Hepatitis C Enrollment Form

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MAXOR® SPECIALTY

PATIENT INFORMATION

Patient Name _____
Date of Birth _____ ◯ Male ◯ Female
Street Address _____ Apt # _____
City _____ State _____ Zip _____
Phone-Primary _____ Secondary _____
◯ English ◯ Spanish ◯ Other _____
Email Address _____
Social Security # _____
◯ NKDA Known Drug Allergies _____
Weight _____ kg/lb Height _____ in/cm

Please attach front and back of patient's insurance cards

PRESCRIBER INFORMATION

Prescriber Name _____
NPI _____ License # _____
Office Contact _____
Street Address _____ Ste # _____
City _____ State _____ Zip _____
Phone _____ Fax _____

By signing this form, I authorize Maxor Specialty to act as my agent for prior authorizations & prescription reimbursement for the above listed patient.

Physician Signature _____
Date _____

CLINICAL INFORMATION

◯ B18.2 Chronic Hepatitis C ◯ K72.90 ◯ K72.91 Hepatic Encephalopathy ◯ C22.0 ◯ C22.2 ◯ C22.7 ◯ C22.8 Hepatocellular Carcinoma
◯ Other _____
Genotype: _____ NS5A RAVs ◯ Yes ◯ No Viral load: _____ IU/ml Viral load date: _____
◯ Treatment naïve ◯ Previously treated: Prior treatment used: _____ ◯ Non-responder ◯ Responder/Relapser
Duration of previous therapy: From _____ to _____ Total of: _____ months HIV Coinfected: ◯ Yes ◯ No HBV Coinfected: ◯ Yes ◯ No
Compensated Liver Disease: ◯ Yes ◯ No Cirrhosis: ◯ Yes ◯ No Metavir Score: _____
Solid Organ Transplant recipient: ◯ Yes ◯ No Awaiting liver transplant: ◯ Yes ◯ No

PRESCRIPTION INFORMATION

Date medication needed: ◯ New ◯ Refill

MEDICATION	STRENGTH	DIRECTIONS	QTY	REFILLS
◯ Daklinza™ (daclatasvir)	◯ 30 mg ◯ 60 mg	Take one tablet PO QD with or without food *Must be taken in combination with sovaldi	28 day supply	
◯ Harvoni® (ledipasvir/sofosbuvir)	90/400 mg tablet	Take one tablet PO QD with or without food ◯ Naïve without cirrhosis who have a pretreatment HCV RNA <6 million IU/ml; 8 wks ◯ Naïve with or without cirrhosis; 12 wks ◯ Experienced without cirrhosis; 12 wks ◯ Experienced with cirrhosis; 24 wks	28 day supply	
◯ Olysio™ (simeprevir)	150 mg capsule	Take 150 mg (1 capsule) PO QD with food *Monotherapy not recommended	28 day supply	
◯ Riba-pak®	◯ 600 mg ◯ 800 mg ◯ 1000 mg ◯ 1200 mg	◯ 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	
◯ Ribasphere®	200 mg		28 day supply	
◯ Sovaldi™ (sofosbuvir)	400 mg tablet	Take 400 mg (1 tablet) PO QD with or without food *Monotherapy not recommended	28 day supply	
◯ Technivie™ (ombitasvir/ paritaprevir/ritonavir)	12.5/75/50 mg	Take two fixed dose combination tablets daily in the morning Must be taken with ribavirin	28 day supply	
◯ Viekira Pak® (ombitasvir/ paritaprevir/ ritonavir/dasabuvir)	12.5/75/50/ 250 mg	Take one dose pack daily as directed ◯ Genotype 1a without cirrhosis Viekira Pak + ribavirin; 12 wks ◯ Genotype 1a with cirrhosis Viekira Pak + ribavirin; 24 wks** ◯ Genotype 1b without cirrhosis Viekira Pak; 12 wks ◯ Genotype 1b with cirrhosis Viekira Pak + ribavirin; 12 wks Notes: Follow the genotype 1a dosing recommendations in patients with an unknown genotype 1 subtype or with mixed genotype infection **For liver transplant recipients, the recommended duration of Viekira Pak + ribavirin is 24 wks	28 day supply	
◯ Zepatier™ (elbasvir/grazoprevir)	50/100 mg tablet	Take one tablet PO QD with or without food; 12 wks Genotype 1a NS5A resistance-associated polymorphisms are present, administer with ribavirin and extend therapy to 16 wks	28 day supply	

Ship to: ◯ Patient's home ◯ Physician's Office ◯ Other_____