Medical Center PHARMACY
Service Delivery Trust Since 1924

Hepatitis C

Phone # 1-844-546-7577 • 619-263-1998
Fax # 1-844-240-2518 • 619-243-3245

Patients must bring an original prescription to the pharmacy. Faxed prescriptions will only be accepted from a prescribing practitioner.

PATIENT INFORMATION

☐ Deliver Here

Patient Name: _____
Address: _____
City, State, Zip: _____
Primary Phone: _____ DOB: _____
Alternate Phone: _____ Gender: ☐ Male ☐ Female
Email : _____
Last 4# of SS: _____

PRESCRIBER INFORMATION

☐ Deliver Here

Name: _____
State License #: _____ NPI: _____
DEA #: _____ Tax ID _____
Address: _____
City, State Zip: _____
Phone: _____ Fax: _____
Contact Person: _____ Phone: _____

INSURANCE INFORMATION

Please fax copy of prescription insurance cards with this form (front and back).

PRESCRIPTION

Medication	Dose/Strength	Directions	Qty.	Refills
☐ Harvoni™	90mg / 400mg	Take 1 tablet by mouth daily with or without food	28 day supply	☐ 8 Weeks ☐ 12 Weeks ☐ 24 Weeks
☐ Viekira Pak™ (mbitasvir, paritaprevir, ritonavir tablets;dasabuvir tablets are co-packaged)	12.5/75/50 mg 250 mg	Two ombitasvir, paritaprevir, ritonavir 12.5/75/50 mg tablets QD (morning) and one dasabuvir 250 mg tablet BID (morning & evening) With food	28 day supply	
☐ Sovaldi™	400mg	Take 1 tablet by mouth daily with or without food	28 day supply	
☐ Daklinza™	☐ 30 mg ☐ 60 mg ☐ 90 mg	Take once daily (when coadministered with strong CYP3A inhibitors) Take once daily Take once daily (when coadministered with moderate CYP3A inducer)	28 day supply	☐ 12 Weeks ☐ 24 weeks
☐ Technivie	12.5/75/50 mg 250 mg	Take 2 tablets once daily by mouth	28 day supply	☐ 12 Weeks
☐ Olysio™	☐ 150mg	Take 1 capsule by mouth daily with food *(Olysio is FDA approved for use with ribavirin and pegylated interferon)*	28 day supply	
☐ RibaPak®	☐ 600mg ☐ 800mg ☐ 1000mg ☐ 1200mg	200 mg Every Morning, 400 mg Every Evening 400 mg Every Morning, 400 mg Every Evening 600 mg Every Morning, 400 mg Every Evening 600 mg Every Morning, 600 mg Every Evening	28 day supply	
☐ Vosevi	400mg/100mg/100mg	Take 1 tablet by mouth once daily with food	28 day	☐ 12 weeks
☐ RibaSphere® (generic ribavirin)	200mg		28 day	
☐ Zepatier™	50mg/100mg	Take 1 tablet by mouth once daily with food	28 day supply	☐ 12 weeks ☐ 16 weeks
☐ Epclusa (sofosbuvir/ velpatasir)	400mg/100mg	Take 1 tablet by mouth once daily with food	28 day supply	☐ 12 weeks ☐ 24 weeks
☐ Mavyret	100mg/ 40mg	Take 3 tablets by mouth once daily with food	28 day supply or 84 tablets	☐ 8 weeks ☐ 12 weeks ☐ 16 weeks

Diagnosis / Clinical Information

☐ B18.2 Hepatitis C (Chronic) other ICD-10: _____ Genotype: _____ Subtype: _____ Viral Load: _____

Cirrhosis: ☐ Compensated ☐ De-compensated ☐ Hepatocellular Carcinoma ☐ Post-Liver Transplant

Fibrosis present? ☐ Yes ☐ No Fibrosis score: _____ Child Pugh Score: _____

Prior treatment? ☐ Yes ☐ No If so: date of treatment _____ Co-infected with: ☐ HIV ☐ HBV Vaccinated: ☐ Hep A ☐ Hep B

Shipped to: ☐ **HOME** ☐ **OFFICE**

PATIENT SUPPORT PROGRAMS: Please sign and date below to enroll in the pharmaceutical company assisted patient support program

Physician Signature: **Date:**

Dispense as written **Date** **Substitution Premissable** **Date**

# of Prescriptions:_____

There are 1 of 4 options for you when finding our company: 1. NPI # - 1821395609, 2. NCPDP # - 5640289
3. Company Name: Community Medical Center Pharmacy, 4. Company Address: 610 Gateway Center Way, San Diego, CA 92102