

PATIENT INFORMATION (Complete the following or include demographic sheet)

Name:	Phone #1:	Home	Cell	Work
Address:	Phone #2:	Home	Cell	Work
City:	State:	Zip:	Social Security Number:	
Email:	Primary Language:			

CLINICAL INFORMATION

Date of Birth:	Sex: Male Female	BSA: m ²	Weight: lbs kg	Height: inches cm
Patient Ethnicity:	Allergies:			No Known Allergies
HCV Genotype: 1a 1b 1 2 3 4 5 6	Fibrosis Scan:			
Is Patient: Naive Treatment Experienced	Cirrhosis: Yes No	Viral Load:	Lab Date:	
HIV Coinfected: Yes No	HBV Coinfected: Yes No	Decompensated Liver Disease: Yes No	Compensated Liver Disease: Yes No	
Is Patient Currently on HCV Therapy? Yes No	Medications:			
Last Date of Therapy:				

ENROLLMENT CHECKLIST (Please provide for all patients)

Demographics	Insurance Cards	Last 2 Visit Notes	ICD-10 code(s)	HCV RNA (Last 90 Days)	CBC w/PLT (Last 90 Days)
Complete Metabolic Panel (Last 90 Days)		Fibrosis Documentation (Biopsy, Fibroscan, Fibrosure)		Imaging (*If Available)	PT/INR (*If Cirrhotic)
N55A and/or NS3A Resistance Testing	Current Medication List	Patient Adherence/Rediness Documentation	Tried and Failed Medication History (if applicable)		

PRESCRIPTION INFORMATION - Pharmacy to coordinate injection training/home health nurse visit as necessary Yes No (Ancillary supplies and kits provided as needed for administration)

MEDICATION	DOSE/STRENGTH	DIRECTIONS	QUANTITY	REFILLS
Daklinza™ (daclatasvir)	30mg tablets 60mg tablets	Take mgs orally once a day (must be administered in combination with sofosbuvir)		
Epclusa® (sofosbuvir/velpatasvir)	400mg sofosbuvir/100mg velpatasvir	Take orally once daily with or without food		
Harvoni® (ledipasvir/sofosbuvir)	90mg ledipasvir/400mg sofosbuvir	Take orally once daily with or without food		
RibaPak® Moderiba® Dose Pak RibaTab Pak	600mg/day 800mg/day 1000mg/day 1200mg/day	Take mg orally QAM and mg QPM to equal a total of mg/day		
Ribavirin	200mg tablet 200mg capsule	Take tabs/caps orally QAM and tabs/caps QPM to equal a total of mg/day		
Sovaldi® (sofosbuvir)	400 mg tablets	Take one 400mg tablet orally once a day, with or without food		
ViekiraPak® (ombitasvir/paritaprevir/ritonavir/ dasabuvir)	12.5mg/75mg/50mg/250mg	Take 2 ombitasvir, paritaprevir, ritonavir 12.5mg/75mg/50mg once daily (in AM) and 1 dasabuvir 250mg table twice daily (AM & PM) with a meal		
Viekira XR™ (ombitasvir/paritaprevir/dasabuvir/ ritonavir)	200mg dasabuvir/8.33mg ombitasvir 50mg paritaprevir/33.33mg ritonavir	Take 3 tablets, 1 pack, orally daily with a meal		
Zepatier™ (elbasvir/grazoprevir)	50mg elbasvir/100mg grazoprevir	Take one tablet orally once daily with or without food		
Vosevi™ (sofosbuvir/velpatasvir/voxilaprevir)	400mg sofosbuvir/100mg velpatasvir/ 100mg voxilaprevir	Take one tablet orally once daily with food		
Mavyret™ (glecaprevir/pibrentasvir)	100mg glecaprevir/40mg pibrentasvir	Take three (3) tablets orally once daily with food		

PRESCRIBER INFORMATION (NPI# and DEA# are mandatory and required)

Name:	Nurse/Key Contact:
Practice/Hospital Name:	
Phone:	Fax:
Address:	City: State: Zip:
NPI#:	DEA#: License #:

DELIVERY INFORMATION

Ship to:	Patient MD Office Other
Needs By Date:	
Other Delivery Location:	
License #:	

PHYSICIAN SIGNATURE REQUIRED (STAMP SIGNATURE NOT ALLOWED)

X Dipense As Written	X Product Substitution Permitted
Date:	Date: