

Hepatology Enrollment Form

Fax Referral To: 844-504-3278
Phone: 877-327-8881

Please cut along the dotted lines before submitting to a pharmacy.

Date Required: _____ Ship To: Home Office Other: _____

PATIENT INFORMATION

Patient Name: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: _____
 Cell Phone: _____
 Date of Birth: _____ Gender: _____
 Emergency Contact: _____ Phone: _____

PRESCRIBER INFORMATION

Prescriber Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____
 DEA #: _____ NPI #: _____
 Contact Person: _____

INSURANCE INFORMATION (Please attach the front and back of insurance and prescription drug card.)

Primary Insurance: _____ ID: _____ Group: _____
 Secondary Insurance: _____ ID: _____ Group: _____
 Prescription Card: _____ ID: _____ BIN: _____ PCN: _____

DIAGNOSIS & LAB WORK (Please attach clinical notes for prior authorization process)

Primary 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: _____
Compensated Cirrhosis? Yes No **Weight:** _____ **Patient Allergies:** NDKA Yes _____ **HIV Co-Infected:** Yes No
Previous Treatment? _____ No, patient is Naïve Yes **If yes, patient is a:** Partial Responder Relapser Null Response
Labwork: Baseline HCV-RNA: _____ Date: _____ Result: _____ IU/ml
 CBC Hepatic Function Panel or CMP HCV RNA QN Q80K Liver Biopsy and / or Fibrosure / Fibroscan
Liver Transplant: Yes No **Waiting for a Liver Transplant:** Yes No **Hepatocellular Carcinoma:** Yes No

PRESCRIPTION INFORMATION

Drug:	Strength:	Directions:	Quantity:	Refills:
Baraclude®	1mg 5mg	Take 1 tablet daily	30 days	
Daklinza®	60mg 30mg	Take 1 tablet daily	28 days	
Eplusa®	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: _____	_____	_____	_____	

ADDITIONAL COMMENTS

Prescriber Signature: _____ **Date:** _____

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