

# Twin Oaks Specialty Pharmacy

Fax: 855-909-TOSP (8677)

# HEPATITIS C ENROLLMENT FORM

Date Medication Needed: \_\_\_\_\_ Ship To: Patient's Home Prescriber's Office Pick-up: Injection training by pharmacy?

**1: Patient Information:** Insurance Information: Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical)

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: Male Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. kg.  
 Soc. Sec. #: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ Known Allergies: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Alternate Caregiver Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

**2: Prescriber Information**

Provider Name: \_\_\_\_\_ DEA#: \_\_\_\_\_ NPI#: \_\_\_\_\_ Tax ID#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Key Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**3: Diagnosis/Clinical Information** | Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization

Date of Diagnosis: \_\_\_/\_\_\_/\_\_\_  
 B18.2 HCV (Chronic): Genotype: \_\_\_\_\_  
 \*If Genotype 1a, is Q80K polymorphism present?  Yes  No  
 \*If Genotype 1a, is NS5A Resistance-Associated polymorphism present?  Yes  No  
 Other: \_\_\_\_\_  
 Treatment Naïve?  Yes  No (Therapy \_\_\_\_\_)  
 Previously treated with Interferon?  Yes  No ( Relapsed  Partial  Null)  
 Cirrhosis?  Yes  No (If yes, is it:  compensated  decompensated)  
 Metavir:  F0  F1  F2  F3  F4  
 Viral Load: \_\_\_\_\_ IU/ml Date Drawn: \_\_\_/\_\_\_/\_\_\_

Name of Value	Value	Date	Lab Values	Name of Value	Date
Base Viral Load				Genotype	
Metavir Score				Hepatitis B	YES NO
Fibroscan	kPA			HIV Co-infection	YES NO

**4: Prescription Information** Please describe the prescription to the pharmacy

Medication	Dose/Strength	Sig	Qty.	Refills
<b>Daklinza®</b> (daclatasvir)	60mg 30mg	Take 1 tablet by mouth daily, with or without food in combination with sofosbuvir	28 day supply	
<b>Epcclusa®</b> (sofosbuvir/velpatasvir)	400mg/100mg	Take 1 tablet by mouth daily, with or without food	28 day supply	
<b>Harvoni®</b> (ledipasvir/sofosbuvir)	90mg/400mg	Take 1 tablet by mouth daily, with or without food	28 day supply	
<b>Mavyret™</b> (glecaprevir/pibrentasvir)	100mg/40mg	Take three tablets once daily with food	28 day supply	
<b>Olysio®</b>	150mg	Take 1 capsule by mouth daily with food ( <i>Olysio is FDA approved for use with ribavirin and pegylated interferon, also approved in combination with Sovaldi</i> )	28 day supply	
<b>Pegasys®</b> Prefilled Syringe Vial ProClick®	180mcg 135mcg	180mcg SQ once weekly 135 mcg SQ once weekly	28 day supply	
<b>RibaPak®</b> <b>Moderiba®</b>	600mg      800mg 1000mg      1200mg	200mg every morning, 400mg every evening      400mg every morning, 400mg every evening 600mg every morning, 400mg every evening      600mg every morning, 600mg every evening	28 day supply	
<b>RibaSphere®</b> (generic ribavirin)	200mg		28 day supply	
<b>Sovaldi®</b> (sofosbuvir)	400mg	Take 1 tablet by mouth daily with or without food	28 day supply	
<b>Technivie™</b> (ombitasvir, paritaprevir and ritonavir tablets)	12.5mg/75mg/50mg	Take 2 ombitasvir, paritaprevir, ritonavir tablets by mouth once daily in the morning with a meal without regard to fat or calorie content ( <i>Technivie is FDA approved for use with ribavirin</i> )	28 day supply	
<b>Viekira Pak™</b> (ombitasvir, paritaprevir and ritonavir tablets copackaged with dasabuvir tablets)	2.5mg/75mg/ 50mg/250mg	Take 2 ombitasvir, paritaprevir, ritonavir (pink tablets) once daily (in the morning) and 1 dasabuvir (beige tablet) twice daily (morning and evening) with a meal without regard to fat or calorie content	28 day supply	
<b>Viekira XR™</b> (coformulated tablet contains dasabuvir, ombitasvir, paritaprevir, and ritonavir)	200mg/8.33mg/ 50mg/33.33mg	Take 3 tablets, 1 pack, daily with a meal without regard to fat or calorie content	28 day supply	
<b>Vosevi™</b> (sofosbuvir/velpatasvir/voxilaprevir)	400mg/100mg/100mg	Take 1 tablet by mouth daily with food	28 day supply	
<b>Zepatier™</b> (elbasvir/grazoprevir)	50mg/100mg	Take 1 tablet by mouth daily with or without food	28 day supply	

**Patient:** By signing this form, patient agrees to release his/her PHI to Twin Oaks Specialty Pharmacy for the purpose of medical and pharmaceutical treatment as per HIPAA compliance and to enroll in the pharmaceutical company assisted patient support programs. **Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Prescriber Signature:** By signing this form, and utilizing our services, you are also authorizing Twin Oak Specialty Pharmacy to serve as your designated agent in dealing with medical and prescription insurance companies and co-pay assistance foundations.

Dispense as written      Date      Substitution Permissible      Date:

