

Prescriber Information							
Prescriber Name:			MD	DO	NP	PA	NPI:
Office Contact:			Practice Name / Collaborating MD:				
Address:		City:		State:		Zip:	
Phone:		Fax:					

Patient Information • PLEASE SEND COPY OF INSURANCE CARD								
Patients Name:		Last 4 Digits of SS#:		DOB: / /	Sex: M F	Weight:	Height:	Diabetic? Y N
Address:			City:		State:		Zip:	
Home Phone:		Work/Cell:		HIPAA Contact:		Emergency #:		
Interpreter Needed? Y N		Allergies: Y N If Yes, list allergies:						

Insurance Information					
Primary Insurance:		Policy ID:	Group #:	BIN:	PCN:
Policyholder Name:			Policyholder DOB: / /		

Clinical Information • PLEASE SEND COPY OF MEDICAL AND PRESCRIPTION INSURANCE CARDS, PROGRESS NOTES AND LAB REPORTS, SUPPORTING DIAGNOSIS, CO-MORBIDITIES AND LAB VALUES							
Diagnosis:		ICD-10:		Patient's Previous Treatment:			
Urine Drug Screen Attached: Y N	Date of Diagnosis: / /	Transplant: Y N	Transplant Type:			Biopsy: Y N	
Fibrosis:	Scale (0-4):	Genotype:		Initial Viral Load	IU/ml	Date: / /	HIV: Y N
Hepatitis B Testing Completed: Y N	Date Taken: / /	Result: Positive Negative					
RAV Testing Completed: Y N	Date Taken: / /	Resistance Variants found:					

TREATMENT ARRANGEMENTS:		Start Date: / /	Length of Therapy: 8 Weeks 12 Weeks Other		
Statin Status:	Patient not taking statin Patient taking statin →		Statin name & dose: _____ Statin to be discontinued during HCV therapy Statin dose will be reduced during HCV therapy No dose change needed – prescriber aware/will monitor		
H₂RA/PPI Status	Patient not taking H ₂ RA/PPI Patient taking H ₂ RA/PPI →		H ₂ RA/PPI name & dose: _____ H ₂ RA/PPI to be discontinued during HCV therapy H ₂ RA/PPI dose will be reduced during HCV therapy No dose change needed – prescriber aware/will monitor		

Prescription Information				
Medication	Dose/Strength	Sig	Quantity	Refills
BARACLUDE®	0.5mg tablet 1mg tablet 0.05mg/ML oral solution	Take 1 tablet by mouth once daily Other:	30 Day Supply	
EPLCLUSA® SOFOSBUVIR/VELPATASVIR <i>*Generic only available in 400mg/100mg formulation</i>	400mg/100mg tablet 200mg/50mg tablet 200mg/50mg pellets 150mg/37.5mg pellets	Adults: Take 1 tablet by mouth once daily with or without food Pediatrics Age 3 and Older: <u>Weight ≥ 30kg:</u> Take two 200mg/50mg packets of pellets by mouth once daily Take one 400mg/100mg tablet once daily Take two 200mg/50mg tablets once daily <u>Weight 17 to <30kg:</u> Take one 200mg/50mg packet of pellets by mouth once daily Take one 200mg/50mg tablet once daily <u>Weight < 17kg:</u> Take one 150mg/37.5mg packet of pellets by mouth once daily	28 Day Supply	
HARVONI™ LEDIPASVIR/SOFOSBUVIR <i>*Generic only available in 90mg/400mg formulation</i>	90mg / 400mg tablet 45mg / 200mg tablet 45mg / 200mg pellets 33.75mg / 150mg pellets	Adults: Take 1 tablet by mouth once daily with or without food Pediatrics Age 3 and Older: <u>Weight ≥ 35kg:</u> Take one 90mg/400mg tablet by mouth once daily Take two 45mg/200mg tablets by mouth once daily Take two 45mg/200mg packets of pellets by mouth once daily <u>Weight 17-34kg:</u> Take one 45mg/200mg tablet or packet of pellets by mouth once daily <u>Weight < 17kg:</u> Take one 33.75mg/150mg packet of pellets by mouth once daily	28 Day Supply	
HEPSERA®	10mg tablet	Take 1 tablet by mouth once daily Other:	30 Day Supply	

Prescriber Signature	Date	Prescriber Signature	Date
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Substitution Permitted

Dispense as Written

If brand is required, please write "DAW" in the box to the right.