

|                              |  |                         |
|------------------------------|--|-------------------------|
| Last Name                    | First Name                               | Today's Date            |
| Home Phone Number<br>( ) ( ) | Cell (Alternate) Phone Number<br>( ) ( ) | Prescriber:             |
| Home Address                 |  | Address City State Zip  |
| City                         | State                                    | Zip                     |
| Social Security Number       |  | Date of Birth           |
|                              |  | Phone Number<br>( ) ( ) |
|                              |  | Fax Number<br>( ) ( )   |
|                              |  | Office Contact:         |

Language Preference:  English  Spanish  Other \_\_\_\_\_

Pt Wt \_\_\_\_\_ kg or \_\_\_\_\_ lbs on date \_\_\_\_\_ Allergies \_\_\_\_\_  NKA  Naïve Patient  Relapser  Non-Responder  
 Genotype \_\_\_\_\_ HCV RNA \_\_\_\_\_ AST \_\_\_\_\_ ALT \_\_\_\_\_

**\*\*\*\*Information required for Prior Authorizations\*\*\*\***

Copy of patient's Insurance card, both sides  
 Is Patient  Naïve or  Retreatment?  
 What was tried? \_\_\_\_\_  
 What is outcome? \_\_\_\_\_

**Copy of patient most current Labs**

- a) Viral load
- b) Genotype
- c) Fibrosure/Fibroscan Score

| Treatment Guideline Only (Please mark boxes on 3 <sup>rd</sup> column)  |   | Prescription  |
|---|---|---|
| <b>All Genotypes (with or without cirrhosis)</b> Epclusa Sig: Take 1 PO QD for 12 Wks   |   |   |
| <p><b>Naïve (without cirrhosis)</b><br/> <b>Genotype 1</b> Sovaldi +Olysio 12wks<br/>                     OR Zepatier 12 weeks<br/>                     OR Harvoni 12 weeks<br/>                     OR Viekira Pak + Ribavirin 12 weeks<br/> <b>Genotype 2</b> Sovaldi + Ribavirin 12 weeks<br/> <b>Genotype 3</b> Sovaldi + Ribavirin +PEG-IFN 12wks<br/>                     OR Daklinza + Sovaldi 12 weeks<br/>                     OR Sovaldi + Ribavirin 24 weeks<br/> <b>Genotype 4</b> Viekira Pak + Ribavirin 12 weeks<br/> <b>Genotype 5&amp;6</b> Harvoni 12 weeks</p>   | <p><b>Retreatment (without cirrhosis)</b><br/> <b>Genotype 1</b> Sovaldi + Olysio 12 weeks<br/>                     OR Zepatier 12 weeks<br/>                     OR Harvoni 12 weeks<br/>                     OR Viekira Pak + Ribavirin 12 weeks<br/> <b>Genotype 2</b> Solvaldi + Ribavirin 12 weeks<br/> <b>Genotype 3</b> Sovaldi + Ribavirin + PEG-IFN 12weeks<br/>                     OR Daklinza + Sovaldi 12 weeks<br/> <b>Genotype 5&amp;6</b> Harvoni 12 weeks<br/>                     OR Sovaldi + Ribavirin + PEG-IFN 12 weeks</p>   | <p><input type="checkbox"/> <b>Harvoni 90/400mg Sig:</b>Take 1 PO QD #28 Refills____<br/> <input type="checkbox"/> <b>Zepatier Sig:</b>Take 1 PO QD#28 Refills____<br/> <input type="checkbox"/> <b>Epclusa Sig:</b>Take 1 PO QD #28 Refills: ____<br/> <input type="checkbox"/> <b>Sovaldi 400mg Sig:</b> Take 1 PO QD #28 Refills: ____<br/> <input type="checkbox"/> <b>Daklinza 60mg Sig:</b> Take 1 PO QD #28 Refills____<br/> <input type="checkbox"/> <b>Olysio 150mg Sig:</b> Take 1 PO QD #28 Refills _____<br/> <input type="checkbox"/> <b>Viekira Pak Sig:</b> Take Twice Daily #112 Refills____</p> <p><b>Ribavirin Capsules:</b><br/> <input type="checkbox"/>600mg daily: 200mg QAM, 400mg QPM #84<br/> <input type="checkbox"/>800mg daily: 400mg QAM and 400mg QPM #112<br/> <input type="checkbox"/>1000mg daily: 400mg QAM, 600mg QPM #140<br/> <input type="checkbox"/>1200mg daily: 600mg QAM and 600mg QPM #168<br/> <input type="checkbox"/>Other _____ Refills_____</p> |
| <p><b>Naïve (with cirrhosis)</b><br/> <b>Genotype 1 Harvoni 12 weeks</b><br/>                     OR Zepatier 12 weeks<br/>                     OR Sovaldi + Olysio ± Ribavirin 24 weeks<br/>                     OR Viekira Pak + Ribavirin 24 weeks<br/> <b>Genotype 2</b> Daklinza + Sovaldi 16-24 weeks<br/> <b>Genotype 3</b> Sovaldi + Ribavirin + PEG-IFN 12 wks<br/>                     OR Sovaldi + Ribavirin 24 weeks<br/> <b>Genotype 4</b> Viekira Pak + Ribavirin 12 weeks<br/>                     OR Zepatier 12 weeks<br/>                     OR Harvoni 12 weeks<br/> <b>Genotype 5&amp;6</b> Harvoni 12 weeks</p> | <p><b>Retreatment (with cirrhosis)</b><br/> <b>Genotype 1</b> Zepatier 12 weeks<br/>                     OR Harvoni 24 weeks<br/>                     OR Harvoni + Ribavirin 12 weeks<br/>                     OR Vikiera Pak + Ribavirin 24 weeks (genotype A only)<br/>                     OR Viekira Pak 12 weeks (genotype B only)<br/> <b>Genotype 2</b> Daklinza + Sovaldi 16-24 weeks<br/>                     OR Sovaldi +Ribavirin 16-24 weeks<br/>                     OR Sovaldi + Ribavirin + PEG-IFN 12 weeks<br/> <b>Genotype 3</b> Sovaldi + Ribavirin + PEG-IFN 12weeks<br/> <b>Genotype 5&amp;6</b> Harvoni 12 weeks<br/>                     OR Sovaldi + Ribavirin + PEG-IFN 12 weeks</p> |   |

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_