

# HEPATITIS C AGENTS

PHONE: 888-903-7453 • FAX: 888-958-2831 • www.praxisrx.com



## PATIENT INFORMATION

Patient: \_\_\_\_\_ Caregiver: \_\_\_\_\_  
DOB: \_\_\_\_\_  Male or  Female Weight: \_\_\_\_\_  kgs or  lbs (check one) Allergies: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_  Cell Alternate Phone #: \_\_\_\_\_  Cell  
Email: \_\_\_\_\_

## CLINICAL INFORMATION

Diagnosis:  B18.2 HCV (Chronic)  
Genotype: \_\_\_\_\_ Subtype: \_\_\_\_\_  
Treatment type:  naïve  Interferon-experienced  DAA-experienced  
Baseline viral load: \_\_\_\_\_ Date: \_\_\_\_\_  
Degree of Fibrosis :  F0  F1  F2  F3  F4  
Other fibrosis score: \_\_\_\_\_  
Cirrhosis:  none  compensated  decompensated

Co-infections(s):  none  HIV  HBV  
Child-Pugh class:  A  B  C  
Transplant status:  N/A  Pre-transplant  Post-transplant  
For genotype 1a, is the Q80K polymorphism present?  No  Yes  
NS5A polymorphism  Yes  No  
NS5A polymorphism type:  M28  Q30  L31  Y93  
Previously treated for HCV?  No  Yes # of weeks: \_\_\_\_\_  
 Relapsed  Partial Response  Null Response

## PRESCRIPTION INFORMATION

<input type="checkbox"/> Daklinza®	<input type="checkbox"/> 30 mg <input type="checkbox"/> 60 mg	Take one tablet by mouth once daily	28 tablets	Refills: _____
<input type="checkbox"/> Harvoni®	90-400 mg	Take one tablet by mouth once daily	28 tablets	Refills: _____
<input type="checkbox"/> Olysio®	150 mg	Take one tablet by mouth once daily	28 tablets	Refills: _____
<input type="checkbox"/> Sovaldi®	400 mg	Take one tablet by mouth once daily	28 tablets	Refills: _____
<input type="checkbox"/> Technivie™	90-400 mg	Take 2 tablets in the morning by mouth with food	56 tablets	Refills: _____
<input type="checkbox"/> Viekira Pak™	12.5-75-50-250 mg	Take 3 tablets in the morning and 1 tablet in the evening by mouth with food	112 tablets	Refills: _____
<input type="checkbox"/> Zepatier™	50-100 mg	Take one tablet by mouth once daily	28 tablets	Refills: _____

Ribasphere® Ribapak® Dose Pak OR  Moderiba™ Dose Pack  
 1000 mg/day 600 mg tablet QAM, 400 mg tablet QPM (56 tablets)  1200 mg/day 600 mg tablet QAM, 600 mg tablet QPM (56 tablets)  
 600 mg/day 200 mg tablet QAM, 400 mg tablet QPM (56 tablets)  800 mg/day 400 mg tablet QAM, 400 mg tablet QPM (56 tablets)  
Refills: \_\_\_\_\_

Ribasphere® OR  Ribavirin 200 mg  
 1200 mg/day Take 3 tabs/caps QAM, 3 tabs/caps QPM (Qty: 168)  1400 mg/day Take 4 tabs/caps QAM, 3 tabs/caps QPM (Qty: 196)  
 1000 mg/day Take 3 tabs/caps QAM, 2 tabs/caps QPM (Qty: 140)  800 mg/day Take 2 tabs/caps QAM, 2 tabs/caps QPM (Qty: 112)  
 600 mg/day Take 1 tabs/caps QAM, 2 tabs/caps QPM (Qty: 84)  \_\_\_\_\_ (Qty: \_\_\_\_\_)  
Refills: \_\_\_\_\_  Tablets  Capsules

Prescriptions will be dispensed as generic, if applicable, unless notated otherwise: \_\_\_\_\_

## PRESCRIBER INFORMATION

Anticipated Start Date: \_\_\_\_\_ Prescriber Specialty: \_\_\_\_\_  
Ship to:  Patient  Physician  Clinic  Other: \_\_\_\_\_  
Prescriber: \_\_\_\_\_ NPI #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
I authorize PraxisRx and its representatives to act as an agent to initiate/execute the insurance prior authorization process, coordinate and receive patient lab values, and coordinate injection training.  
Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_