



Hepatitis C Prescription Information Enrollment Form

Tel: 718-484-8510 ♦ Fax: 718-484-8508

Patient's Information

Date:		Patient Name:		Date of Birth:	
Social Security #:		HT:	WT:	Sex: M _____ F _____	
Address:					
City:		State:		Zip Code:	
Home Phone:			Alternate Phone:		
Insurance:			Phone:		
ID#:			Group #:		
Employer:			Subscriber's Name:		

Clinical Diagnosis:

Primary Diagnosis:		Genotype:	Subtype:	ICD-9 Code:	
Prior Treatment:			Dates:	Viral Load:	
<input type="checkbox"/> Patient is treatment naïve		Cirrhosis: <input type="checkbox"/> Compensated <input type="checkbox"/> Decompensated		<input type="checkbox"/> Hepatocellular carcinoma	
<input type="checkbox"/> Patient is currently on therapy (Start date: _____)		<input type="checkbox"/> Fibrosis Score:		<input type="checkbox"/> HIV Status	
				<input type="checkbox"/> Post liver transplant	

Prescription:

<input type="checkbox"/> Harvoni (ledipasvir/sofosbuvir 90mg/400mg tablets)	Recommended dosing guidance: Genotype 1			<input type="checkbox"/> Take 1 tablet PO once daily	
	Naïve non-cirrhotic HCV RNA < 6 million IU:		8 weeks	28 day supply	Refills: _____
	Naïve non-cirrhotic and cirrhotic:		12 weeks		
	Treatment experienced non-cirrhotic:		12 weeks		
	Treatment experienced cirrhotic:		24 weeks		
<input type="checkbox"/> Sovaldi (sofosbuvir 400mg tablets)	Recommended dosing guidance:			<input type="checkbox"/> Take 1 tablet PO once daily	
	Genotype 1 or 4:	Sovaldi + peg-interferon + ribavirin	12 weeks	28 day supply	Refills: _____
	Genotype 2:	Sovaldi + ribavirin	12 weeks		
	Genotype 3:	Sovaldi + ribavirin	24 weeks		
<input type="checkbox"/> Olysio (simeprevir 150mg capsules)	Recommended with peg-interferon + ribavirin		12 weeks	<input type="checkbox"/> Take 1 capsule PO once daily	
				28 day supply	Refills: _____
<input type="checkbox"/> Viekira Pak (ombitasvir, paritaprevir, ritonavir 12.5mg/75mg/50mg tablets ; dasabuvir 250mg tablets)	Recommended dosing guidance:			<input type="checkbox"/> Take 2 ombitasvir/paritaprevir/ritonavir tablets PO QAM and 1 dasabuvir PO BID (1 in the AM and 1 in the PM with a meal)	
	Genotype 1a, non-cirrhotic:Viekira + ribavirin		12 weeks		
	Genotype 1a, cirrhosis:Viekira + ribavirin		24 weeks		
	Genotype 1b, non-cirrhotic		12 weeks		
	Genotype 1b, cirrhosis:Viekira Pak + ribavirin		12 weeks		
	Liver transplant patients with normal hepatic function and mild fibrosis (Metavir fibrosis score ≤ 2)		24 weeks		
			28 day supply	Refills: _____	
<input type="checkbox"/> Ribavirin Dosepack <input type="checkbox"/> Ripasphere Ribapak <input type="checkbox"/> Moderiba Dose Pak	<input type="checkbox"/> 600mg/day: 200mg qam & 400mg qpm			Qty: Days supply: Refills:	
	<input type="checkbox"/> 800mg/day: 400mg qam & 400mg qpm				
	<input type="checkbox"/> 1000mg/day: 600mg qam & 400mg qpm				
	<input type="checkbox"/> 1200mg/day: 600mg qam & 600mg qpm				
<input type="checkbox"/> Ribavirin 200mg tablets	Take _____ mg qam and _____ mg qpm			Qty:	Days supply:
<input type="checkbox"/> Pegasys Prefilled	<input type="checkbox"/> Pegasys ProClick			<input type="checkbox"/> PegIntron	
<input type="checkbox"/> Other					

Physician

Physician's Name:			Office Contact:		
Physician's address:		Street:	Phone:		
City:	State:	Zip:			
Signature:			Date:		

Click to Print