HEPATITIS C REFERRAL FORM

Date: _____
☐ **Current Patient** ☐ **New Patient**

Century Specialty Script
Fax Referral To: 877-521-5353
Phone: 800-521-3949

Needs by Date: _____ Ship to ☐ Patient's Home ☐ Prescriber 1st Order Only ☐ Prescriber All Orders

PATIENT INFORMATION

Patient Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Alternate Phone: _____
Date of Birth: _____ Gender: ☐ M ☐ F

PRESCRIBER INFORMATION

Prescriber Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
DEA#: _____ NPI#: _____
Contact Person: _____

INSURANCE INFORMATION *(Please attach the front and back of insurance and prescription drug card)*

Primary Insurance: _____ ID#: _____ Group: _____
Secondary Insurance: _____ ID#: _____ Group: _____
Prescription Card: _____ ID#: _____ BIN: _____ PCN: _____ Group: _____

DIAGNOSIS & LABWORK *(Fill in below or attach lab work)*

Primary Diagnosis: ☐ B18.2 Hepatitis C Chronic **Genotype**: ☐ 1a ☐ 1b ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 **HIV Co-Infected:** ☐ Yes ☐ No

Compensated Cirrhosis? ☐ Yes ☐ No **Weight** _____ **Fibrosis Score**: _____ **Allergies:** _____

Previously Treated with Interferon? ☐ No, patient is Naïve ☐ Yes **If yes, patient is a:** ☐ Partial Responder ☐ Relapser ☐ Null Response

Labwork: **Baseline HCV-RNA:**_____ **Date:**_____ **Result:**_____ **IU/ml**

Harvoni

Harvoni™ (ledipasvir and sofosbuvir)
☐ **Tablet** (90mg ledipasvir & 400mg sofosbuvir)
SIG: Take 1 pill once daily with or without food.
QTY: 28 day supply Refill: _____

Sovaldi

Sovaldi™ (sofosbuvir) ☐ **400 mg Tablet**
SIG: Take 1 pill once daily.
QTY: 28 day supply Refill: _____

Daklinza

Daklinza™ (daclatasvir)
☐ **60mg tablet** ☐ **30mg tablet**
Take 1 tablet by mouth once daily with or without food in combination with Sovaldi.
QTY: 28 day supply Refill: _____
Recommended treatment duration: 12 weeks. Contraindicated if patient is on CYP3A Inducers, phenytoin, carbamazepine, rifampin, St. John's wort.

Epclusa

Epclusa™ (sofosbuvir and velpatasvir)
☐ **Tablet** (400mg sofosbuvir & 100mg velpatasvir)
SIG: Take 1 pill once daily with or without food.
QTY: 28 day supply Refill:

Zepatier

Zepatier™ (elbasvir and grazoprevir)
☐ **One 4 Week Carton**
SIG: Take 1 tablet once daily with or without food.
QTY: 28 day supply Refill: _____

Viekira

☐ **Viekira Pak™** ☐ **Viekira XR™**
SIG: Viekira Pak Take **2 ombitasvir / paritaprevir/ritonavir** tablets once daily (in the morning), and **1 dasabuvir** tablet twice daily (morning and evening).
Viekira XR ☐ Take **3 tablets once daily** with food.
QTY: 28 day supply (1 carton) Refill: _____

Technivie

Technivie™ ☐ **One 4 Week Carton**
SIG: ☐ Take **2 ombitasvir/paritaprevir/ritonavir** tablets once daily in the morning with a meal
QTY: 28 day supply Refill: _____

Mavyret

Mavyret™ (glecaprevir and pibrentasvir)
☐ **One 4-wk Carton**
SIG: ☐ Take 3 tablets by mouth once daily with food
QTY: 28 day supply Refill: _____

Vosevi

Vosevi™ (sofosbuvir, velpatasvir, voxilaprevir)
☐ **Tablet** (Sofosbuvir 400mg, Velpatasvir 100mg, Voxilaprevir 100mg)
SIG: ☐ Take one tablet daily with food
QTY: 28 day supply Refill: _____

Ribavirin

Ribavirin ☐ 200mg Caps ☐ 200 mg Tabs
SIG: ☐ **800mg/day:** 2 po AM & 2 po PM
☐ **1000mg/day:** 3 po AM & 2 po PM
☐ **1200mg/day:** 3 po AM & 3 po PM
☐ QTY: Refill:

Moderiba™ Dose Pack
☐ 600/600 ☐ 400/600 ☐ 400/400 ☐ 200/400
SIG: ☐ Take 1 tablet q AM and 1 tablet q PM
☐ _____ QTY: 56 tablets. Refill: ____

Olysio

Olysio™ (simeprevir) ☐ **150mg Capsule**
SIG: ☐ Take 1 capsule daily with food
QTY: 28 day supply Refill: _____

Other/Notes:_____

By signing this form and utilizing our services, you are authorizing Century and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber Signature: _____ **DAW (Dispense as Written)** **Date:** _____

If Century Specialty Script is the patient's choice, please Call-in, Fax, or Mail prescriptions to:
Century Specialty Script, 6 Fisher Avenue, Tuckahoe, NY, 10707 • Phone (800) 521-3949, Fax (877) 521-5353