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# Hepatitis C Referral Form

Surescripts ID #:

Office #: 1-210-881-0890

Fax #: 1-210-569-6464

Referral Info

## PATIENT INFORMATION

PATIENT NAME		SSN #:		DOB:	
ADDRESS:		CITY:		STATE:	
HOME PHONE:		CELL PHONE:		ZIP:	
HEIGHT:		WEIGHT:		GENDER: MALE FEMALE	
Email ADDRESS:		DIAGNOSIS CODE:			

## INSURANCE INFORMATION (or attach copy of your cards)

Primary Insurance Co:	Phone:	Policy#:	Group#:
Secondary Insurance Co:	Phone:	Policy#:	Group#:

## PRESCRIPTION INFORMATION (For IV medications attach a copy of your prescription.)

To prevent generic substitution, Prescriber to handwrite "Brand Medically Necessary" and sign:

<p><b>MAVYRETTM</b> (glecaprevir/pibrentasvir)  <input type="radio"/> Three tablets (total daily dose: glecaprevir 300mg and pibrentasvir 120mg) taken orally once daily with food          Qty: 28 Day Supply Refills: <input type="text"/></p> <p><b>HARVONI</b>® (ledipasvir 90mg/sofosbuvir 400mg)  <input type="radio"/> One tablet taken by mouth once daily          Qty: 28 Day Supply Refills: <input type="text"/></p> <p><b>DAKLINZA</b>™ (daclatasvir)  <input type="radio"/> 30mg <input type="radio"/> 60mg _____ mg taken once daily with or without food. *Combination with sofosbuvir          Qty: 28 Day Supply Refills: <input type="text"/></p> <p><b>EPLUSA</b>® (Sofosbuvir 400mg/Velpatasvir 100mg) <input type="radio"/> One tablet taken by mouth once daily          Qty: 28 Day Supply Refills: <input type="text"/></p> <p><b>VOSEVI TM</b> (Sofosbuvir 400mg/Velpatasvir 100mg/Voxilaprevir 100mg)  <input type="radio"/> One tablet taken by mouth once daily with food.          Qty: 28 Day Supply Refills: <input type="text"/></p> <p><b>ZEPATIER</b>® (elbasvir 50mg/grazoprevir 100mg)  <input type="radio"/> One tablet taken by mouth once daily          Qty: 28 Day Supply Refills: <input type="text"/></p>	<p><b>SOVALDI</b>™ (sofosbuvir)  <input type="radio"/> One 400mg tablet taken by mouth once daily          Qty: 28 Day Supply Refills: <input type="text"/></p> <p><input type="radio"/> <b>RIBAVIRIN</b>® 200mg Qty: <input type="text"/>          _____ mg AM _____ mg PM Refills: <input type="text"/></p> <p>***Please use this section for additional directions or other medications not listed.***</p> <p><b>OTHER</b></p> <p><b>STRENGTH:</b></p> <p><b>SIG/DIRECTIONS</b></p>	<p><b>Clinical Info</b></p> <p>Responder status:  <input type="checkbox"/> Treatment Naïve <input type="checkbox"/> Treatment Experienced          Prior Treatment:          Type: _____          Did patient fail NS5A based treatment (Harvoni, Daklinza, Viekira, Zepatier)?  <input type="checkbox"/> No <input type="checkbox"/> Yes (Please include RAV)          Comorbidities:  <input type="checkbox"/> ESRD  <input type="checkbox"/> HIV  <input type="checkbox"/> HBV  <input type="checkbox"/> Diabetes  <input type="checkbox"/> Other: _____          Fibrosis Stage: _____          Child-Pugh Score: _____</p> <p>HCV genotype:  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4  <input type="checkbox"/> 1a <input type="checkbox"/> 2a <input type="checkbox"/> 3a <input type="checkbox"/> 4a  <input type="checkbox"/> 1b <input type="checkbox"/> 2b <input type="checkbox"/> 3b <input type="checkbox"/> 4b  <input type="checkbox"/> Other: _____ HCV RNA:          _____ Cirrhosis: <input type="checkbox"/> Y <input type="checkbox"/> N          If YES: <input type="checkbox"/> Compensated <input type="checkbox"/> Decompensated</p> <table border="1"> <thead> <tr> <th>Test Type</th> <th>Quest Lab</th> <th>LabCorp</th> </tr> </thead> <tbody> <tr> <td>GT1 NS5A RAV Test</td> <td>92447(X)</td> <td>550325</td> </tr> <tr> <td>Genotype + GT1a RAV (reflex) panel</td> <td>93871(X)</td> <td>550615</td> </tr> <tr> <td>Viral Load + GT1a RAV (reflex) panel</td> <td>N/A</td> <td>550333 (graphical) 550349 (non-graphical)</td> </tr> <tr> <td>Viral Load + Genotype (reflex) + GT1a RAV (reflex) panel</td> <td>93873(X)</td> <td>550705</td> </tr> </tbody> </table>	Test Type	Quest Lab	LabCorp	GT1 NS5A RAV Test	92447(X)	550325	Genotype + GT1a RAV (reflex) panel	93871(X)	550615	Viral Load + GT1a RAV (reflex) panel	N/A	550333 (graphical) 550349 (non-graphical)	Viral Load + Genotype (reflex) + GT1a RAV (reflex) panel	93873(X)	550705
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<b>QUANTITY:</b>	<b>REFILLS:</b>																

## PHYSICIAN INFORMATION

<b>Prescriber Name:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>Office Contact/Faxed by:</b>	<b>Email:</b>	
<b>NPI#:</b>	<b>TAXID#:</b>	<b>Ship To:</b> <input type="radio"/> Patient <input type="radio"/> MD 1 <sup>ST</sup> Fill Only <input type="radio"/> MD All Orders
<b>Prescriber Signature:</b>		
<input type="radio"/> Dispense as written <b>Date</b>		

Your signature authorizes the pharmacy to act on your behalf to obtain prior authorization for the prescribed medications. We will also pursue available copay and financial assistance on behalf of your patients.

\* We will let you know within 2 hours if your patient can be admitted pending insurance Qualification or non-admitted and triaged to another pharmacy

This prescription is valid only if transmitted by Facsimile machine by a licensed prescriber

