



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: _____
 Allergies: _____

Insurance Information: Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical)

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	
<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: _____