HEPATOLOGY ENROLLMENT FORM

PATIENT INFORMATION

Last Name _____ First Name _____

Social Security No _____ Date of Birth _____

Sex □ M □ F Weight_____ Height_____ Allergies_____

Home Phone _____ Work/Mobile _____

Home Address _____

City _____ State _____ Zip _____

PATIENT INSURANCE INFORMATION

Primary Medical Insurance _____ Medical Insurance Phone _____

Subscriber Name _____

Rx Card (PBM) _____ Group No _____

Prescription Card Bin # _____ PCN # _____

TREATMENT ARRANGEMENTS

•Start Date:_____ Ship Meds □ Home □ Doctor's Office

Teaching by: □ Home Health □ Doctor's Office □ Other:_____

PRESCRIPTION INFORMATION

STATEMENT OF MEDICAL NECESSITY

Diagnosis:

□ B18.2 Hepatitis C □ Other ICD 10 ____ □ Initial Therapy □ Previous Therapy **Genotype**: □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 Other Subtype: □ a □ b

□ HCV RNA Level _____ □ Treatment Naïve □ Previous treatment _____ Date _____

Prior treatment (Duration): From _____ To _____ Total of _____ Weeks □ Co-infection □ HIV □ HBV

Cirrhosis: □ Compensated □ De-compensated □ Hepatocellular Carcinoma □ HIV Status □ Post-Liver Transplant

Fibroscan: □ Yes □ No Score:_____ **History of Liver biopsy?**: □ Yes □ No □ N/A **Fibrosis**: □ Yes □ No □ F1 □ F2 □ F3 □ F4

DRUG	DIRECTION	QUANTITY	REFILLS
□ **MAVYRET®** (Glecaprevir/Pibretasvir) 100/40mg	Take 3 tablets by mouth ONCE daily with meals.	28 Packs (84 Tablets)	
□ **VOSEVI®** (Sofosbuvir/Velpatasvir & Voxilaprevir)	Take 1 TABLET by mouth ONCE a day with meals.	28 Tablets	
□ **EPCLUSA®** (Sofosbuvir/Velpatasvir) 400/100mg	Take 1 TABLET by mouth ONCE a day with or without meals.	28 Tablets	
□ **HARVONI®** (Ledipasvir/Sofosbuvir) 90/400mg	Take 1 TABLET by mouth ONCE a day with or without meals.	28 Tablets	
□ **ZEPATIER®** (Elbasvir/Grazoprevir) 50/100mg	Take 1 TABLET by mouth ONCE a day with or without meals.	28 Tablets	
□ **DAKLINZA® 30mg** □ **DAKLINZA® 60mg** (Daclatasvir)	Take 1 TABLET by mouth ONCE a day with or without meals.	28 Tablets	
□ **VIEKIRA XR®** (Paritaprevir/Ombitasvir/Ritonavir & Dasabuvir)	Take 3 TABLETS by mouth once daily.	28 Packs (84 Tablets)	
□ **VIEKIRA PAK®** (Ombitasvir/Paritaprevir/Ritonavir & Dasabuvir)	Take TWO TABLETS of ombitasvir/paritaprevir/ritonavir and ONE TABLET of dasabuvir in the morning. Take ONE TABLET of dasabuvir in the evening.	4 Packs (112 Tablets)	
□ **SOVALDI®** (Sofosbuvir) 400mg	Take 1 TABLET by mouth ONCE a day with or without meals.	28 Tablets	
□ **TECHNIVIE®** (Ombitasvir/Paritaprevir/Ritonavir)	Take 2 tablets (One Pack) by mouth ONCE a day.	28 Packs (84 Tablets)	
□ **RIBAPAK®** □ **MODERIBA®** (Ribavirin)	□ 600mg □ 800mg □ 1000mg □ 1200mg □ Take _____ mg in the morning _____ mg in the evening	28 days supply	

HEPATITIS B TREATMENT

□ **BARACLUDE** □ 0.5mg Tablet □ 1mg Tablet □ 0.05mg/mL Solution Directions:_____ Qty:_____ Refill_____

□ **VIREAD** □ 150mg □ 200mg □ 300mg Directions:_____ Qty:_____ Refill_____

□ **VEMLIDY** □ 25mg

Physician Signature: X_____ □ **DAW (Dispense as Written)** **Date:** _____

Physician Name: _____ **Phone:** _____ **Fax:** _____ **Office Contact:** _____

Physician Address: _____ **NPI:** _____ **DEA:** _____

By Signing this prescription and using Southside pharmacy's services you authorize Southside Pharmacy to contact Insurance companies for prior authorization purposes on your behalf.

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