



Phone: 415-826-3484 Fax: 415-826-7077

## Specialty Pharmacy Hepatitis C - Prescription Management Form

Date Medication Needed: \_\_\_\_\_ Ship to:  Home  Prescriber/Clinic Office  Pickup

### Patient Information

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_ Sex(circle): M F  
 Soc. Sec. #: \_\_\_\_\_ Phone: \_\_\_\_\_ Caregiver Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Prescriber Information

Prescriber Name: \_\_\_\_\_ DEA #: \_\_\_\_\_ NPI #: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Key Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

### Diagnosis / Clinical Information *Please FAX clinical notes, Labs, Tests, & clinical notes for the Prior Authorization*

Diagnosis: \_\_\_\_\_ ICD-9: \_\_\_\_\_ Genotype: \_\_\_\_\_ Subtype: \_\_\_\_\_ Viral Load: \_\_\_\_\_  
 NS Q80K Polymorphism Results: \_\_\_\_\_ Prior Treatment and Date: \_\_\_\_\_  
 Response Status: Naive Null Partial Relapse Compensated Cirrhosis: Yes No

### Prescription Information: Please note you may also fax or e prescribe prescriptions to the pharmacy

Medication	Dose/Strength	Sig	Qty.	Refills
<input type="checkbox"/> Harvoni™ (ledipasivir/sofosbuvir)	90mg/400mg	Take 1 tablet orally once daily	28 days	1 2 5
<input type="checkbox"/> Olysio™ (simeprevir)	150mg	Take 1 capsule orally once daily with food	28 days	
<input type="checkbox"/> Solvaldi™ (sofosbuvir)	400mg	Take 1 tablet orally once daily	28 days	
<input type="checkbox"/> Viekira Pak™ ombitasvir/ paritaprevir/ritonavir dasabuvir	12.5mg/75mg/50 mg 250 mg	Take 2 tablets orally once daily (morning) Take 1 tablet orally twice daily with food (morning and evening)	28 days 28 days	
<input type="checkbox"/> RibaPak®	<input type="checkbox"/> 600 mg <input type="checkbox"/> 800 mg <input type="checkbox"/> 1000 mg <input type="checkbox"/> 1200 mg	<input type="checkbox"/> Take 200 mg PO QAM, 400 mg PO QPM <input type="checkbox"/> Take 400 mg PO QAM, 400 mg PO QPM <input type="checkbox"/> Take 600 mg PO QAM, 400 mg PO QPM <input type="checkbox"/> Take 600 mg PO QAM, 600 mg PO QPM		
<input type="checkbox"/> RibaSphere® (generic)	200 mg			

### Patient Assistance Support Program: Please sign and date below if you wish to be enrolled in a Pharmaceutical prescription support program help cover the cost of your medications. If eligible, the pharmacy will apply on your behalf

X \_\_\_\_\_ Date: \_\_\_\_\_

### Prescriber Signature (Please sign and date below)

X \_\_\_\_\_ Date: \_\_\_\_\_

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