

HEPATITIS C REFERRAL FORM

SUPERIOR BIOLOGICS
Fax Referral To: 914-747-1170
Phone: 855-747-1150



Date: _____

Needs by Date: _____ Ship to Patient's Home Prescriber 1st Order Only Prescriber All Orders**PATIENT INFORMATION**

Patient Name: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: _____
 Cell Phone: _____
 Alternate Phone: _____
 Date of Birth: _____ Gender: M F

PRESCRIBER INFORMATION

Prescriber Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____
 DEA#: _____ NPI#: _____
 Contact Person: _____

INSURANCE INFORMATION (Please attach the front and back of insurance and prescription drug card)

Primary Insurance: _____ ID#: _____ Group: _____
 Secondary Insurance: _____ ID#: _____ Group: _____
 Prescription Card: _____ ID#: _____ BIN: _____ PCN: _____ Group: _____

DIAGNOSIS & LABWORK (Fill in below or attach lab work)

Primary Diagnosis: B18.2 Hepatitis C Chronic **Genotype:** 1a 1b 2 3 4 5 6 **HIV Co-Infected:** Yes No
Compensated Cirrhosis? Yes No **Weight** _____ **Fibrosis Score:** _____ **Allergies:** _____
Previously Treated with Interferon? No, patient is Naïve Yes **If yes, patient is a:** Partial Responder Relapser Null Response
Labwork: Baseline HCV-RNA: _____ **Date:** _____ **Result:** _____ **IU/ml**

Harvoni & Sovaldi

Harvoni™ (ledipasvir and sofosbuvir)
 Tablet (90mg ledipasvir & 400mg sofosbuvir)
SIG: Take 1 pill once daily with or without food.
 QTY: _____ Refill: _____

Zepatier

Zepatier™ (elbasvir and grazoprevir)
 One Monthly Carton
SIG: Take 1 tablet once daily with or without food.
 QTY: 28 day supply Refill: _____

Vosevi

Vosevi™ (sofosbuvir, velpatasvir, voxilaprevir)
 One Month Supply
SIG: Take one tablet daily with food
 _____ QTY: _____ Refill: _____

Sovaldi™ (sofosbuvir) **400 mg Tablet**
SIG: Take 1 pill once daily.
 QTY: _____ Refill: _____

Viekira

Viekira Pak™ **Viekira XR™**
SIG: Viekira Pak Take 2 ombitasvir / paritaprevir/ritonavir tablets once daily (in the morning), and 1 dasabuvir tablet twice daily (morning and evening).
Viekira XR Take 3 tablets once daily with food.
 QTY: 28 day supply (1 carton) Refill: _____

Ribavirin

Ribavirin 200mg Caps 200 mg Tabs
SIG: **800mg/day:** 2 po AM & 2 po PM
 1000mg/day: 3 po AM & 2 po PM
 1200mg/day: 3 po AM & 3 po PM
 _____ QTY: _____ Refill: _____

Daklinza

Daklinza™ (daclatasvir)
 60mg tablet **30mg tablet**
 Take 1 tablet by mouth once daily with or without food in combination with Sovaldi.
 QTY: 28 day supply Refill: _____

Technivie

Technivie™ **One Monthly Carton**
SIG: Take 2 ombitasvir/paritaprevir/ritonavir tablets once daily in the morning with a meal
 QTY: 28 day supply Refill: _____

Moderiba™ Dose Pack

600/600 400/600 400/400 200/400
SIG: Take 1 tablet q AM and 1 tablet q PM
 _____ QTY: 56 tablets. Refill: _____

Epclusa

Epclusa™ (sofosbuvir and velpatasvir)
 Tablet (400mg sofosbuvir & 100mg velpatasvir)
SIG: Take 1 pill once daily with or without food.
 QTY: _____ Refill: _____

Mavyret

Mavyret™ (glecaprevir and pibrentasvir)
 One 4-wk Carton **One 8-wk Carton**
SIG: Take 3 tablets by mouth once daily with food
 QTY: 28 day supply Refill: _____

Hepatitis B: Vemlidy

Vemlidy™ 25 mg tablet
SIG: Take 1 tablet daily with food
 _____ QTY: 30 tablets. Refill: _____

Other/Notes: _____

Prescriber Signature: _____ **DAW (Dispense as Written)** **Date:** _____