

Hepatitis C Referral

Date: _____

Evolutionary Pharmacy Solutions

13619 Inwood Rd, Ste 380, Dallas, Texas, 75244
Phone: 1-844-800-5377 Fax: 1-800-239-0363

PATIENT NAME: _____

PRESCRIBER NAME: _____

Address: _____
City, State, Zip: _____
Cell Phone: _____ Home Phone: _____
Weight: _____ Language: _____
Date of Birth: _____ Gender: Male Female
Guardian/Caregiver & Number: _____
Insurance Plan: _____ ID: _____
 Attach the front & back of insurance card (medical & prescription)Address: _____
City, State, Zip: _____
Phone: _____ Alternative: _____
Fax: _____
Practice Name: _____
DEA: _____ NPI: _____
Office Contact: _____
Email: _____**CLINICAL INFORMATION** *Provide Clinical Notes/Labs from most recent visit*Diagnosis/ICD-10 _____ Genotype: 1a 1b 2 3 4 5 6 Viral Load: _____ Date: _____
Cirrhosis: None Compensated Decompensated Child-Pugh: A B C Transplant status: N/A Pre-transplant Post-transplant
Fibrosis Score: F0 F1 F2 F3 F4 Polymorphism: IL-28: CC CT TT NS5A: 28 30 31 93 _____ Q80K
Co-Infection: None HIV HBV sCr: _____ GFR: _____ Date: _____ CKD state: 1 2 3 4 5
Known Allergies: _____ Treatment Naive Treatment Experienced: Prior Treatment _____
Treatment Weeks: _____ End Date: _____ Reasons for Stopping: _____

Medication	Directions	Quantity x 28 day supply	Refills
<input type="checkbox"/> Daklinza (daclatasvir)	<input type="checkbox"/> Take 1 tablet by mouth once daily * Reduce to 30mg once daily with strong CYP3A inhibitors or increase to 90mg once daily with moderate CYP3A inducers*	<input type="checkbox"/> 28 x 30 mg tablets <input type="checkbox"/> 28 x 60 mg tablets <input type="checkbox"/> 28 x 90 mg tablets	
<input type="checkbox"/> Eplusa (sofosbuvir/velpatasvir)	<input type="checkbox"/> Take 1 tablet by mouth once daily	<input type="checkbox"/> 28 x 400 mg/100 mg tablets	
<input type="checkbox"/> Harvoni (ledipasvir/sofosbuvir)	<input type="checkbox"/> Take 1 tablet by mouth once daily	<input type="checkbox"/> 28 x 90 mg /400 mg tablets	
<input type="checkbox"/> Mavyret (glecaprevir/pibrentasvir)	<input type="checkbox"/> Take 3 tablets by mouth once daily with food	<input type="checkbox"/> 84 x 100 mg/40 mg tablets	
<input type="checkbox"/> Olysio (simeprevir)	<input type="checkbox"/> Take 1 capsule by mouth once daily	<input type="checkbox"/> 28 x 150 mg capsules	
<input type="checkbox"/> Ribapak dose pak <input type="checkbox"/> Moderiba dose pak <input type="checkbox"/> RibaSphere (generic ribavirin)	<input type="checkbox"/> Take 400mg PO QAM, Take 200mg PO QPM <input type="checkbox"/> Take 400mg PO QAM, Take 400mg PO QPM <input type="checkbox"/> Take 600mg PO QAM, Take 400mg PO QPM <input type="checkbox"/> Take 600mg PO QAM, Take 600mg PO QPM <input type="checkbox"/> Other: _____	<input type="checkbox"/> 200/400 mg <input type="checkbox"/> 600/400 mg <input type="checkbox"/> 400/400 mg <input type="checkbox"/> 600/600 mg <input type="checkbox"/> _____ x 200 mg <input type="checkbox"/> Capsules <input type="checkbox"/> Tablets <input type="checkbox"/> Okay to substitute Ribapak/Moderiba with Ribavirin if nonformulary	
<input type="checkbox"/> Sovaldi (sofosbuvir)	<input type="checkbox"/> Take 1 capsule by mouth once daily	<input type="checkbox"/> 28 x 400 mg capsules	
<input type="checkbox"/> Technivie (ombitasvir/paritaprevir/ritonavir)	<input type="checkbox"/> Take 2 tablets by mouth in the morning with food.	<input type="checkbox"/> 56 x 12.5 mg/75 mg/50 mg tablets	
<input type="checkbox"/> Viekira Pak (dasabuvir/ombitasvir/paritaprevir/ritonavir)	<input type="checkbox"/> Take 3 tablets by mouth in the morning and take 1 tablets by mouth in the evening with food.	<input type="checkbox"/> 112 x 250 mg/12.5 mg /75 mg/50 mg tablets	
<input type="checkbox"/> Viekira XR (dasabuvir/ombitasvir/paritaprevir/ritonavir)	<input type="checkbox"/> Take 3 tablets by mouth once daily with food	<input type="checkbox"/> 84 x 200 mg/8.33 mg /50 mg/33.33mg tablets	
<input type="checkbox"/> Vosevi (sofosbuvir/velpatasvir/voxilaprevir)	<input type="checkbox"/> Take 1 tablet by mouth once daily with food	<input type="checkbox"/> 28 x 400 mg/100 mg/100 mg tablets	
<input type="checkbox"/> Zepatier (elbasvir/grazoprevir)	<input type="checkbox"/> Take 50 mg/100 mg by mouth once daily	<input type="checkbox"/> 28 x 50 mg/100 mg tablets	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> 1 month supply	

Intended combination therapy duration: 8 Weeks 12 Weeks 16 Weeks 24 Weeks Other: _____

Patient Support Programs: Please sign and date below to enroll in the pharmaceutical company assisted patient support program.

Patient Signature: _____ Date: _____

Prescriber Signature: Stamp signature not allowed, physician signature required Verbal Readback Yes NoX _____ X _____ Date: _____
Dispense as written Product substitution permitted

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