ePrescribe to our pharmacy " **Quality Specialty Pharmacy** " zip code **33617**

# Hepatology Referral Form **Pharmacy Phone (800) 961-6036 Fax (877) 266-4941**

QUALITY SPECIALTY PHARMACY

Representative _____

Date: _____ Needs by Date: _____

Language: _____

Ship to: ☐ Patient ☐ MD Office

Prescriber's Name: _____

DEA #: _____ NPI: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Office Contact: _____

PATIENT INFORMATION: Please complete the following or send patient demographic sheet.

Patient Name: _____ Date of Birth: _____/_____/_____ Gender: ☐ M ☐ F

Address: _____ City, State, Zip: _____

Home Phone: _____ Alternate: _____ Email: _____

PLEASE ATTACH ALL PRIMARY AND SECONDARY INSURANCE INFORMATION

CLINICAL INFORMATION: Please send recent clinical notes, current medications, labs, and tests to expedite the Prior Authorization.

Diagnosis: _____ ICD-10: _____ Height: _____ Weight: _____ lbs

HCV Genotype: _____ HCV RNA: _____ IU/mL Fibrosis Stage: ☐ Compensated ☐ Decompensated ☐ HEP B ☐ HIV

☐ Q80K Polymorphism ☐ Treatment Naive ☐ Non-Responder ☐ Partial Responder ☐ Responder/Relapser NS5A Polymorphism: ☐ Yes ☐ No

☐ Co-Infected Patient HIV RNA: _____ copies/mL CD4/T-Cell Count: _____ Alt: _____ WBC: _____ Hgb/Hct: _____

Previous Treatment: _____ Date(s) _____ Duration _____

All labs are required to proceed, if labs are missing Quality will proceed with ordering labs for the patient. (varies state by state) If you have a prefered laboratory notify your account manager.
☐ Check box to opt out of lab assistance

PRESCRIPTION INFORMATION

| Medication | Strength | Directions/SIG | Duration | Quantity | Refill |
|---|---|---|---|---|---|
| **Hepatitis C** | | | | | |
| ☐ Daklinza | ☐ 30 mg tab ☐ 60 mg tab | ☐ 30 mg daily ☐ 60 mg daily<br>☐ 90 mg daily (30 mg tab + 60 mg tab) | ☐ 12 weeks<br>☐ 24 weeks | | |
| ☐ Epclusa DAW ☐ 0 ☐ 1<br>*(sofosbuvir/velpatasvir)* | (400 mg/100 mg) | 1 tab daily | ☐ 12 weeks<br>☐ 24 weeks | 28 | |
| ☐ Harvoni DAW ☐ 0 ☐ 1<br>*(ledipasvir/sofosbuvir)* | (90-400 mg) | 1 tab daily | ☐ 8 weeks<br>☐ 12 weeks<br>☐ 24 weeks | 28 | |
| ☐ Mavyret | (100 mg/40 Mg) | Take 3 tablets once daily with food | ☐ 8 weeks<br>☐ 12 weeks<br>☐ 16 weeks | 84 | |
| ☐ Moderiba | (200-400 mg) | 200 mg tab QAM, 400 mg tab QPM (600/day) | | 56 | |
| | (400-400 mg) | 400 mg tab QAM, 400 mg tab QPM (800/day) | | | |
| | (600-400 mg) | 600 mg tab QAM, 400 mg tab QPM (1000/day) | | | |
| ☐ Riba Pak | (600-600 mg) | 600 mg tab QAM, 600 mg tab QPM (1200/day) | | | |
| ☐ Ribavirin | ☐ 200 mg tab ☐ 200 mg cap | | | | |
| ☐ Sovaldi | (400 mg) | 1 tab daily | ☐ 12 weeks<br>☐ 24 weeks | 28 | |
| ☐ Vosevi | (400 mg/100 mg/ 100 mg) | 1 tab daily | ☐ 12 weeks | 28 | |
| ☐ Viekira Pak | (12.5 mg/75 mg/50 mg/250 mg) | Take 2 pink tablets with 1 beige tablet every morning with food and take 1 beige tablet every evening with food. | ☐ 12 weeks<br>☐ 24 weeks | 112 | |
| ☐ Viekira Pak XR | (200 mg/8.33 mg/50 mg/33.33 mg) | Take 3 tablets once daily with food | ☐ 12 weeks<br>☐ 24 weeks | 84 | |
| ☐ Zepatier | (50 mg/100 mg) | 1 tab daily | ☐ 12 weeks<br>☐ 16 weeks | 28 | |
| | ☐ NS5A required for GT 1a | | | | |
| **Hepatitis B** | | | | | |
| ☐ Baraclude DAW ☐ 0 ☐ 1<br>*(Entecavir)* | ☐ 0.5 mg ☐ 1 mg | 1 tab daily | | 30 | |
| ☐ Epivir HBV | 100 mg | 1 tab daily | | 30 | |
| ☐ Hepsera | 10 mg | 1 tab daily | | 30 | |
| ☐ Tyzeka | 600 mg | 1 tab daily | | 30 | |
| ☐ Viread DAW ☐ 0 ☐ 1<br>*(Tenofovir Disoproxil Fumarate)* | 300 mg | 1 tab daily | | 30 | |
| ☐ Vemlidy | 25 mg | 1 tab daily | | 30 | |
| Other: | | | | | |

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Physician Signature: _____ Date: _____

IMPORTANT NOTICE: This facsimile is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the center at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitter material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.