MedBox

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HEPATITIS C TREATMENT ENROLLMENT FORM

PATIENT INFORMATION – please attach a copy of the patient's insurance card

Name: | Date of Birth: | ☐ Male ☐ Female

Address: | City | State | Zip Code:

Primary Phone: | Secondary Phone: | Language:

Allergies (Required): ☐ NKDA | Height: | Weight: | SSN:

Therapy Shipping Options: ☐ Patient's Home ☐ Prescriber's Office ☐ Alternative Address:

PRESCRIBER INFORMATION

Practice Name: | Office Contact:

Prescriber: | NPI: | DEA:

Practice Address: | City | State | Zip Code::

Office Phone: | Office Fax:

CLINICAL INFORMATION – please send all available chart notes including lab results

ICD – 10 / Diagnosis: | Patient Type: ☐ naïve ☐ relapse ☐ partial responder ☐ null responder

Is there cirrhosis? ☐ Yes ☐ No ☐
If yes, is it: ☐ compensated ☐ decompensated ☐
Child Pugh Score : ☐ A ☐ B ☐ C

Prior Failed Therapy: Co-infections: ☐ None ☐ HIV ☐ Hepatitis B

Fibrosis Stage: ☐ F0 ☐ F0 - F1 ☐ F1 ☐ F1 - F2 ☐ F2 ☐ F2 - F3 ☐ F3 ☐ F3 - F4 ☐ F4
Activity: ☐ A1 ☐ A2 ☐ A3 ☐ A4 | eGFR: _________ ml / min / 1.73 m^2

Genotype / Subtype: ☐ 1a ☐ 1b ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ Unknown
For Olysio* order, is the Q80K polymorphism present? ☐ Yes ☐ No

Baseline viral load (IU/ML):
Baseline viral load (Log UI/mL):

Is this patient interferon intolerant? ☐ Yes ☐ No

Is this patient awaiting liver transplant for hepatocellular carcinoma? ☐ Yes ☐ No | Fibroscan TM (kPa): | FibroSURE:

NS5A results: ☐ resistant ☐ non-resistant | Hep B Panel: ☐ HBsAg ☐ HBcAb ☐ HBsAb | *Please attach CBC & CMP lab values with prescription

PRESCRIPTION INFORMATION

Medication	Dose	Directions	Quantity	Refills
☐ Mavyret	100 mg / 40 mg	Take 3 tablets by mouth with food for [ ] weeks	84	
☐ Zepatier	50 mg / 100 mg	Take 1 tablets by mouth with or without food for [ ] weeks	28	
☐ Epclusa	400 mg / 100 mg	Take 1 tablets by mouth with or without food for [ ] weeks	28	
☐ Harvoni	90 mg / 400 mg	Take 1 tablets by mouth with or without food for [ ] weeks	28	
☐ Vosevi	400 / 100 / 100 mg	Take 1 tablets by mouth with food for [ ] weeks	28	
☐ Sovaldi	400 mg	Take 1 tablets by mouth with or without food for [ ] weeks	28	
☐ Daklinza	☐ 60 mg ☐ 30 mg *	Take 1 tablets by mouth with or without food for [ ] weeks * 30 mg dose is utilized when given in combination with strong CYP3A inhibitors. 90 mg dose is to be administered when given in combination with moderate inducers of CYP3A.	28	
☐ Olysio	150 mg	Take 1 tablets by mouth with or without food for [ ] weeks	28	
☐ Viekira XR	8.33 / 50 / 33.33 / 200 mg	Take 3 tablets by mouth with food for [ ] weeks	84	
☐ Ribavirin	200 mg ☐ capsule ☐ tablet	☐ Take 600 mg by mouth in the morning and 400 mg by mouth in the evening with food – (patients ≤ 165 lbs) | ☐ Take 600 mg by mouth in the morning and 600 mg by mouth in the evening with food – (patients ≥ 165 lbs)	☐ 140 ☐ 168	

PRESCRIBER SIGNATURE AND DATE– please sign and date below)

Dispense as Written _______________ Date

Substitution Permissible _______________ Date

☐ Check here to authorize MedBox and its representatives to act as an agent to initiate and execute the insurance prior authorization process and receive forms on the prescriber's behalf, "I certify that the above therapy is medically necessary and the above information is accurate to the best of my knowledge.

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