



Hepatitis C Referral Form

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Patient Information New Rx Refill

Name: Date of Birth: Home Phone Number: Other Phone Number:

Address: City: State: Zip:

Patient SS#: Allergies: No Known Allergies

Drug Delivery Info

Date Shipment Needed: Ship to: Patient Clinic

Insurance Info [Fax a copy of the patient's insurance card (both sides.)]

Doctor/Prescriber Info [NPI # is mandatory.]

Name: Office Contact:

Address: City: State: Zip:

NPI #: Phone #: Fax #:

NPI: DEA: NPI: DEA:

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Statement of Medical Necessity ** Please FAX recent clinical notes, tests, with the prescription to expedite the Prior Authorization.

Would you like to have patients medication in compliance packaging (RxEasyPak) Yes No

Diagnosis/ICD-9: 070.54 HCV (Chronic) other:

Patient Type: naive relapser partial responder null responder

Cirrhosis: Yes No If yes, is it: compensated decompensated

Metavir score: F0 F1 F2 F3 F4

Activity: A0 A1 A2 A3

Child Pugh Score: A B C

Is the patient interferon-intolerant? Yes No

Genotype: Subtype:

For genotype 1a, is the Q80K polymorphism present? Yes No

Baseline Viral Load: IU/mL

Fibroscan™: kPa FibroSURE®:

Is the patient awaiting liver transplantation for hepatocellular carcinoma? Yes No

Medication	Dose/Strength	Sig	Qty	Refills														
<input type="checkbox"/> Solvaldi® (sofosbuvir)	<input type="checkbox"/> 400mg	<input type="checkbox"/> Take one tablet by mouth daily.																
<input type="checkbox"/> Olysio® (simeprevir)	<input type="checkbox"/> 150mg	<input type="checkbox"/> Take one capsule by mouth daily with peginterferon and ribavirin.																
<input type="checkbox"/> Ribasphere® (generic ribavirin)	<input type="checkbox"/> 200mg capsule <input type="checkbox"/> 200mg tablet																	
<input type="checkbox"/> Pegasys® Prefilled Syringe <input type="checkbox"/> Pegasys® Vial <input type="checkbox"/> Pegasys® ProClick	<input type="checkbox"/> 180mcg <input type="checkbox"/> 135mcg	<input type="checkbox"/> 180mcg SQ once weekly <input type="checkbox"/> 135mcg SQ once weekly <input type="checkbox"/> 90mcg SQ once weekly																
<input type="checkbox"/> Peg-Intron Redipen <input type="checkbox"/> Peg-Intron Vial	<input type="checkbox"/> 50mcg/0.5ml <input type="checkbox"/> 80mcg/0.5ml <input type="checkbox"/> 120mcg/0.5ml <input type="checkbox"/> 150mcg/0.5ml	*Dosing based on 1.5mcg/kg/wk with Ribavirin <table border="1"> <thead> <tr> <th>Weight kg (lb)</th> <th>Dosing (based on 1.5mcg/kg/wk with Ribavirin)</th> </tr> </thead> <tbody> <tr> <td><40 (<88)</td> <td><input type="checkbox"/> 50mcg (0.5mL) SubQ weekly</td> </tr> <tr> <td>40-50 (88-111)</td> <td><input type="checkbox"/> 64mcg (0.4mL) SubQ weekly</td> </tr> <tr> <td>51-60 (112-133)</td> <td><input type="checkbox"/> 80mcg (0.5mL) SubQ weekly</td> </tr> <tr> <td>61-75 (134-166)</td> <td><input type="checkbox"/> 96mcg (0.4mL) SubQ weekly</td> </tr> <tr> <td>75-85 (167-187)</td> <td><input type="checkbox"/> 120mcg (0.5mL) SubQ weekly</td> </tr> <tr> <td>>85 (>187)</td> <td><input type="checkbox"/> 150mcg (0.5mL) SubQ weekly</td> </tr> </tbody> </table>	Weight kg (lb)	Dosing (based on 1.5mcg/kg/wk with Ribavirin)	<40 (<88)	<input type="checkbox"/> 50mcg (0.5mL) SubQ weekly	40-50 (88-111)	<input type="checkbox"/> 64mcg (0.4mL) SubQ weekly	51-60 (112-133)	<input type="checkbox"/> 80mcg (0.5mL) SubQ weekly	61-75 (134-166)	<input type="checkbox"/> 96mcg (0.4mL) SubQ weekly	75-85 (167-187)	<input type="checkbox"/> 120mcg (0.5mL) SubQ weekly	>85 (>187)	<input type="checkbox"/> 150mcg (0.5mL) SubQ weekly		
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<input type="checkbox"/> Harvoni	<input type="checkbox"/> 90mg/400mg																	
<input type="checkbox"/> Viekira Pak (ombitasvir, paritaprevir, ritonavir, dasabuvir)	<input type="checkbox"/> 12.5/75/50/250 mg	<input type="checkbox"/> Take 2 ombitasvir/ paritaprevir/ ritonavir tablets once daily (in the morning) and 1 dasabuvir tablet twice daily (morning and evening) with a meal																
<input type="checkbox"/> Daklinza®	<input type="checkbox"/> 30mg <input type="checkbox"/> 60mg	<input type="checkbox"/> Take 1 tablet by mouth once daily with or without food <small>*30 mg dose is utilized when given in combination with strong CYP3A inhibitors. 90 mg dose is to be administered when given in combination with moderate inducers of CYP3A.</small>																
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