



Phone : 844-800-5377

Fax : 214-782-9155

HEPATITIS C RX ENROLLMENT FORM

Referral Date: Ship to: Home Office Other

PATIENT INFORMATION

Patient Name: Date of Birth: Gender:

Home Phone: Cell Phone: Email:

Address: City: State: Zip:

Emergency Contact: Emergency Phone:

CLINICAL INFORMATION

Diagnosis ICD-10 Code:

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:

Prior Treatment History: Naive Relapsed Partial Responder Null

Treatment Weeks: End Date:

Reasons for Stopping:

PRESCRIBER INFORMATION

Prescriber Name:

DEA #: NPI #:

Address:

City: State: Zip:

Phone: Fax:

Contact Person:

INSURANCE INFORMATION

Please fax copy of prescription, insurance cards (front and back), and clinicals/labs from most recent visit with this form if available.

PATIENT SUPPORT PROGRAMS

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

Patient Signature Date

PRESCRIPTION INFORMATION

Table with 4 columns: Medication, Directions, Quantity, Refills. Rows include Epclusa, Harvoni, Mavyret, Ribavirin, Vosevi, Zepatier, and Other.

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

PRESCRIBER SIGNATURE REQUIRED (STAMP SIGNATURE NOT ALLOWED)

By signing this form and using this pharmacy's services, you are authorizing this pharmacy to serve as your prior authorization designated agent in dealing with prescription and medical insurance companies.

Prescriber Signature Date Prescriber Signature Date

CA, MA, NC & PR: Interchange is mandated unless Prescriber writes the words "No Substitution" NY & Iowa providers, please submit electronic prescription.

IMPORTANT NOTICE: This message may contain privileged and confidential information and is intended only for the individual named. If you are not the named addressee, you should not disseminate, distribute or copy this fax.