

Hepatitis C Prescription Referral Form

Sign and fax completed form to 713.704.3841
Please include recent clinical notes, labs, and tests.
If you have questions, please call 281.698.6100

SHIP TO: PATIENT
 OFFICE - FIRST DOSE
 OFFICE - ALL DOSES
 OTHER

DATE NEEDED:

1 PATIENT INFORMATION

Male Female

Patient Name: _____ DOB: _____
Street Address: _____
City, State, ZIP: _____
Primary Phone: _____ Alt. Phone: _____
Email Address: _____
Patient's primary language: _____

Please attach front and back copy of ALL insurance cards

2 PRESCRIBER INFORMATION

MD DO NP PA

Prescriber Name: _____
Specialty: _____ NPI: _____
Office Contact: _____ Fax: _____
Email: _____ Phone: _____
Preferred Method of Contact Email Phone Fax
Office Address: _____
City, State, ZIP: _____

3 CLINICAL INFORMATION

Primary Diagnosis (ICD-10): B18.2 Chronic Hepatitis C Other
Initial Viral Load: _____ IU/ml Date: _____
HCV Genotype: 1a 1b 2 3 4 5/6
Polymorphism Type: NS5A NS3/4A Q80K Subtype:
Treatment History: Naive Null Responder Relapser
Partial Responder Incomplete
If treatment-experienced, medications tried/failed with dates:

Allergies: _____
Co-morbidities: HIV HBV HCC Other
Child-Pugh: _____ **Metavir Fibrosis Score:** _____ Date: _____
Cirrhosis: None Compensated Decompensated
Transplant Status: Pre-transplant Post-transplant N/A

4 PRESCRIPTION INFORMATION

Therapy duration (wks): 8 12 16 24

MEDICATION	STRENGTH	DIRECTIONS	QTY	REFILLS
Daklinza™ (daclatasvir)	30mg tablet 60mg tablet 90mg tablet	1 tab PO once daily	28 day supply	
Eplclusa® (sofosbuvir- velpatasvir)	400mg-100mg tablet	1 tab PO once daily	28 day supply	
Harvoni® (ledipasvir- sofosbuvir)	90mg-400mg tablet	1 tab PO once daily	28 day supply	
Mavyret™ (glecaprevir- pibrentasvir)	100mg-40mg tablet	3 tabs PO once daily with food	28 day supply	
Ribasphere® RibaPak® (ribavirin) Moderiba™ Dose Pack (ribavirin)	600 mg/day 800 mg/day 1000 mg/day 1200 mg/day <i>(56 tablets/pack)</i>	200 mg PO QAM and 400 mg QPM 400 mg PO QAM and QPM 600 mg PO QAM and 400 mg QPM 600 mg PO QAM and QPM	28 day supply Other	
ribavirin	200mg capsule 200mg tablet	mg PO QAM and mg QPM with food	28 day supply	
Ribasphere®	400mg tablet 600mg tablet	Other	Other	
Sovaldi® (sofosbuvir)	400mg tablet	1 tab PO once daily	28 day supply	
Viekira Pak™ (ombitasvir- paritaprevir - ritonavir; dasabuvir)	12.5mg-75mg-50mg; 250mg tablets	2 pink tabs (ombitasvir, paritaprevir, ritonavir) PO QAM and 1 beige tab (dasabuvir) PO BID with a meal	28 day supply	
Viekira XR™ (ombitasvir- paritaprevir- ritonavir- dasabuvir)	8.33mg-50mg-33.33mg-200mg tablets	3 tabs PO once daily with a meal	28 day supply	
Vosevi® (sofosbuvir- velpatasvir- voxilaprevir)	400mg-100mg-100mg tablet	1 tab PO once daily	28 day supply	
Zepatier® (elbasvir-grazoprevir)	50mg-100 mg tablet	1 tab PO once daily	28 day supply	
			28 day supply	
			Other	

By signing below, I authorize Memorial Hermann Specialty Pharmacy and its representatives to serve as my designated agent, if needed, to initiate and execute any applicable authorization processes with medical and prescription insurance companies.

Prescriber's Signature (signature required - NO STAMPS):

Date:

In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary" on the prescription.