



Hepatitis C Referral Form

357 Flatbush Ave • Brooklyn, NY 11238

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SHIP TO:	<input type="checkbox"/> Patient's Home	<input type="checkbox"/> Provider's Office	<input type="checkbox"/> Other:
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PATIENT INFORMATION:

Patient Name (First):	Last:	M:	DOB (mm/dd/yy):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Patient Address: (include apt. #)			City:	State: Zip:
Home Phone:	Work Phone:	Cell Phone:		Primary Language:

PHARMACY INSURANCE INFORMATION:

Primary Insurance Name:	Insured's SSN:	Patient ID#:
Rx BIN#:	Rx PCN#:	Rx Group#:

****Please include a copy of the front and back of the patient's pharmacy insurance card with this form****

PRESCRIBING PHYSICIAN INFORMATION:

Physician Name:	Specialty:	Contact Name:
Physician Address:	Phone #:	Secure Fax #:
Physician DEA # :	Physician NPI #:	License #:

CLINICAL INFORMATION:

Diagnosis: <input type="checkbox"/> HCV <input type="checkbox"/> HCV/HIV Coinfection <input type="checkbox"/> Compensated Cirrhosis <input type="checkbox"/> Decompensated Cirrhosis	Genotype: <input type="checkbox"/> 1a <input type="checkbox"/> 1b <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Treatment-naive	<input type="checkbox"/> Treatment experienced: <input type="checkbox"/> Relapser <input type="checkbox"/> Non-responder
HCV RNA (Viral Load)/Date: _____ / _____	Height: <input type="checkbox"/> in <input type="checkbox"/> cm	Previous HCV treatment regimen(s) and length of tx:	
Allergies:	Weight: <input type="checkbox"/> lbs <input type="checkbox"/> kgs		
Med List:			

PRESCRIPTION: **Please include an original prescription with this form or E scribe a prescription to Kings Pharmacy**

<input type="checkbox"/> HARVONI (ledipasvir/sofosbuvir) 90/400MG PO DAILY #28 tabs <input type="checkbox"/> Treatment-naive, without cirrhosis, HCV RNA < 6 million IU/ml: x1 refill (8 weeks treatment duration) <input type="checkbox"/> Treatment-naive, without cirrhosis, HCV RNA > 6 million IU/ml: x2 refills (12 weeks treatment duration) <input type="checkbox"/> Treatment-naive, with cirrhosis: x2 refills (12 weeks treatment duration) <input type="checkbox"/> Treatment-experienced, without cirrhosis: x2 refills (12 weeks treatment duration) <input type="checkbox"/> Treatment-experienced, with cirrhosis: x5 refills (24 weeks treatment duration)	<input type="checkbox"/> TECHNIVIE 2 TABS PO AM #56 tabs <input type="checkbox"/> x2 refills (12 weeks tx duration) + RIBAVIRIN
<input type="checkbox"/> ZEPATIER (elbasvir/grazoprevir) 50/100MG PO DAILY #28 tabs <input type="checkbox"/> Genotype 1a, tx-naive/experienced with PEG/RBV <u>without</u> NS5A polymorphism: x2 refills (12 weeks treatment duration) <input type="checkbox"/> Genotype 1a, tx-naive/experienced with PEG/RBV <u>with</u> NS5A polymorphism: x3 refills (16 weeks treatment duration) + RIBAVIRIN <input type="checkbox"/> Genotype 1b, tx-naive/experienced with PEG/RBV: x2 refills (12 weeks treatment duration) <input type="checkbox"/> Genotype 1a or 1b, tx-experienced with PEG/RBV/PI: x2 refills (12 weeks treatment duration) + RIBAVIRIN <input type="checkbox"/> Genotype 4, treatment-naive: x2 refills (12 weeks treatment duration) <input type="checkbox"/> Genotype 4, treatment-experienced with PEG/RBV: x3 refills (16 weeks treatment duration) + RIBAVIRIN	<input type="checkbox"/> SOVALDI (sofosbuvir) 400MG PO DAILY #28 tabs <input type="checkbox"/> x2 refills (12 weeks treatment duration) <input type="checkbox"/> x3 refills (16 weeks treatment duration) <input type="checkbox"/> x5 refills (24 weeks treatment duration)
<input type="checkbox"/> VIKIRA PAK 3 TABS AM AND 1 TAB PM #112 tabs <input type="checkbox"/> Genotype 1a, without cirrhosis: x2 refills (12 weeks treatment duration) + RIBAVIRIN <input type="checkbox"/> Genotype 1a, with cirrhosis: x5 refill (24 weeks treatment duration) + RIBAVIRIN <input type="checkbox"/> Genotype 1b, without cirrhosis: x2 refills (12 weeks treatment duration) <input type="checkbox"/> Genotype 1b, with cirrhosis: x2 refills (12 weeks treatment duration) + RIBAVIRIN	<input type="checkbox"/> EPCLUSA (sofosbuvir/velpatasvir) 400/100MG PO DAILY #28 tabs <input type="checkbox"/> x2 refills (12 weeks tx duration) <input type="checkbox"/> x2 refills + RIBAVIRIN
<input type="checkbox"/> Ribavirin (generic) Dose: _____ Quantity: _____ Sig: _____ <input type="checkbox"/> x2 refills (12 weeks treatment duration) <input type="checkbox"/> x3 refills (16 weeks treatment duration) <input type="checkbox"/> x5 refills (24 weeks treatment duration)	<input type="checkbox"/> DAKLINZA (daclatasvir) PO DAILY <input type="checkbox"/> 30MG 60MG 90MG <input type="checkbox"/> x2 refills (12 weeks treatment duration) <input type="checkbox"/> x3 refills (16 weeks treatment duration) <input type="checkbox"/> x5 refills (24 weeks treatment duration)
<input type="checkbox"/> RibaPak (ribavirin): <input type="checkbox"/> 600mg #56 800mg #56 <input type="checkbox"/> 1000mg #56 1200mg #56 <input type="checkbox"/> x2 refills (12 weeks treatment duration) <input type="checkbox"/> x3 refills (16 weeks treatment duration) <input type="checkbox"/> x5 refills (24 weeks treatment duration)	Ribavirin Dosing Guide: Wt ≤ 75 kg: 1000 mg/day Wt > 75 kg: 1200 mg/day

PRESCRIBER SIGNATURE:	DATE:
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