



Hepatitis C Enrollment Form

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PH: (843) 501-9500
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Date: _____ Needs by date: _____

Ship to: Patient ___ Office: ___ Other: _____

Patient Information:

Patient Name: _____

Address: _____

City, State, Zip: _____

Main Phone: _____

Alternate Phone: _____

Last 4 of SSN: _____ Height _____ in cm Weight _____ lbs kg

Date of Birth: _____ Male Female

Prescriber Information:

Prescriber Name: _____

DEA: _____ NPI: _____

Group: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Contact Person: _____

INSURANCE INFORMATION: PLEASE FAX A COPY OF PRESCRIPTION CARD AND MEDICAL CARD (FRONT AND BACK)

Clinical Information: Please attach clinical notes/labs for the prior authorization process

Diagnosis: _____ 070.54 Chronic Hepatitis C _____ 070.51 Acute Hepatitis C _____ 050.5 Liver Transplant _____ 042 HIV _____ Other: _____

Fibrosis Stage: _____ HCV-RNA: _____ (IU/ML) and/or log10 value _____

ICD-10 Code & Description: _____ The Child-Pugh Grade is: _____

Patient Evaluation

Allergies: _____

Is the readiness to treat form filled out and signed by the patient: Y N

HCV Genotype: 1 2 3 4 5 Subtype: _____ AND No Cirrhosis Compensated Cirrhosis Uncompensated Cirrhosis

Previous Treatment: Naive Partial Responder Non-Responder Relapsed

List dates of therapy and outcomes _____ Product Name: _____

Is patient currently on Hepatitis C Virus (HCV) therapy? Yes No

If yes, Therapy start date: _____ Product Names: _____

Prescription Information

Medication	Strength/Formulation	Directions	Quantity
Harvoni® (ledipasvir/sofosbuvir)	90mg ledipasvir/ 400mg sofosbuvir	Take one tablet once daily.	<input type="radio"/> 8 weeks <input type="radio"/> 12 weeks <input type="radio"/> 24 weeks
Olysio™ (simeprevir)	150 mg Capsule	Take one capsule once daily with food .	<input type="radio"/> 12 weeks <input type="radio"/> 24 weeks
Sovaldi™ (sofosbuvir)	400 mg tablet	Take one tablet once daily.	<input type="radio"/> 12 weeks <input type="radio"/> 24 weeks <input type="radio"/> Other: _____
Daklinza™ (daclatasvir)	<input type="radio"/> 30 mg tablet <input type="radio"/> 60 mg tablet <input type="radio"/> 90 mg tablet	Take one tablet daily.	<input type="radio"/> 12 weeks <input type="radio"/> Other: _____
Zepatier (elbasvir / grazoprevir)	50 mg elbasvir/ 100mg grazoprevir	Take one tablet daily .	<input type="radio"/> 12 weeks <input type="radio"/> 16 weeks
Technivie™ (ombitasvir / paritaprevir / ritonavir)	12.5mg ombitasvir/ 75mg paritaprevir/ 50mg ritonavir	Take 2 tablets once daily every morning .	<input type="radio"/> 12 weeks <input type="radio"/> Other: _____
Pegasys (peginterferon alfa-2a)	<input type="radio"/> 180 mcg/ 0.5 ml Proclick Autoinjector <input type="radio"/> Other: _____	Inject 180 mcg subQ once weekly as directed. <input type="radio"/> Other: _____	
PEGIntron® (peginterferon alfa-2b)	<input type="radio"/> 120 mcg Redipen <input type="radio"/> Other: _____ <input type="radio"/> 150 mcg Redipen	Inject _____ mcg subQ once weekly. <input type="radio"/> Other: _____	<input type="radio"/> Qty: _____ Refills: _____
Ribavirin	<input type="radio"/> 200 mg tablet <input type="radio"/> 200 mg capsule	Take _____ tabs/caps Q AM and _____ tabs/caps Q PM for a total of _____ mg daily with food.	<input type="radio"/> Qty: _____ Refills: _____
Ribasphere® Riba-pak®	<input type="radio"/> 600/600mg <input type="radio"/> 400/400 mg <input type="radio"/> 600/400 mg <input type="radio"/> 200/400 mg	Take _____ mg Q AM and _____ mg Q PM for a total of _____ mg daily with food.	<input type="radio"/> Qty: _____ Refills: _____
Viekira Pak™	Ombitasvir, paritaprevir, ritonavir (pink tablets): 12.5/75/50 mg and Dasabuvir (beige tablets): 250 mg	Take 2 ombitasvir, paritaprevir, ritonavir (pink) tablets once daily AM and 1 dasabuvir (beige) tablet twice daily AM and PM with a meal	<input type="radio"/> 12 weeks <input type="radio"/> 24 weeks
Viekira XR	200mg dasabuvir/8.33mg ombitasvir/50mg paritaprevir/33.33mg ritonavir	Take 3 tablets once daily with food.	<input type="radio"/> 12 weeks <input type="radio"/> 24 weeks
Epclusa	400mg sofosbuvir/100mg velpatasvir	Take 1 tablet daily.	<input type="radio"/> 12 weeks <input type="radio"/> Other: _____
Moderiba dose pack	<input type="radio"/> 1200mg = 600/600mg <input type="radio"/> 800mg = 400/400mg <input type="radio"/> 1000mg = 600/400mg <input type="radio"/> 600mg = 200/400mg	Dose is weight based. Take _____ mg Q AM and take _____ mg Q PM.	<input type="radio"/> Qty: _____ Refills: _____
Vosevi™ (sofosbuvir / velpatasvir / voxilaprevir)	400 mg sofosbuvir/100 mg velpatasvir/ 100 mg voxilaprevir tablet	Take 1 tablet daily with food	<input type="radio"/> 12 weeks <input type="radio"/> Other: _____
Mavyret™ (glecaprevir / pibrentasvir)	100 mg glecaprevir/40 mg pibrentasvir tablet	Take 3 tablets once daily at same time with food	<input type="radio"/> 8 weeks <input type="radio"/> 12 weeks <input type="radio"/> 16 weeks <input type="radio"/> Other: _____

By signing this form and utilizing our services, you are authorizing Dottie's Pharmacy and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies. **Important Notice:** This form is intended to be delivered only to the named addressee. Confidential information may be protected health information under federal and state laws. If you receive this communication in error do not review, disclose, disseminate distribute or copy. Please notify the sender immediately and destroy all copies and any attachments.

Prescriber Signature: _____

Date: _____

Dispense as Written

Product Substitution