PHARMACA
SPECIALTY PHARMACY

HEPATITIS C VIRUS ENROLLMENT FORM

Fax: **888-882-3341**
Call 24/7: **855-465-8892**

1 PATIENT INFORMATION:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Alt Phone: _____
Email: _____
DOB: _____ ☐ M ☐ F Last 4 of SSN: _____

2 PRESCRIBER INFORMATION:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
NPI: _____ DEA: _____
Office Contact: _____ Phone: _____

3 INSURANCE INFORMATION:

Please attach front and back copies of prescription/medical insurance card(s).

4 CLINICAL INFORMATION:

To expedite prior authorization, please attach relevant clinical documentation.

Primary ICD-10: _____ Drug Allergies: ☐ NKDA ☐ _____

If prior authorization is denied, preferred alternatives or the option to appeal, if available, will be provided to the office.

Additional Information: _____

5 INJECTION TRAINING:

☐ Physician to Train ☐ Pharmacist to Train ☐ Other: _____

6 PRODUCT DELIVERY:

☐ Physician's Office ☐ Patient's Home ☐ Other: _____

PRESCRIPTION INFORMATION:

Medication	Dose/Strength	Directions	Qty	Refills
☐ **Daklinza™**	☐ 30mg Tablets ☐ 60mg Tablets ☐ 90mg Tablets	☐ Take one tablet by mouth once daily with or without food	28	
☐ **Epclusa®**	☐ 400/100mg Tablets	☐ Take one tablet by mouth once daily with or without food	28	
☐ **Harvoni®**	☐ 90/400mg Tablets	☐ Take one tablet by mouth once daily with or without food	28	
☐ **Mavyret™**	☐ 100/40mg Tablets	☐ Take three tablets by mouth once daily with food	1	
☐ **Olysio®**	☐ 150mg Capsules	☐ Take one capsule by mouth once daily	28	
☐ **Sovaldi®**	☐ 400mg Tablets	☐ Take one tablet by mouth once daily	28	
☐ **Vosevi®**	☐ 400/100/100mg Tablets	☐ Take one tablet by mouth once daily with food	28	
☐ **Moderiba Dose Pack™** ☐ **Ribasphere Riba Pack®**	☐ 600mg per day ☐ 800mg per day ☐ 1000mg per day ☐ 1200mg per day	☐ Take 200mg tablet every morning and 400mg tablet every evening ☐ Take 400mg tablet every morning and 400mg tablet every evening ☐ Take 600mg tablet every morning and 400mg tablet every evening ☐ Take 600mg tablet every morning and 600mg tablet every evening		
☐ **Moderiba™** ☐ **Ribasphere®** ☐ **Ribavirin®**	☐ 200mg Tablets ☐ 200mg Capsules	☐ Take _____ tablets/capsules by mouth every morning, and ☐ Take _____ tablets/capsules by mouth every evening		
☐ **Xifaxan®**	☐ 550mg Tablets	☐ Take one tablet by mouth twice daily with or without food	60	
☐ **Zepatier®**	☐ 50/100mg Tablets	☐ Take one tablet by mouth once daily with or without food	28	
☐	☐	☐		

I authorize Pharmaca and its affiliates to act on my behalf to obtain prior authorization and/or other assistance if applicable. I acknowledge that prior authorization/payment is not guaranteed.

x PHYSICIAN SIGNATURE REQUIRED x _____

Substitution Permitted | Date | Dispense as Written | Date