



Specialty Pharmacy With A Personal Touch

# Hepatitis C Referral Form

Please fax to:

855.291.7860

4284 New Getwell Road

Memphis, TN 38118

p 855.394.2930

Patient Name:		Primary Ins:		
DOB:		BinRx/PCN#:		
SSN:		ID#:		
Address:		Group#:		
City/ST/Zip:		Phone#:		
Phone#:		Secondary Ins:		
Emergency contact#		Sex: M F		
Diagnosis:		Height: Weight: Allergies:		
ICD-10:		List Previous Treatment:		
Liver Biopsy:		Genotype:		Viral Load:
HIV: Y N		Naive: Y N Relapser: Non Responder:		
___ Vosevi (400mg sofosbuvir/100mg velpatasvir/voxilaprevir 100mg)  Directions: Take 1 tablet daily with food  QTY: 28 REFILLS ___	___ Mavyret (100 mg glecaprevir/40mg pibrentasvir)  Directions: Take 3 tablets daily with food  QTY: 84 REFILLS ___	___ Zepatier (50mg elbasvir/100mg grazoprevir)  Directions: Take 1 tablet daily with or without food  QTY: 28 REFILLS ___	___ Harvoni (90 mg ledipasvir/400 mg sofosbuvir)  Directions: Take 1 tablet daily with or without food  QTY: 28 REFILLS ___	___ Daklinza (daclatasvir) ___ 60 mg one daily ___ 30 mg once daily  QTY: 28 REFILLS ___
___ Epclusa (400 mg sofosbuvir/100mg velpatasvir)  Directions: Take 1 tablet daily with or without food  QTY: 28 REFILLS ___	___ Sovaldi (400 mg sofosbuvir)  Directions: Take 1 tablet daily  QTY: 28 REFILLS ___	___ Viekira Pak (12.5mg ombitasvir/75mg paritaprevir/50mg ritonavir (dasabuvir 250mg)  Directions: Take 2 pink tablets and 1 biege tablet in the morning with food. Take 1 biege tablet in the evening with food  QTY: 4 boxes for 28 days REFILLS ___	___ Viekira XR (dasabuvir, ombitasvir, paritaprevir, and ritonavir extended-release)  Directions: Take 3 tablets once daily with a meal  QTY: 84 REFILLS ___	___ Technivie (12.5 mg ombitasvir/75 mg paritaprevir/50mg ritonavir)  Directions: Take 2 tablets once daily  QTY: 56 REFILLS ___
Ribapak ___ Moderiba ___ Weight: ___ kg/lbs ___ 600mg PO Daily: 200mg QAM, 400mg QPM ___ 800mg PO Daily: 400mg QAM. 400mgQPM 103-131 ___ 1000mg PO Daily: 600mg QAM. 400mg QPM 132-162 ___ 1200mg PO Daily: 600mg QAM. 600mg QPM >162  QTY: ___ REFILLS ___		Ribasphere 200mg ___ Moderiba 200mg ___ Dose:  (If insurance does not cover Ribapak, we will automatically switch to the equivalent dose of Ribasphere 200mg tabs)  QTY: ___ REFILLS ___		
___ Xifaxan ___ 200mg tablet ___ 550mg tablet Dose: ___ one tablet twice daily ___ one tablet three times daily  QTY: ___ REFILLS ___		___ other  QTY: ___ REFILLS ___	<b>Supportive Therapy</b> ___ Procrit ___ Neupogen ___ Epogen Dosing:  QTY: ___ REFILLS ___	<b>Deliver to:</b> Patient's home ___ MD's Office ___ First dose to MD ___ Physician Training in office ___

\*\*\*By signing this form and utilizing our services, you are authorizing EntrustRx and it's employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

**Physician Signature DAW**

Substitution Allowed:

Date:

Physician Name:		Office Contact:	
Address:		Phone:	Fax:
City/St/Zip:		NPI:	DEA:

\*\*\* IMPORTANT NOTICE: This fax is intended to be delivered to the name addressee. It contains material confidential, privileged, proprietary or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute or copy this fax. Please notify sender immediately.