



HEPATITIS C - PRESCRIBER GUIDED - ENROLLMENT

Fax to: 844.295.5518

PHARMACY LOCATION
11233 SHADOW CREEK PARKWAY, SUITE 123A
PEARLAND, TEXAS 77584
1.844.295.5516

DATE: _____ SHIP TO:
DATE NEEDED: _____ PATIENT OFFICE

PATIENT INFO
NAME _____ E-MAIL _____ DOB _____ MALE FEMALE
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME TELEPHONE _____ MOBILE PHONE _____ SS# _____

PLEASE FAX COPY OF INSURANCE CARD (FRONT & BACK)

DIAGNOSIS CODE (ICD-10) Date of
 B18.2 Chronic Hepatitis C Diagnosis: _____
 K72.90 Hepatic Encephalopathy w/o coma

CLINICAL INFORMATION

Weight _____ kg / lb Height _____ cm / in
Allergies _____ NKDA
 HCV RNA (Baseline) _____ IU/ml
 HCV RNA (after ___ wks treatment) IU/ml
Date of Lab _____
HCV Genotype: 1a 1b 2 3 4 5 6
Length of treatment: _____
Pre-treatment ALT: _____
Has patient been previously treated for Hepatitis C? Yes No
If Yes, PegINF/RBV PegINF/RBV/PI
Other Medications: _____

IF TAKING RIBAVIRIN, is the patient (or patient's partner) pregnant or unwilling to use adequate contraception, or is there a history of hemoglobinopathies or renal insufficiency (CrCl < 50mL/min)? Yes No CrCl: _____

Renal Failure? Yes No
Is patient ineligible for treatment with Interferon? Yes No
If yes, reason for ineligibility: _____
Liver Biopsy Results: _____ Date: _____
Fibroscan Results: _____ Date: _____
FIB-4: _____ CTP Score: _____

ADVANCED DISEASE CHARACTERISTICS

Advanced Fibrosis (Met F3) Compensated cirrhosis (Met F4)
 Post-liver transplant Proteinuria
 Nephrotic syndrome Glomerulonephritis
 Type 2/3 essential mixed cryoglobulinemia with end-organ manif. (eg, vasculitis)
 Decompensated Cirrhosis

MODERATELY ADVANCED DISEASE CHARACTERISTICS

Fibrosis (Met F2) HIV co-infection*
 Hepatitis B co-infection Debilitating fatigue
 Type 2 Diabetes mellitus Porphyria cutanea tarda
 Other co-existent liver disease (eg, NASH)
* For patients with HCV/HIV-1 coinfection treat as mono-infection.

OTHER DISEASE CHARACTERISTICS

Q80K polymorphism Metavir F0-F1 NS5A Resistance

HEPATIC ENCEPHALOPATHY - XIFAXAN

XIFAXAN® 550MG (rifaximin)
Directions: Take 1 tab po BID
 Other:
Qty: 60 _____ Refills: _____

OTHER

_____ mg
Directions: _____
Qty: _____ Refills: _____

PRESCRIBER INFORMATION
Prescriber's Name: _____ Telephone: _____
Office Address: _____ Fax: _____
NPI #: _____ DEA #: _____ TAX ID #: _____
PRESCRIBER'S SIGNATURE _____ (DATE) _____

PRESCRIPTION INFORMATION

HCV COMBO THERAPIES - EPLUSA

EPLUSA® 400mg / 100mg (sofosbuvir/velpatasvir)
Directions: 1 tab po QD Other _____
Qty: 28 Day Supply Other _____
Choose Patient type below: TX Duration Refills
 GTP 1-6: Tx naïve or Tx experienced without cirrhosis or with COMPENSATED cirrhosis (Child-Pugh A) 12 weeks 2
 GTP 1-6: Tx naïve or Tx experienced with DECOMPENSATED cirrhosis or post-transplant (Child-Pugh B or C) (add ribavirin) 12 weeks 2
 Other _____

HCV COMBINATION THERAPIES - ZEPATIER

ZEPATIER 100mg/50mg tablet (grazoprevir/elbasvir)
Directions: 1 tab po QD Other _____
Qty: 28 Day Supply Other _____
Choose Patient type below: TX Duration Refills
 GTP 1a: treatment naïve or PegINF/RBV -experienced without baseline NS5A polymorphisms* 12 weeks 2
 GTP 1a: tx naïve or PegINF/RBV-experienced with baseline NS5A polymorphisms* (add ribavirin) 16 weeks 3
 GTP 1b: treatment naïve or PegINF/RBV-experienced 12 weeks 2
 GTP 1a or 1b: treatment PegINF/RBV/PI** -experienced (add ribavirin) 12 weeks 2
 GTP 4: treatment naïve 12 weeks 2
 GTP 4: PegINF/RBV-experienced (add ribavirin) 16 weeks 3
 RIBAVIRIN: If approp, please choose product under 'RIBAVIRIN'

*Polymorphisms at amino acid positions 28, 30, 31, or 93.
**Prior protease inhibitor (PI) tx includes simeprevir, telaprevir, or boceprevir.

HCV COMBO THERAPIES - DAKLINZA/SOVALDI

1. DAKLINZA™ (daclatasvir) 30 mg 60 mg 90 mg
Directions: 1 tab po QD Other _____
Qty: 28 Day Supply Other _____
 2. SOVALDI® 400mg (sofosbuvir)
Directions: 1 tab po QD Other _____
Qty: 28 Day Supply Other _____
Choose Patient type below: TX Duration Refills
 GTP 3: Tx Naïve or Tx Experienced; no cirrhosis 12 weeks 2
 GTP 3: Tx Naïve or Tx Experienced; with cirrhosis or post-transplant (add ribavirin) 12 weeks 2
 GTP 1*: Tx Naïve or Tx Experienced; no cirrhosis 12 weeks 2
 GTP 1*: Tx Naïve or Tx Experienced; with COMPENSATED cirrhosis (Child-Pugh A) 12 weeks 2
 GTP 1*: Tx Naïve or Tx Exp; w/ DECOMPENSATED (Child-Pugh B or C) cirrhosis or post-transplant (add ribavirin) 12 weeks 2
 Other _____

* Consider NS5A resistance testing in HCV Genotype 1a infected patients with cirrhosis.

HCV COMBO THERAPIES - SOVALDI/RIBAVIRIN

1. SOVALDI® 400mg (sofosbuvir)
Directions: 1 tab po QD Other _____
Qty: 28 Day Supply Other _____
 2. RIBAVIRIN: Please choose product under 'RIBAVIRIN'
Choose Patient type below: TX Duration Refills
 GTP 2: Tx. Naïve, no cirrhosis 12 weeks 2
 GTP 2: Tx. Naïve, cirrhosis; Tx. Experienced 16 weeks 3
 GTP 3: Tx. Naïve or Tx. Experienced 24 weeks 5
 Other _____

HCV COMBO THERAPIES - HARVONI

HARVONI® 90mg/400mg (ledipasvir/sofosbuvir)
Directions: 1 tab po QD
Qty: 28 Day Supply Other _____
Choose Patient type below: TX Duration Refills
 GTP 1: Tx-naïve without cirrhosis or with compensated cirrhosis (Child-Pugh A) 12 weeks 2
 GTP 1: Tx-experienced without cirrhosis 12 weeks 2
 GTP 1: Tx-experienced with compensated cirrhosis (Child-Pugh A) 24 weeks 5
 GTP 1: Tx-naïve or Tx-experienced with decompensated cirrhosis (Child-Pugh B or C) (add ribavirin) 12 weeks 2
 GTPs 1 or 4: Tx-naïve or Tx-experienced liver transplant recipients without cirrhosis, or with compensated cirrhosis (Child-Pugh A) (add ribavirin) 12 weeks 2
 GTPs 4, 5, or 6: Tx-naïve or Tx-experienced without cirrhosis or with compensated cirrhosis (Child-Pugh A) 12 weeks 2
 Other _____

HCV COMBO THERAPIES - VIEKIRA PAK & TECHNIVIE

VIEKIRA XR™
(ONCE daily extended-release formulation: dasabuvir 200mg/ombitasvir 8.33mg/paritaprevir 50mg/ritonavir 33.33mg)
 VIEKIRA PAK™
(paritaprevir 75/ritonavir 50-ombitasvir 12.5mg & dasabuvir 250mg)
 TECHNIVIE™
(paritaprevir 75/ritonavir 50-ombitasvir 12.5mg)
Directions: Take as directed on PAK po w/ food
Qty: 28 Day Supply Other _____
VIEKIRA™ - Choose Patient type below: TX Duration Refills
 GTP 1a: no cirrhosis (add ribavirin) 12 weeks 2
 GTP 1a: with cirrhosis (add ribavirin)* 24 weeks 5
**12 weeks may be considered based on prior treatment history
 GTP 1b: no cirrhosis 12 weeks 2
 GTP 1b: with cirrhosis 12 weeks 2
 Post-liver transplant, GTP 1a or 1b (add ribavirin) 24 weeks 5
 Other _____
TECHNIVIE™ - Choose Patient type below: TX Duration Refills
 GTP 4: Tx. Naïve or Exper, no cirrhosis (add ribavirin)* 12 weeks 2
*Note: Technivie without riba can be used in pts who cannot tolerate riba.

RIBAVIRIN

RIBAVIRIN:
If approp, please choose product under 'RIBAVIRIN'
 RIBAPAK® MODERIBA™ pack
Choose Patient type below:
 <75kg/165lbs 1000mg/day Take 600mg po qAM and 400mg po qPM
 ≥75kg/165lbs 1200mg/day Take 600mg po qAM and 600mg po qPM
 Other _____
Directions: Take 1 tab po BID
 Other:
Qty: 28 Day Supply Refills: _____
 RIBAVIRIN® 200mg Tablets Capsules
Directions: Take ___ tabs/caps po qam and ___ tabs / caps po qpm
Qty: 28 Day Supply Refills: _____