

Hepatitis C Prescription Referral Form



www.pyramidsparmacy.com

All our referral forms available on our website.

1201 Dairy Ashford Rd, Suite 114
Houston, Texas, 77079
Toll Free Phone: (877) 866-9579
Toll Free Fax: (877) 866-9578

500 Kobayashi Rd, Suite E
Webster, TX, 77598
Toll Free Phone: (855) 339-1931
Toll Free Fax: (855) 339-1930

Date Medication Needed: _____ Ship To: Patient's Home Prescriber's Office Pick-up

1: Patient 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: _____

Insurance Information: Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical)

2: Prescriber Information

Provider Name: _____ DEA#: _____ NPI#: _____ Tax ID#: _____
 Address: _____ Phone: (____) _____ - _____ Fax: (____) _____ - _____
 City: _____ State: _____ Zip: _____ Key Contact: _____ Phone: (____) _____ - _____

3: Diagnosis/Clinical Information | Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization

Diagnosis: _____ ICD-9: _____ Genotype: _____ Subtype: _____ Viral Load: _____
 NS Q80K Polymorphism Results: _____ Prior Treatment and Date: _____
 Response Status: Naive Null Partial Relapse Compensated Cirrhosis: Yes No Fibrosis score: _____

4: Prescription Information

Medication	Dose/Strength	Sig	Qty.	Refills
<input type="checkbox"/> Harvoni® (ledipasvir/sofosbuvir)	<input type="checkbox"/> 90mg/400mg	Take 1 tablet by mouth daily, with or without food	28 day supply	
<input type="checkbox"/> Eplclusa® (sofosbuvir/velpatasvir)	<input type="checkbox"/> 400mg/100mg	Take 1 tablet by mouth daily, with or without food	28 day supply	
<input type="checkbox"/> RibaSphere® (generic ribavirin)	<input type="checkbox"/> 200mg			
<input type="checkbox"/> Mavyret™ (glecaprevir/pibrentasvir)	<input type="checkbox"/> 100mg/40mg	Take three tablets once daily with food	28 day supply	
<input type="checkbox"/> Daklinza® (daclatasvir)	<input type="checkbox"/> 60mg <input type="checkbox"/> 30mg	Take 1 tablet by mouth daily, with or without food in combination with sofosbuvir	28 day supply	
<input type="checkbox"/> Pegasys® <input type="checkbox"/> Prefilled Syringe <input type="checkbox"/> Vial <input type="checkbox"/> ProClick®	<input type="checkbox"/> 180mcg <input type="checkbox"/> 135mcg	<input type="checkbox"/> 180 mcg SQ once weekly <input type="checkbox"/> 90 mcg SQ once weekly <input type="checkbox"/> 135 mcg SQ once weekly	28 day supply	
<input type="checkbox"/> RibaPak® <input type="checkbox"/> Moderiba®	<input type="checkbox"/> 600mg <input type="checkbox"/> 800mg <input type="checkbox"/> 1000mg <input type="checkbox"/> 1200mg	<input type="checkbox"/> 200mg every morning, 400mg every evening <input type="checkbox"/> 400mg every morning, 400mg every evening <input type="checkbox"/> 600mg every morning, 400mg every evening <input type="checkbox"/> 600mg every morning, 600mg every evening	28 day supply	
<input type="checkbox"/> Zepatier™ (elbasvir/grazoprevir)	<input type="checkbox"/> 50mg/100mg	Take 1 tablet by mouth daily, with or without food	28 day supply	
<input type="checkbox"/> Technivie™ (ombitasvir, paritaprevir and ritonavir tablets)	<input type="checkbox"/> 12.5mg/75mg/50mg	Take 2 ombitasvir, paritaprevir, ritonavir tablets by mouth once daily in the morning with a meal without regard to fat or calorie content (<i>Technivie is FDA approved for use with ribavirin</i>)	28 day supply	
<input type="checkbox"/> Olysio®	<input type="checkbox"/> 150mg	Take 1 capsule by mouth daily with food (<i>Olysio is FDA approved for use with ribavirin and pegylated interferon, also approved in combination with Sovaldi</i>)	28 day supply	
<input type="checkbox"/> Viekira Pak™ (ombitasvir, paritaprevir and ritonavir tablets copackaged with dasabuvir tablets)	<input type="checkbox"/> 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	28 day supply	
<input type="checkbox"/> Viekira XR™ (coformulated tablet contains dasabuvir, ombitasvir, paritaprevir, and ritonavir)	<input type="checkbox"/> 200mg/8.33mg/ 50mg/33.33mg	Take 3 tablets, 1 pack, daily with a meal without regard to fat or calorie content	28 day supply	
<input type="checkbox"/> Sovaldi®	<input type="checkbox"/> 400mg	Take 1 tablet by mouth daily, with or without food	28 day supply	
<input type="checkbox"/> Vosevi™ (sofosbuvir/velpatasvir/voxilaprevir)	<input type="checkbox"/> 400mg/100mg/100mg	Take 1 tablet by mouth daily with food	28 day supply	

Patient Support Programs: Please sign and date below to enroll in the pharmaceutical company assisted patient support program

Patient Signature: _____ Date: _____

Prescriber Signature: Prescriber, please sign and date below

Substitution Permissible: _____ Date: _____ Dispense as written: _____ Date: _____

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee and contains confidential information that may be protected health information under federal and state laws. If you are not the intended recipient, do not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.

of Prescriptions: _____