HEALTH GUARD

HEPATITIS C

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1833B E. Cesar E Chavez Ave
Los Angeles, CA 90033-2415

Date Medication Needed: ______________ Ship To: ◯ Patient's Home ◯ Prescriber's Office

1. Patient/Insurance Information

Patient Name: ______________ Birthdate: __________ Sex: ◯ Male ◯ Female Height: ______ Weight: ______ ◯ lbs. ◯ kg.

Soc. Sec. #: ______________ Preferred Phone: __________ Known Allergies: ______________

Address: ______________ City: __________ State: ______ Zip: ______

Alternate Caregiver Name: ______________ Preferred Phone: ______________

2 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 **Cirrhosis:** ☐ A ☐ B ☐ C

IL-28: ☐ CC ☐ CT ☐ TT **NS5A Polymorphism:** ☐ Y ☐ N **NS5A Polymorphism Type:** ☐ 28 ☐ 30 ☐ 31 ☐ 93 ☐ Other ______ **HIV Co-infection** ☐ **HBV Co-infection** ☐

Prior Therapy	v End Date	Treatment Weeks	Response Status
			☐ Naive ☐ Null ☐ Partial ☐ Relapse
			☐ Naive ☐ Null ☐ Partial ☐ Relapse
			☐ Naive ☐ Null ☐ Partial ☐ Relapse

Medication	Strength	Directions/SIG	Qty.	Refill
Zepatier (elbasvir/grazoprevir)	☐ 50mg/100mg	Take 1 tablet by mouth daily, with or without food		
Olysio	☐ 150mg	Take 1 capsule by mouth daily with food (Olysio is FDA approved for use with ribavirin and pegylated interferon, also approved in combination with Sovaldi)		
Daklinza (daclatasvir)	☐ 60mg ☐ 30mg	Take 1 tablet by mouth daily, with or without food in combination with sofosbuvir		
Harvoni (ledipasvir/sofosbuvir)	☐ 90mg/400mg	Take 1 tablet by mouth daily, with or without food		
Epclusa (sofosbuvir/velpatasvir)	☐ 400mg/100mg	Take 1 tablet by mouth daily, with or without food		
Pegasys ☐ Prefilled Syringe ☐ Vial ☐ Pro Click	☐ 180mg ☐ 135mg	☐ 180 mcg SQ once weekly ☐ 90 mcg SQ once weekly ☐ 135 mcg SQ once weekly		
Viekira Pak (ombitasvir, paritaprevir & ritonavir tablets copackaged with dasabuvir tablets)	☐ 2.5mg/75mg/ 50mg/250mg	Take 2 ombitasvir, paritaprevir, ritonavir (pink tablets) once daily (in the morning) and 1 dasabuvir (beige tablet) twice daily (morning and evening) with a meal without regard to fat or calorie content		
Viekira XR (coformulated tablet contains dasabuvir,ombitasvir, paritaprevir, and ritonavir)	☐ 200mg/8.33mg/ 50mg/33.33mg	Take 3 tablets, 1 pack, daily with a meal without regard to fat or calorie content		
RibaPak ☐ **Moderiba** ☐	☐ 600mg ☐ 800mg ☐ 1000mg ☐ 1200mg	☐ 200mg every morning, 400mg every evening ☐ 400mg every morning, 400mg every evening ☐ 600mg every morning, 400mg every evening 6 ☐ 600mg every morning, 600mg every evening		
RibaSphere (generic ribavirin)	☐ 200mg			
Technivie (ombitasvir, paritaprevir and ritonavir tablets)	☐ 12.5mg/75mg/50mg	Take 2 ombitasivir, paritaprevir, ritonavir tablets by mouth once daily in the morning with a meal without regard to fat or calorie content (Technivie is FDA approved for use with ribavirin)		
Sovaldi	☐ 400mg	Take 1 tablet by mouth daily, with or without food		
Other:				

3. Prescriber Information

Provider Name: ______________ DEA#: ______ NPI#: ______ Tax ID#: ______

Address: ______________ Phone: __________ Fax: __________

City, State, Zip: ______________ Key Contact: __________ Phone: __________

Signature: ______________________________ **Date:** __________

I authorize Health Guard Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

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