PHARMACA
SPECIALTY PHARMACY

HEPATITIS C VIRUS ENROLLMENT FORM

Fax: **888.882.3341**
Call: **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 and Form	Directions	Qty	Refills
☐ **Daklinza**	☐ 30 mg Tablets ☐ 60 mg Tablets ☐ 90 mg Tablets	☐ Take one tablet by mouth once daily with or without food	28	
☐ **Epclusa**	☐ 400/100 mg Tablets	☐ Take one tablet by mouth once daily with or without food	28	
☐ **Harvoni**	☐ 90/400 mg Tablets	☐ Take one tablet by mouth once daily with or without food	28	
☐ **Mavyret**	☐ 100/40 mg Tablets	☐ Take three tablets by mouth once daily with food	1	
☐ **Olysio**	☐ 150 mg Capsules	☐ Take one capsule by mouth once daily	28	
☐ **Sovaldi**	☐ 400 mg Tablets	☐ Take one tablet by mouth once daily	28	
☐ **Vosevi**	☐ 400/100/100 mg Tablets	☐ Take one tablet by mouth once daily with food	28	
☐ **Moderiba Dose Pack** ☐ Ribasphere Riba Pack	☐ 600 mg per day ☐ 800 mg per day ☐ 1000 mg per day ☐ 1200 mg per day	☐ Take 200 mg tablet every morning and 400 mg tablet every evening ☐ Take 400 mg tablet every morning and 400 mg tablet every evening ☐ Take 600 mg tablet every morning and 400 mg tablet every evening ☐ Take 600 mg tablet every morning and 600 mg tablet every evening		
☐ **Moderiba** ☐ Ribasphere ☐ Ribavirin	☐ 200 mg Tablets ☐ 200 mg Capsules	☐ Take _____ tablets/capsules by mouth every morning, and ☐ Take _____ tablets/capsules by mouth every evening		
☐ **Xifaxan**	☐ 550 mg Tablets	☐ Take one tablet by mouth twice daily with or without food	60	
☐ **Zepatier**	☐ 50/100 mg 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