

## HEPATOLOGY REFERRAL FORM

Century Specialty Script



Date: \_\_\_\_\_

Fax Referral To: 877-521-5353

Current Patient

New Patient

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: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: M F

## Prescriber Information

Prescriber Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

DEA: \_\_\_\_\_ NPI # \_\_\_\_\_

Contact Person: \_\_\_\_\_

## Insurance Information

Primary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_ Group: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_ Group: \_\_\_\_\_

Prescription Card: \_\_\_\_\_ ID #: \_\_\_\_\_ BIN# \_\_\_\_\_ PCN # \_\_\_\_\_ Group: \_\_\_\_\_

## Diagnosis &amp; LabWork (Fill in below or attach lab work)

Primary Diagnosis: B18.2 Hepatitis C Chronic B19.10 Hepatitis B K73.9 Chronic Hepatitis K72.90 Hepatic Encephalopathy

K72.90 Hepatic Failure, unspecified without coma

C22.0 Liver Cell Carcinoma

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 Naive Yes - If yes, patient is a: Partial Responder Relapser Null Response

Lab work: Baseline HCV-RNA: \_\_\_\_\_ Date: \_\_\_\_\_ Result: \_\_\_\_\_ IU/ml

## Prescription Information

Medication	Dose Strength	Directions	Qty	Refills
BARACLUDE	0.5mg	Take once daily PO		
EPCLUSA (Sofosbuvir & Velpatasvir)	400mg Sofosbuvir 100mg Velpatasvir	Take 1 Pill once daily with or without food.		
HARVONI (Ledipasvir & Sofosbuvir)	90mg Ledipasvir 400mg Sofosbuvir	Take 1 Pill once daily with or without food.		
MAVYRET	One 4 week Carton	Take 3 tablets by mouth once daily with food.		
PEGASYS	180mcg	Inject 180mcg SQ once weekly for 48 weeks		
RIBAVIRIN	200mg Caps 200mg Tabs	<b>1200mg/day:</b> 3 PO AM & 3 PO PM <b>1000mg/day:</b> 3 PO AM & 2 PO PM <b>800mg/day:</b> 2 PO AM & 2 PO PM		
VEMLIDY	25mg	Take once daily PO		
VIREAD	300mg	Take once daily PO		
VOSEVI (Sofosbuvir, Velpatasvir, Voxilaprevir)	Sofosbuvir 400mg Velpatasvir 100mg Voxilaprevir 100mg	Take one tablet daily with food.		
XIFAXAN	400mg 550mg	Take 400mg 3 times daily PO for 5-10 days Take 550mg twice daily PO for 5-10 days		
ZEPATIER	One 4 week Carton	Take 1 tablet once daily with or without food.		

Prescriber Signature: \_\_\_\_\_ DAW (Dispense as Written) Date: \_\_\_\_\_