

Hepatitis C Enrollment Form

Patients must bring an original prescription to the pharmacy. Faxed prescriptions will only be accepted from a prescribing practitioner.

PATIENT INFORMATION

Patient Name: _____
 Address: _____
 City, State, Zip: _____
 Primary Phone: _____ DOB: _____
 Alternate Phone: _____ Gender: Male Female
 Email: _____
 Last 4# of SS: _____

PRESCRIBER INFORMATION

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

INSURANCE INFORMATION

Please fax copy of prescription insurance cards with this form (front and back).

PRESCRIPTION

Medication	Dose/Strength	Directions	Qty.	Refills
<input type="checkbox"/> Harvoni™	90mg / 400mg	Take 1 tablet by mouth daily with or without food	28 day supply	<input type="checkbox"/> 8 Weeks <input type="checkbox"/> 12 Weeks <input type="checkbox"/> 24 Weeks
<input type="checkbox"/> Viekira Pak™ <small>(ombitasvir, paritaprevir, ritonavir tablets; dasabuvir tablets are co-packaged)</small>	12.5/75/50 mg 250 mg	Two ombitasvir, paritaprevir, ritonavir 12.5/75/50 mg tablets QD (morning) and one dasabuvir 250 mg tablet BID (morning & evening) With food	28 day supply	
<input type="checkbox"/> Sovaldi™	400mg	Take 1 tablet by mouth daily with or without food	28 day supply	
<input type="checkbox"/> Daklinza™	<input type="checkbox"/> 30 mg <input type="checkbox"/> 60 mg <input type="checkbox"/> 90 mg	Take once daily (when coadministered with strong CYP3A inhibitors) Take once daily Take once daily (when coadministered with moderate CYP3A inducer)	28 day supply	<input type="checkbox"/> 12 weeks <input type="checkbox"/> 24 weeks
<input type="checkbox"/> Technivie	12.5/75/50 mg 250 mg	Take 2 tablets once daily	28 day supply	<input type="checkbox"/> 12 weeks
<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</i>)	28 day supply	
<input type="checkbox"/> RibaPak®	<input type="checkbox"/> 600mg <input type="checkbox"/> 800mg <input type="checkbox"/> 1000mg <input type="checkbox"/> 1200mg	200 mg Every Morning, 400 mg Every Evening 400 mg Every Morning, 400 mg Every Evening 600 mg Every Morning, 400 mg Every Evening 600 mg Every Morning, 600 mg Every Evening	28 day supply	
<input type="checkbox"/> Vosevi	400mg/100mg/100mg	Take once tablet daily with food	28 day	<input type="checkbox"/> 12 weeks
<input type="checkbox"/> RibaSphere® <small>(generic ribavirin)</small>	200mg		28 day	
<input type="checkbox"/> Zepatier™	50mg/100mg	Take once daily	28 day supply	<input type="checkbox"/> 12 weeks <input type="checkbox"/> 16 weeks
<input type="checkbox"/> Epclusa <small>(sofosbuvir/ velpatasir)</small>	400mg/100mg	Take once daily	28 day supply	<input type="checkbox"/> 12 weeks <input type="checkbox"/> 24 weeks
<input type="checkbox"/> Mavyret	100mg/ 40mg	Take 3 tablets by mouth once daily with food.	84	<input type="checkbox"/> 8 Weeks <input type="checkbox"/> 12 Weeks <input type="checkbox"/> 16 Weeks

Diagnosis / Clinical Information

B18.2 Hepatitis C (Chronic) other ICD-10: _____ Genotype: _____ Subtype: _____ Viral Load: _____

Cirrhosis: Compensated De-compensated Hepatocellular Carcinoma Post-Liver Transplant

Fibrosis present? Yes No Fibrosis score: _____ Child Pugh Score: _____

Prior treatment? Yes No If so: date of treatment _____ Co-infected with: HIV HBV Vaccinated: Hep A Hep B

Shipped to: HOME OFFICE

To Physician: By signing this form and utilizing our services, you are also authorizing Vasco Rx Specialty Pharmacy to serve as your prior authorization agent in dealing with medical and prescription insurance companies, and co-pay assistance foundations.

Physician Signature: _____

Date: _____

CONFIDENTIALITY NOTICE

IMPORTANT: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, proprietary or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.