

PATIENT INFORMATION				PRESCRIBER INFORMATION			
Name:				Prescribing Practitioner:		NPI:	
Address:				Address:			
City:		State/Zip:		City:		State/Zip:	
Telephone:		DOB:	M	F	Office:		DEA:
Language Preference:			Wt:	Ht:	Contact:	Phone:	Fax:

PRIMARY INSURANCE INFORMATION									
Member Name:				M		F		DOB:	
Address:				City:					
State:		Zip:		Telephone:		Alt. Telephone:			
Member ID:			Rx Group #:			BIN#:			
PCN#:			Customer Service #:			New	Refill	Ship by:	

PLEASE FAX COPY OF:    PRESCRIPTION FRONT & BACK    CLINICAL NOTES    MEDICAL CARD FRONT & BACK

DIAGNOSIS AND CLINICAL INFORMATION																
Diagnosis:		B18.2 Chronic Hep C			C22.0 Hepatocellular Carcinoma			Other: _____								
Genotype:		1	1a	1b	2	2a	2b	3	3a	3b	4	4a	4b	Other: _____	Viral Load: _____	
Previous Treatment:		_____			Non-Responder		Responder/Relapser		HIV Co-Infection		Yes	No				
Other medications patient is currently taking (including OTC): _____																

PRESCRIPTION								
New	Refill	Ship by: ___/___/___		Ship to: Patient's Home	Doctor's Office	Other: _____		

Drug	Strength	Directions	Quantity	Refills
Baraclude®	1mg or 5mg	Take 1 tablet daily	30 days	
Daklinza®	60mg or 30mg	Take 1 tablet daily	28 days	
Epcusa®	400mg/100mg	Take 1 tablet daily with or without food	28 days	
Epivir-HBV®	100mg	Take 1 tablet daily	30 days	
Harvoni®	90-400 mg tablets	Take 1 tablet daily with or without food	28 days	
Hepsera®	10mg	Take 1 tablet daily	30 days	
Olysio®	150mg cap	Take 1 capsule by mouth once daily with food	28 days	
Ribapak® Moderiba Pak®	Less than 66 kgs (145lbs) 66-80 kgs (145-176lbs) 81-105 kgs (178-231lbs) Greater than 105 kgs (231lbs)	Take 400mg QAM and 400mg QPM Take 600mg QAM and 400mg QPM Take 600mg QAM and 600mg QPM Take 600mg Qam and 600mg QPM with 200mg Ribasphere	28 days	
Ribasphere®	200mg tab 200mg cap		28 days	
Solvaldi®	400mg	Take 1 tablet by mouth daily	28 days	
Technivie®	12.5/75/50mg	Take 2 tablets by mouth daily with food	28 days	
Victrelis®	200mg	Take 4 tablets three times daily with food	28 days	
Viekera®	28 Day Pack	Take 2 (ombitasvir, paritaprevir, ritonavir 12.5/75/50mg) tablets every morning and take 1 (dasabuvir 250mg) tablet every morning and evening with a meal	28 days	
Zepatier®	50mg/100mg	Take 1 tablet daily with or without food	28 days	
Other:				

PRESCRIBING PRACTITIONER SIGNATURE	
<p><b>To Prescribing Practitioner:</b> By signing this form and utilizing our services, you are also authorizing FOSRX/FAST to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies and co-pay foundations.</p>	
<p>Prescribing Practitioner Signature: _____</p>	<p>Date: _____</p>