)	<input type="checkbox"/> 12.5mg/75mg/50mg/250mg	Take 2 ombitasvir, paritaprevir, ritonavir (pink tablets) once daily (in the morning) and 1 dasabuvir (beige tablet) twice daily (morning and evening) with a meal without regard to fat or calorie content	28 day supply	
<input type="checkbox"/> Viekira XR™ (coformulated tablet contains dasabuvir, ombitasvir, paritaprevir, and ritonavir)	<input type="checkbox"/> 200mg/8.33mg/50mg/33.33mg	<input type="checkbox"/> Take 3 tablets, 1 pack, daily with a meal without regard to fat or calorie content		
<input type="checkbox"/> Zepatier™	<input type="checkbox"/> 50mg/100mg	Take 1 tablet by mouth with or without food	28 day supply	
<input type="checkbox"/> Mavyret™ (glecaprevir/pibrentasvir)	<input type="checkbox"/> 100mg/40mg	Take three tablets once daily with food	28 day supply	
<input type="checkbox"/> Pegasys® <input type="checkbox"/> Prefilled Syringe <input type="checkbox"/> Vial <input type="checkbox"/> ProClick®	<input type="checkbox"/> 180mcg <input type="checkbox"/> 135mcg	<input type="checkbox"/> 180 mcg SQ once weekly <input type="checkbox"/> 135 mcg SQ once weekly <input type="checkbox"/> 90 mcg SQ once weekly	28 day supply	
<input type="checkbox"/> Vosevi™ (sofosbuvir/velpatasvir/voxilaprevir)	<input type="checkbox"/> 400mg/100mg/100mg	<input type="checkbox"/> Take one tablet by mouth daily, with or without food	28 day supply	

Date Medication Needed: ___/___/___ Ship To: Patient's Home Prescriber's Office Pick-up (store location): _____ Injection Training by Pharmacy

Patient Support Programs: Please sign and date below to enroll in the pharmaceutical company assisted patient support program

Patient Signature: _____

Date: _____

Prescriber Signature: Prescriber, please sign and date below

Dispense as written

Date: _____

Substitution Permissible

Date: _____

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of Prescriptions: _____