

## HEPATITIS C PRESCRIPTION FORM

 Ship To:  Patient  Physician  Pick-Up (store location)

Patient Name (Required):		DOB (Required):	Physician Name:	
Home Phone:		Cell Phone:	LIC#:	DEA #:
Address:			NPI#:	Specialty:
City:	State:	Zip:	Address:	
Patient Soc. Sec #:	Allergies: <input type="checkbox"/> NKA		City:	State: Zip:
Height:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Weight: <input type="checkbox"/> lbs. <input type="checkbox"/> Kg	Physician's Phone: Physician's Fax:	

### INSURANCE INFORMATION | Please Complete or Attach Copies (front and back) of all insurance cards

Primary Ins:	Secondary Ins:	Rx Card (PBM):	Card Holder First Name:
City: State:	City: State:	PBM BIN:	Last Name:
Plan #:	Plan #:	City: State:	Employer:
Group #:	Group #:	Group #:	ID#:
Phone:	Phone:	Phone:	Group #:

### DIAGNOSIS INFORMATION | Please FAX clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization

Diagnosis/ICD-10: \_\_\_\_\_ Genotype: 1a 1b 2 3 4 5 6 Viral Load: \_\_\_\_\_ Date: \_\_\_\_\_

Fibrosis Score: F0 F1 F2 F3 F4 Cirrhosis: None Compensated Decompensated Child-Pugh: A B C

IL-28: CC CT TT NS5A Polymorphism: Y N NS5A Polymorphism Type: 28 30 31 93 Other \_\_\_\_\_ HIV Co-infection HBV Co-infection

Prior Therapy	End Date	Treatment Weeks	Response Status			
_____	_____	_____	Naive	Null	Partial	Relapse
_____	_____	_____	Naive	Null	Partial	Relapse
_____	_____	_____	Naive	Null	Partial	Relapse

### PRESCRIPTION INFORMATION

MEDICATION	DOSE/STRENGTH	SIG	QTY	REFILLS
<input type="checkbox"/> <b>DAKLINZA</b> ® (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"/> <b>EPCLUSA</b> ® (sofosbuvir/velpatasvir)	400mg/100mg	Take 1 tablet by mouth daily, with or without food	28 day supply	
<input type="checkbox"/> <b>Harvoni</b> ® (ledipasvir/sofosbuvir)	90mg/400mg	Take 1 tablet by mouth daily, with or without food	28 day supply	
<input type="checkbox"/> <b>OLYSIO</b> ®	150mg	Take 1 tablet by mouth daily with food (Olysis is FDA approved for use with ribavirin and pegylated interferon, also approved in combination with Sovaldi)	28 day supply	2
<input type="checkbox"/> <b>PEGASYS</b> ® <input type="checkbox"/> Prefilled Syringe <input type="checkbox"/> Vial <input type="checkbox"/> ProClick®	<input type="checkbox"/> 90mcg <input type="checkbox"/> 135mcg <input type="checkbox"/> 180mg	<input type="checkbox"/> 90mcg SQ once weekly <input type="checkbox"/> 135mcg SQ once weekly <input type="checkbox"/> 180mcg SQ once weekly	28 day supply	
<input type="checkbox"/> <b>RIBAPACK</b> ® <input type="checkbox"/> <b>MODERIBA</b> ®	<input type="checkbox"/> 600mcg <input type="checkbox"/> 800mcg <input type="checkbox"/> 1000mcg <input type="checkbox"/> 1200mcg	<input type="checkbox"/> 200mg every morning, 400 every evening <input type="checkbox"/> 400mg every morning, 400mg every evening <input type="checkbox"/> 600mg every morning, 400 every evening <input type="checkbox"/> 600mg every morning, 600mg every evening	28 day supply	
<input type="checkbox"/> <b>RIBASPHERE</b> ® (generic ribavirin)	<input type="checkbox"/> 200mg			
<input type="checkbox"/> <b>SOVALDI</b> ®	<input type="checkbox"/> 400mg	Take 1 tablet by mouth daily, with or without food	28 day supply	
<input type="checkbox"/> <b>TECHNIVIE</b> ™ (ombitasvir, paritaprevir and ritonavir tablets)	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"/> <b>VIEKIRA PAK</b> ™ (ombitasvir, paritaprevir and ritonavir tablets copackaged with dasabuvir tablets)	2.5mg/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"/> <b>VIEKIRA XR</b> ™ (coformulated tablet contains dasabuvir, ombitasvir, paritaprevir, and ritonavir)	200mg/8.33mg/50mg/33.33mg	Take 3 tablets, 1 pack, daily with a meal without regard to fat or calorie content	28 day supply	
<input type="checkbox"/> <b>VOSEVI</b> ® (sofosbuvir, velpatasvir and voxilaprevir)	400mg/100mg/100mg	Take 1 tablet by mouth daily, with food	28 day supply	
<input type="checkbox"/> <b>ZEPATIER</b> ™ (elbasvir/grazoprevir)	50mg/100mg	Take 1 tablet by mouth daily, with or without food	28 day supply	
<input type="checkbox"/> <b>OTHER</b>				

**# of Medications Prescribed:** \_\_\_\_\_

Physician's Signature: \_\_\_\_\_  DAW (Dispense as Written) Date: \_\_\_\_\_