

## **Hepatitis C Prescription Referral Form**

159 E. Gun Hill Road, Bronx, NY, 10467

Phone: 1-347-913-4656 Fax: 718-231-2727

Lemedrx.com If you need a medication not listed, please contact us.

# of Prescriptions:

NCPDP/NABP: 3340421 NPI: 1629004353

Date Medication Needed: Ship To: Patient's Home Pick-up Prescriber's Office ≥ 1: Patient Information Sex: Male Female Height: \_\_\_\_\_ lbs. Preferred Phone: \_\_ Soc. Sec. #: \_\_ Known Allergies: \_\_\_ Address: \_ City: \_ \_ State: \_\_\_\_\_ Zip: \_\_ Preferred Phone: \_\_ Alternate Caregiver Name: \_\_ Insurance Information: Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical) 2: Prescriber Information Provider Name: \_ DEA#: \_\_\_\_ NPI#: \_\_\_ Address: \_\_ Phone: City, State, Zip: Key Contact: \_ Phone: E > 3: Diagnosis/Clinical Information | Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization Diagnosis/ICD-10: Genotype: 1a 1b 2 3 4 5 6 Viral Load: Date: Fibrosis Score: F0 F1 F2 F3 F4 Cirrhosis: None Compensated Decompensated Child-Pugh: A B C NS5A Polymorphism: Y N NS5A Polymorphism Type: 28 30 31 93 Other HIV Co-infection HBV Co-infection Treatment Weeks Prior Therapy **End Date Response Status** Naive Partial Relapse Naive Null Partial Relapse Naive Null Partial Relapse 4: Prescription Information Refills Medication Dose/Strength Sig Qty. 60mg 28 day Daklinza<sup>®</sup> Take 1 tablet by mouth daily, with or without food in combination with sofosbuvir (daclatasvir) 30mg supply 28 day Epclusa® 400mg/100mg Take 1 tablet by mouth daily, with or without food (sofosbuvir/velpatasvir) supply 28 day Harvoni<sup>®</sup> 90mg/400mg Take 1 tablet by mouth daily, with or without food (ledipasvir/sofosbuvir) supply 28 day Take 1 capsule by mouth daily with food (Olysio is FDA approved for use with ribavirin and pegylated Olysio® 150mg interferon, also approved in combination with Sovaldi) supply 600mg 800mg 200mg every morning, 400mg every evening 28 day RibaPak® Moderiba® 1000mg 600mg every morning, 400mg every evening 600mg every morning, 600mg every evening supply RibaSphere® 200mg (generic ribavirin) 28 day Sovaldi® 400mg Take 1 tablet by mouth daily, with or without food supply Technivie<sup>™</sup> Take 2 ombitasivir, paritaprevir, ritonavir tablets by mouth once daily in the morning with a 28 day 12.5mg/75mg/50mg (ombitasvir, paritaprevir and meal without regard to fat or calorie content (Technivie is FDA approved for use with ribavirin) supply ritonavir tablets) Viekira Pak™ Take 2 ombitasvir, paritaprevir, ritonavir (pink tablets) once daily (in the morning) and 1 2.5mg/75mg/ 28 day (ombitasvir, paritaprevir and ritonavir tablets copackaged dasabuvir (beige tablet) twice daily (morning and evening) with a meal without regard to fat or 50mg/250mg supply calorie content with dasabuvir tablets) 28 day 200mg/8.33mg/ (coformulated tablet contains Take 3 tablets, 1 pack, daily with a meal without regard to fat or calorie content dasabuvir.ombitasvir. 50mg/33.33mg supply paritaprevir, and ritonavir) 28 day Zepatier™ 50mg/100mg Take 1 tablet by mouth daily, with or without food supply (elbasvir/grazoprevir) Patient Support Programs: Please sign and date below to enroll in the pharmaceutical company assisted patient support program Patient Signature: Prescriber Signature: Prescriber, please sign and date below Dispense as written Date Substitution Permissable Date I authorize LeMed Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

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