



# HEPATITIS C ENROLLMENT FORM

Fax Referral To: 888-933-5554 Phone: 844-418-9857

**PATIENT INFORMATION:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender:  M  F Caregiver: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Allergies: \_\_\_\_\_

**PRESCRIBER INFORMATION:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 NPI: \_\_\_\_\_ DEA: \_\_\_\_\_  
 Tax ID: \_\_\_\_\_  
 Office Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**DIAGNOSIS AND CLINICAL INFORMATION** Needs by Date: \_\_\_\_\_

**Diagnosis (ICD-10):**  
 B17.10 Acute Hepatitis C without hepatic coma  B17.11 Acute Hepatitis C with hepatic coma  B18.2 Chronic Hepatitis C  
 B19.20 Unspecified Viral Hepatitis C without hepatic coma  B20 HIV  
 Other Code: \_\_\_\_\_ Description: \_\_\_\_\_

**Patient Clinical Information:** Height: \_\_\_\_\_ in/cm Weight: \_\_\_\_\_ lb/kg Allergies: \_\_\_\_\_  
 HCV Genotype:  1a  1b  1  2  3  4  5  6 AND  No Cirrhosis  Compensated Cirrhosis  Decompensated Cirrhosis  
 Is patient:  Naive  Partial Responder  Non-Responder  Relapser; Last Date of Therapy: \_\_\_\_\_ Product Name(s): \_\_\_\_\_  
 Is patient currently on Hepatitis C Virus therapy?  No  Yes, Therapy Start Date: \_\_\_\_\_ Product Name(s): \_\_\_\_\_  
 Is patient post-liver transplant?  Yes  No For Zepatier™ genotype 1a patients, NS5A polymorphism present?  Yes  No  
 Specialty Pharmacy to coordinate injection training/home health nurse visit as necessary?  Yes  No

MEDICATION	DOSE/STRENGTH	DIRECTIONS	QUANTITY	REFILLS
<input type="checkbox"/> Daklinza™ (daclatasvir)	<input type="checkbox"/> 30 mg tablets <input type="checkbox"/> 60 mg tablets <input type="checkbox"/> 90 mg tablets	<input type="checkbox"/> Take one 60 mg tablet orally once a day. <input type="checkbox"/> Take one 90 mg tablet orally once a day. <input type="checkbox"/> Other: _____	28-day supply	<input type="checkbox"/> 12 weeks <input type="checkbox"/> Other _____
<input type="checkbox"/> Epclusa® (sofosbuvir / velpatasvir)	Fixed-dose combination tablet of 400 mg sofosbuvir /100 mg velpatasvir	Take one tablet once daily.	28-day supply	<input type="checkbox"/> 12 weeks <input type="checkbox"/> Other _____
<input type="checkbox"/> Harvoni® (ledipasvir / sofosbuvir)	Fixed-dose combination tablet of 90 mg ledipasvir/ 400 mg sofosbuvir	Take orally once daily with or without food. Do not take within 4 hours of antacids.	28-day supply	<input type="checkbox"/> 8 weeks <input type="checkbox"/> 24 weeks <input type="checkbox"/> 12 weeks
<input type="checkbox"/> Olysio® (simeprevir)	150 mg capsule	Take one 150 mg capsule orally once a day.	28-day supply	<input type="checkbox"/> 12 weeks <input type="checkbox"/> 24 weeks
<input type="checkbox"/> Ribavirin	<input type="checkbox"/> 200 mg tablets <input type="checkbox"/> 200 mg capsules	Take _____ tabs/caps orally q am and _____ tabs/caps q pm for a total of _____ mg daily with food.		
<input type="checkbox"/> Ribasphere® RibaPak®	<input type="checkbox"/> 600 / 600mg <input type="checkbox"/> 400 / 400mg <input type="checkbox"/> 600 / 400mg <input type="checkbox"/> 200 / 400mg	Take _____ mg orally q am and _____ q pm for a total of _____ mg daily with food.		
<input type="checkbox"/> Sovaldi® (sofosbuvir)	400 mg tablets	Take one 400 mg tablet orally once a day.	28-day supply	
<input type="checkbox"/> Technivie™ (ombitasvir /paritaprevir / ritonavir)	Fixed dose combination tablet of ombitasvir / paritaprevir / ritonavir 12.5 mg / 75 mg / 50 mg	Take two tablets once daily in the morning.	28-day supply	12 weeks
<input type="checkbox"/> Viekira Pak™ (ombitasvir/ paritaprevir/ ritonavir tabs and dasabuvir tabs)	Copackaged ombitasvir / paritaprevir/ ritonavir 12.5mg / 75 mg / 50 mg and dasabuvir 250 mg	Take 2 pink tablets (ombitasvir, paritaprevir, ritonavir) once daily (morning) and 1 beige tablet (dasabuvir) twice daily (morning and evening) with meals.	28-day supply	<input type="checkbox"/> 12 weeks <input type="checkbox"/> 24 weeks
<input type="checkbox"/> Viekira XR (dasabuvir, ombitasvir, paritaprevir, ritonavir)	Dasabuvir/ ombitasvir/ paritaprevir/ ritonavir 200 mg / 8.33 mg / 50 mg / 33.33 mg extended release tablet	Take three tablets orally once a day with food.	28-day supply	<input type="checkbox"/> 12 weeks <input type="checkbox"/> 24 weeks
<input type="checkbox"/> Zepatier (elbasvir / grazoprevir)	Fixed dose combination tablet of 50 mg elbasvir /100 mg grazoprevir	Take one tablet once daily with or without food.	28-day supply	<input type="checkbox"/> 12 weeks <input type="checkbox"/> 16 weeks

**PRODUCT DELIVERY:**  Patient's Home  Physician's Office  Pharmacy to Coordinate

**INSURANCE INFORMATION:** Please Include Front and Back Copies of Pharmacy and Medical Card

By signing this form, you are authorizing Medical Park Pharmacy and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

PRODUCT SUBMISSION PERMITTED

Date

DISPENSE AS WRITTEN

Date

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