

## Hepatitis C Prescription Information Enrollment Form

Patient's Information										
Date: Patien	Patient Name:						Date of Birth:			
Social Security #:		HT:		WT:		Sex: M F		F		
Address:										
City:		State:					Zip Code:			
Home Phone:		1			Alternate Phone:					
Insurance:				Phone:						
ID#:	Group #:									
Employer:	Subscriber's Name:									
Clinical Diagnosis:										
Primary Diagnosis: Genotype: Subtype: ICD-9 Code:										
Prior Treatment:	Dates: Viral Load:									
	Cirrhosis: □ Compensated □ Decompensated									
Patient is treatment naïve				ated 🗆 Deco	_		Hepatocellular carcinoma			
Patient is currently on thera	/				HIV State	us	Post live	r transplant		
Prescription:										
□ Harvoni (ledipasvir/sof	Recommended dosing guidance: Genotype					Take 1 tablet PO once daily				
90mg/400mg tablets)			/ RNA < 6 m	illion IU:	8 weeks					
		cirrhotic and		12 weeks		28 day supply		Refills:		
	Treatment experienced non-cirrhot			:	12 weeks	-				
	Treatment experienced cirrhotic:				24 weeks					
Sovaldi (sofosbuvir 40)	Recommended dosin			-	1	Take 1 tablet PO		once daily		
		Genotype 1 or 4:		Sovaldi + p		12 weeks				
				interferon +			28 day supply		Refills:	
		Genotype 2		Sovaldi + ri		12 weeks				
	Genotype 3: Sovaldi + rit			barvin	24 weeks					
<ul> <li>Olysio (simeprevir 150mg capsules)</li> </ul>		Recommended with peg-interferon + ribavirin					□ Take 1 capsule PO once daily			
	12 weeks					28 day	supply	Refills:		
	December de deciser a liderat									
Viekira Pak (ombitasvi poritoprovin ritopovin	Recommended dosing guidance:					4				
paritaprevir, ritonavir 12.5mg/75mg/50mg table	Genotype 1a, non-cirrhotic:Viekira + ribavirin				12 weeks	□ Take 2 ombitasvir/paritaprevir/ ritonavir tablets PO QAM and 1				
dasabuvir 250mg tablets	Genotype 1a, cirrhosis:Viekira + ribavirin				24 weeks					
		Genotype 1b, non-cirrhotic				12 weeks	dasabuvir PO BID (1 in the AM and 1 in the PM with a meal)			
		Genotype 1b, cirrhosis:Viekira Pak + ribavirin				12 weeks				
		Liver transplant patients with normal hepatic function and mild fibrosis (Metavir flbrosis score ≤ 2) □ 600mg/day: 200mg qam & 400mg qpm			hepatic	epatic 24 weeks	. <b> </b>			
							28 day	supply	Refills:	
Ribavirin Dosepack					Qty:					
	<ul> <li>Boomg/day: 200mg qam &amp; 400mg qpm</li> <li>Boomg/day: 400mg qam &amp; 400mg qpm</li> </ul>					Days supply:				
□ Ripasphere Ribapak □ Moderiba Dose Pak		□ 1000mg/day: 400mg qam & 400mg qpm					Refills:			
	□ 1200mg/day: 600mg qam & 600mg qpm					rtenns.				
Ribavirin 200mg tablet	Takemg qam andmg qpm					Qty:	Days suppl	y: Refills:		
Pegasys Prefilled		□ Pegasys ProClick				Pegintron				
🗆 regasys rienneu										
□ Other										
Physician										
Physician's Name:						Office Contact:				
Physician's address: Street:						Phone:				
City:	State: Zip:				1					
Signature:						Date:				
- J										

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